2015 Employee Health Plan (EHP) Update
This special issue highlights EHP benefit and premium changes for 2015 and provides additional information to help you and your enrolled dependents get the full amount of allowable coverage for your medical needs.

Congratulations, Members!
Great news — 56 percent of employees and 48 percent of spouses and domestic partners are participating in our coordinated care (disease management) programs to qualify for Healthy Choice. You are doing a terrific job managing the chronic conditions that Healthy Choice focuses on: asthma, diabetes, high blood pressure, high cholesterol, tobacco use and weight management. What’s more, nearly 25,000 of you and your significant others are using the Pebble device to stay active.

Cheers to all of you who are taking charge of your health — that sure is reason to celebrate!

Why We Remain Committed to Healthy Choice
We began offering the voluntary Healthy Choice program several years back to help you maintain or improve your health — and lower the cost of your coverage. This year we opened up the program to spouses and domestic partners in the plan, giving them the same great way to make the most of their wellbeing.

Cleveland Clinic continually strives to improve the health and wellness of the communities we serve, and we always believed the best place to start is with our own caregivers. The growing participation in Healthy Choice by you — and now by your spouses and partners — is proof that we are on the right track. We sure hope even more of you will join. But most of all, we want Healthy Choice to help you be the best you can be — for years to come.

What's Changing in 2015
1. EHP Premium Structure
Because spouses and domestic partners became eligible to participate in Healthy Choice in 2014, the EHP’s current three-level premium structure will change to reflect this starting on January 1, 2015. At that
What’s Changing in 2015

1. EHP Premium Structure (continued from page 1)

Time, there will be **five premium levels: bronze, silver, gold, platinum, and diamond**. The following illustrates the new premium structure, as well as the steps you — and your spouse or domestic partner — should take to qualify for lower premiums in the future.

<table>
<thead>
<tr>
<th>How you participate in Healthy Choice determines your premium level</th>
<th>...Earn this premium level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members enrolled on their own and who take these steps...</td>
<td>Members who are married/domestic partners and take these steps...</td>
</tr>
<tr>
<td>Did not participate at all <strong>OR</strong> met no program requirements.</td>
<td>Both did not participate <strong>OR</strong> One or both participated but met no program requirements.</td>
</tr>
<tr>
<td>N/A</td>
<td>One or both actively participated <strong>AND</strong> one met some program requirements but the other met no program requirements.</td>
</tr>
<tr>
<td>Participated and met some program requirements.</td>
<td>Both actively participated <strong>BUT</strong> both met only some program requirements; <strong>OR</strong> One actively participated and met all program requirements <strong>BUT</strong> the other met no program requirements.</td>
</tr>
<tr>
<td>N/A</td>
<td>Both actively participated <strong>AND</strong> one met all program requirements and the other met only some program requirements.</td>
</tr>
<tr>
<td>Participated and met all program requirements.</td>
<td>Both actively participated <strong>AND</strong> both met all program requirements.</td>
</tr>
</tbody>
</table>

2. Premium Increases

**Five Percent Premium Increase for All Coverage Categories**

There will be a five percent premium increase for all coverage categories for 2015.

<table>
<thead>
<tr>
<th>2015 Premium Amounts</th>
<th>Coverage Category</th>
<th>Annual Premium Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bronze (plan’s standard — and highest — premium)</strong></td>
<td>Full-time / Part-time</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,400 / $2,100</td>
<td></td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$2,542 / $3,814</td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$3,319 / $4,979</td>
<td></td>
</tr>
<tr>
<td>Family I</td>
<td>$4,194 / $6,291</td>
<td></td>
</tr>
<tr>
<td>Family II</td>
<td>$4,647 / $6,971</td>
<td></td>
</tr>
<tr>
<td><strong>Silver</strong></td>
<td>Full-time / Part-time</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>N/A / N/A</td>
<td></td>
</tr>
<tr>
<td>Employee + Child</td>
<td>N/A / N/A</td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$3,070 / $4,606</td>
<td></td>
</tr>
<tr>
<td>Family I</td>
<td>$3,879 / $5,819</td>
<td></td>
</tr>
<tr>
<td>Family II</td>
<td>$4,299 / $6,448</td>
<td></td>
</tr>
<tr>
<td><strong>Gold</strong></td>
<td>Full-time / Part-time</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,190 / $1,785</td>
<td></td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$2,161 / $3,242</td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$3,070 / $4,606</td>
<td></td>
</tr>
<tr>
<td>Family I</td>
<td>$3,565 / $5,347</td>
<td></td>
</tr>
<tr>
<td>Family II</td>
<td>$3,950 / $5,925</td>
<td></td>
</tr>
<tr>
<td><strong>Platinum</strong></td>
<td>Full-time / Part-time</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>N/A / N/A</td>
<td></td>
</tr>
<tr>
<td>Employee + Child</td>
<td>N/A / N/A</td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$2,572 / $3,859</td>
<td></td>
</tr>
<tr>
<td>Family I</td>
<td>$3,250 / $4,875</td>
<td></td>
</tr>
<tr>
<td>Family II</td>
<td>$3,602 / $5,402</td>
<td></td>
</tr>
<tr>
<td><strong>Diamond (plan’s lowest premium)</strong></td>
<td>Full-time / Part-time</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,980 / $1,470</td>
<td></td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$1,779 / $2,670</td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$2,323 / $3,485</td>
<td></td>
</tr>
<tr>
<td>Family I</td>
<td>$2,936 / $4,403</td>
<td></td>
</tr>
<tr>
<td>Family II</td>
<td>$3,253 / $4,880</td>
<td></td>
</tr>
</tbody>
</table>

(continued on page 3)
What’s Changing in 2015 (continued from page 2)

3. Medical Benefits
The following medical coverage changes take effect on January 1, 2015:
• The Emergency Department co-pay will increase from $50 to $100. The co-pay for Urgent Care will remain at $50.
• The number of days of coverage for intermediate care (long-term acute care, acute rehab (Tier 1 only), skilled nursing care) will decrease from 180 days to 75 days.
• The number of home care visits covered by the plan will decrease from 100 to 75 visits.
• All MRI’s and CT scans will require prior authorization.
• Behavioral health residential treatment programs will require prior authorization and will be reimbursed only if they take place within the Tier 1 provider network. The number of days in a program covered by the plan will increase from 30 days to 75 days.
• Contact lenses currently covered under the EHP for conditions such as Keratoconus will be covered only through the Cleveland Clinic EyeMed Vision Plan.
• The $50 maternity co-payment is applied to the hospital stay and will be collected upon admission.

4. Prescription Drug Benefits
Several adjustments to prescription drug coverage start next year:
• Quantity limits on specialty drug prescriptions
EHP members who are currently prescribed a Tier 4 specialty drug will be limited to a maximum of a 30-day supply of medication each time they have their prescriptions filled. This new rule will help prevent potential waste in case members no longer need the drug because of medication intolerance, ineffective treatment regimens or other reasons.
• Prior authorization for compound coverage
Prescriptions for all compound prescriptions (customized medications not commercially manufactured, but prepared by a licensed pharmacist according to a doctor’s specifications) that cost $100 or more will require prior authorization. This will help prevent the inappropriate use of compounds that have less expensive, clinically-equivalent, FDA-approved and commercially available alternative formulations. It will also help decrease the use of compounds that have no clinical basis for use. Prior authorization for compounds will be clinical decisions based on FDA review and the labeling of ingredients.

5. EHP Wellness Program
Alternative Monitoring Devices
Eligible for Shape Up & Go! in 2015
EHP members who participate in Shape Up & Go! to qualify for Healthy Choice can purchase a different brand of electronic activity-monitoring device to measure physical activity next year. Members who prefer not to use the Pebble® can instead use any of the approved devices listed on the EHP website and would need to pay for the alternative devices themselves. To access the list of alternative devices, from the EHP homepage click on “The Pebble” at the left. Please be aware that the EHP will continue to cover the cost of a Pebble device for new participants. Members who need to replace a Pebble would be responsible for this cost, too.

Pebble is a registered trademark of FitLinxx, Inc.
How Healthy Choice Works

Each year in early January, caregivers, spouses and domestic partners covered by the EHP will receive a personalized letter outlining the information the plan has on record and if additional information is required. The letter will also describe what the plan member needs to do by **September 30** to earn the best premium for the following year. The type of letter you receive (see chart below) determines the steps to take no later than March 31 to qualify for a reduced premium for the following year.

You Will Receive One of These Letters:

<table>
<thead>
<tr>
<th>Missing Information Letter</th>
<th>Chronic Condition Letter</th>
<th>“Healthy” Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What it says:</strong> You need to submit more health information.</td>
<td><strong>What it says:</strong> You’ve been diagnosed with asthma, diabetes, high blood pressure, high cholesterol, tobacco use or weight management.</td>
<td><strong>What it says:</strong> You are healthy.</td>
</tr>
<tr>
<td><strong>What you need to do:</strong></td>
<td><strong>What you need to do:</strong></td>
<td><strong>What you need to do:</strong></td>
</tr>
<tr>
<td>• Schedule a health visit to have the Health Visit Report form completed and submitted to the health plan <strong>AND</strong></td>
<td>• Join the appropriate Coordinated Care Program(s) (see programs below) and meet its (their) requirements for 6 months by September 30(^1), 2015. If you are a tobacco user, contact the Tobacco Cessation Program for a program to start quitting.</td>
<td>• Join an EHP Physical Activity program (see programs below) and go 10 times a month for 6 months OR • Participate in Shape Up &amp; Go! and wear one of the specified electronic monitors approved to track at least 100,000 steps or 600 exercise minutes a month for 6 months by September 30(^1), 2015.</td>
</tr>
<tr>
<td>• If you are healthy or receive one of the 6 diagnoses, follow the steps in one of the boxes at the right.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) September 30 is the annual deadline for meeting Healthy Choice program goals — when the Health Visit Report form and all necessary health and participation data must be on file with the Employee Health Plan (EHP).

**These Health Plan Programs help members meet Healthy Choice requirements:**

**Physical Activity (for members who are healthy)**
- Cleveland Clinic-owned fitness centers
- **Curves**\(^*\) fitness centers
- Shape Up & Go! (using the Pebble or other approved electronic activity measurement device)

**Coordinated Care (for members who have one of the chronic conditions)**
- Asthma
- Diabetes
- High blood pressure
- High cholesterol
- Tobacco cessation
- Weight management

You do not need to wait for your Health Visit Report form to be completed to join a program. If you already know you have one or more of the six chronic conditions, make sure you join the appropriate coordinated care program(s) through Medical Management by March 31 so that you meet the six-month participation requirement.

For full details about how to qualify for Healthy Choice, visit the EHP website at [http://www.clevelandclinic.org/healthplan/default.htm](http://www.clevelandclinic.org/healthplan/default.htm) and click on “Healthy Choice.”

Questions about Healthy Choice or Shape Up & Go!?  
If you have questions about Healthy Choice or the Pebble, call Customer Service at 216.448.0800 or toll-free at 866.811.4352. Shape Up & Go! questions should be submitted via the Shape Up and Go! website at [www.shapeupandgo.org](http://www.shapeupandgo.org) under “Contact Us.”

Curves is a registered trademark of Curves International, Inc.
More About Your Coverage
Joining, 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 over 20 Coordinated Care (disease management) Programs at no extra charge. 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)*
- Heart Failure
- High Cholesterol*
- Hypertension*
- Migraine
- Tobacco Cessation*
- Weight Management (non-surgical and surgical)*

Seventeen of the programs are for uncommon conditions, and Accordant Care (a CVS Caremark company) helps us administer those:

- Amyotrophic lateral sclerosis (ALS)
- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Crohn’s disease
- Cystic Fibrosis
- Dermatomyositis
- Gaucher disease
- Hemophilia
- 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.

How the Programs Work

Registered nurse care managers work closely with members and their doctors 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 phone visits with their care managers, and receive educational materials and referrals to informative, physician-approved websites.

Advantages of Joining

Plan members who join and then meet and maintain the goals they set with their nurse managers could be reimbursed 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 (looking back 12 months)
- 6 months after reaching their goals, co-payments for some condition-related medications

Receipts must be submitted within 6 months of the date of occurrence and cannot pre-date program enrollment. Your nurse manager 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.

Pharmacy Coordination Programs

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

- Quantity Level Limits
- Prior Authorization
- Statin Co-payment Reduction Program
- Mandatory Maintenance Program
- Step Edit Program
- Specialty Drug Benefit

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

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More About Your Coverage (continued from page 5)

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 such as:
- Transplants
- High-risk pregnancies
- 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.

Letter to Verify Dependent Eligibility for EHP Coverage
We know medical coverage is important to you and your family. As part of our commitment to control these costs, the EHP is ensuring that dependents enrolled in the EHP meet its guidelines so that only eligible dependents are covered.

You will receive a letter from the EHP soon. It will include details on who is eligible to be on the plan and instructions to make any necessary changes during Open Enrollment.

If you have questions about the letter, please call EHP Customer Service Monday through Friday, 7:30 a.m. to 3:30 p.m., at 216.448.0800 or toll-free at 866.811.4352.

Sign Up for Online Medical Bill Pay with MyAccount
If you haven’t already, take a few minutes to enroll in MyAccount, the secure site that helps you manage your Cleveland Clinic patient bills online. When you create an account, you can:
- Instantly view, download and print your billing statements.
- See all the same details that appear on paper statements.
- Look at electronic statements dating back to October 2010.
- Review resources to answer your billing questions.
- Pay bills online with your credit card or checking account.
- Save the cost and the hassle of buying stamps.
- Avoid late payments.
- Go paperless for a cleaner environment.

It’s easy to sign up: Visit the MyAccount homepage at https://einvoice.ctsli.ipayxepay.net/clevelandclinic/index.jsp and enroll using your patient number from a previous bill.

To learn more about how easy and convenient using MyAccount is, refer to the FAQ at the lower right of the homepage. If you have questions, contact MyAccount Customer Service at myaccountsupport@ccf.org or 866.862.2919.
Access EHP Claims Statements Online

Members are now receiving their Explanation of Benefits (EOB) statements from the Plan’s administrator, Mutual Health Services (MHS), at home only if a co-payment or co-insurance was owed for the treatment. Members can register to view any of their EOB statements at the MHS website 24/7. Sign up for online access in one of two ways:

- **From the HRConnect Portal**
  1. From the portal homepage in the Total Rewards section, click on “Medical, Dental & Vision.”
  2. From the new page, at the lower left under Additional Health Information, click on “Mutual Health Services Direct.” (You’ll be prompted to enter your username and password again.)
  3. From the new welcome page, click on “Health Plan Claims — Cleveland Employees Only”.
  4. This will take you to a series of screens, including one that lets you select the option, “I do not want to receive paper EOBs in the mail,” and provide your e-mail address.

- **OR**
  - **Directly from MHS website**
    1. Log into https://chn.mutualhealthservices.com and follow the registration instructions at the right.
    2. Continue following the prompts.
    3. Select “I do not want to receive paper EOBs in the mail,” and provide your e-mail address.

Have Questions About Retiree Coverage?

Employees planning to retire receive a comprehensive package of materials that overviews retiree medical and pharmacy coverage options through the EHP. If you have questions about any aspect of this coverage, you can call EHP Customer Service at 216.448.0800 or toll-free at 866.811.4352.

Other Important Information

**EHP Provider Networks**

The EHP offers a two-tier network of providers. Members can use either or both provider tiers any time during the benefit year — but you get the best coverage when you use Tier 1 providers.

**Tier 1** consists of the Cleveland Clinic Quality Alliance (QA) network. These providers include Cleveland Clinic’s main campus, family health centers and community hospitals in addition to some contracted community physicians. This network includes primary care physicians, specialists, including those for behavioral health; and ancillary providers such as laboratory and physical therapy services.

**Tier 2** is made up of three provider networks:

- Cleveland Health Network (CHN) — a regional network of hospitals, physicians, and other healthcare providers in northern Ohio and western Pennsylvania (website: www.chnetwork.com).
- Medical Mutual Traditional Network — a network of providers within the state of Ohio (website: www.supermednetwork.com and click on “Traditional”).
- USA Managed Care Organization (USAMCO) — a network of providers outside the state of Ohio (website: www.usamco.com).

Members (usually students or those on vacation) sometimes use Tier 2 benefits for non-routine services such as treatment and follow-up for sprains, colds, wounds, and emergency/urgent care services.

The EHP contracts with each of the Tier 2 networks listed above — but not with the individual providers. Also, the EHP can’t resolve any Tier 2 claims issues that may arise with the providers. If issues arise, members would need to contact the network directly.

**Points to remember:** Some services are covered only in the Tier 1 network. See page 19 of the EHP Summary Plan Description for a list of these services. You can view the SPD on our website at www.clevelandclinic.org/healthplan. It is the member’s responsibility to verify the provider’s tier participation status each time services are obtained. To confirm a provider’s participation in a network or to request a list of doctors by physician specialty in your area, call EHP Customer Service at 216.448.0800 or toll-free at 866.811.4352.

Or, call our Third-Party Administrator, Mutual Health Services, toll-free at 800.451.7929.

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Other Important Information (continued from page 7)

Dependent Eligibility Processes
1. New Hires or New Enrollees
After they enroll in the plan for the first time, all employees (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)
All members are expected to complete the COB process when they enroll, each year in January and if they experience a life event change. Here’s how the process works:
• If the employee/dependent(s) has other insurance, the COB form can be completed online via the HRConnect Portal or either mailed or faxed to our Third-Party Administrator, Mutual Health Services.
• If the employee/dependent(s) does not have other insurance, they can complete the information online via the HRConnect Portal or they can call Mutual Health Services and the information will be updated during the call.

Employees have one year to complete the COB process. As long as the COB process remains uncompleted, claims for covered dependents will be denied. The member will receive a COB form with each dependent’s first claim statement until the COB process is complete. If a member does not respond within 45 days, Mutual Health Services 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, though 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, please call Customer Service at 216.448.0800 or toll-free at 866.811.4352.

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 number. If already enrolled, you can update Social Security numbers for your health plan dependents on the HRConnect Portal.
Insurance Coverage for Married Members

Married couples often enroll themselves and their children in each other’s health plans, hoping to get maximum reimbursement for their medical claims. But that seldom happens.

Enrolling spouses and dependents in more than one plan can cost you more because you will be paying for two health plan premiums. Also, the coverage, care management, and network guidelines may not coordinate with each other — which would affect claims payment.

If you are considering enrolling in two different health plans, take the time to research both plans’ coverage, procedures, prior authorization requirements, network providers and coordination of benefits (COB) rules.

Don’t forget to evaluate total premium cost, too. You might save on premiums if one parent enrolls the children in their plan and the other takes single coverage through their employer. But there’s a good chance you will save money if you enroll the whole family in one plan. Keep in mind that spouses who work for Cleveland Clinic can’t cover a family member twice.

If you have questions about how dual selection of health plans can affect claims payment, please call Health Plan Customer Service at 216.448.0800 or toll-free at 866.811.4352.

A Flexible Spending Account (FSA) Can Save You Money

Members use their FSA for healthcare related expenses such as deductibles, co-payments, prescription drugs, dental care, eyeglasses and contact lenses. With a healthcare FSA, you can set aside money for these expenses during the year by having equal amounts deducted from each paycheck before taxes. Details about FSAs can be found in your open enrollment materials.

Cleveland Clinic Tier 1 Network Hospitals

- Cleveland Clinic Main Campus
- Cleveland Clinic Children’s
- Ashtabula County Medical Center
- Euclid Hospital
-Fairview Hospital
-Hillcrest Hospital

- Lakewood Hospital
- Lutheran Hospital
- Marymount Hospital
-Medina Hospital
-South Pointe Hospital
-Cleveland Clinic Florida
-Cleveland Clinic Nevada
## EHP Wellness Programs At-a-Glance

<table>
<thead>
<tr>
<th>An EHP Member Can Choose One Option in Each Category:</th>
<th>Smoking Cessation</th>
<th>Weight Management</th>
<th>Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call 216-444-8111 to make an appointment. Note: Florida and those with UMR coverage must use a Tier 1 provider.</td>
<td>Cleveland Clinic Tobacco Treatment Center (TTC)</td>
<td>• Curves® Complete Weight Management Program</td>
<td>Cleveland Clinic-owned fitness centers: Visit <a href="http://www.clevelandclinic.org/employee">www.clevelandclinic.org/employee</a> wellness for locations.</td>
</tr>
<tr>
<td>Note: Florida and those with UMR coverage must use a Tier 1 provider.</td>
<td>Tier 1 Dietitian or Tier 1 Dietitians (6 months). Tier 1 Nutritionist or Tier 1 Nutritionists (12 months).</td>
<td>• Tier 1 Nutritionist or Weight Management Program (the Surgical Weight Loss Program is excluded)²</td>
<td>Curves Fitness The Pebble or approved device via Shape Up &amp; Go! Visit <a href="http://www.clevelandclinic.org/health/plan">www.clevelandclinic.org/health/plan</a>.</td>
</tr>
<tr>
<td>Program Basics:</td>
<td></td>
<td>• Weight Watchers®³</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A certified smoking cessation specialist will work with you to develop a personalized treatment plan, which may include medication³ and behavioral therapy resources, including reading material and online web-based programs. Medications must be prescribed by the Tobacco Treatment Center.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Participation Requirements:</td>
<td>Must complete: Application, 6 and 12 month survey, Cotinine test at 12 months</td>
<td>Curves Complete Weight Management Program is a 90-day program and is offered at most Cleveland Clinic Hospitals, Curves franchises and online. Visit <a href="http://www.curves.com">www.curves.com</a> or e-mail <a href="mailto:cliniccomplete@curves.com">cliniccomplete@curves.com</a> for more details on the program. Tier 1 Programs are programs offered through Tier 1 hospitals/providers and approved by the EHP. Weight Watchers offers:</td>
<td>Cleveland Clinic-owned fitness centers: Visit <a href="http://www.clevelandclinic.org/employee">www.clevelandclinic.org/employee</a> wellness for detailed information about each location. Curves has approximately 65 facilities throughout Northeast Ohio and is dedicated to women’s fitness and wellness. The female-only environment features 30-minute aerobic and strength training workouts. Visit <a href="http://www.curves.com">www.curves.com</a> for more details. The Pebble or approved device via Shape Up &amp; Go!</td>
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<td>To qualify for Healthy Choice: Must have initial appointment by March 31, 2015</td>
<td>Weight Watchers offers:</td>
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<td>A cotinine test will be required (must be performed by the TTO) in September and upon completion of the program. Note: Notifications are sent to members who do not meet the requirements.</td>
<td>Attend 75% of program meetings Tier 1 Programs: Application for each program Attend 75% of program meetings</td>
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### Notes:
- If you are unable to fulfill your obligation due to medical reasons, you need to notify the EHP and the Weight Management Program or fitness facility. Documentation from your physician will be required. All programs require an application before payment will be made. Failure to submit required documentation will result in financial responsibility for the program and ineligibility for future programs.

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² These excluded benefits are overviewed in the Summary Plan Description.³ Smoking cessation pharmacy medication is not subject to a deductible or co-insurance. Weight Watchers is a registered trademark of Weight Watchers International, Inc. and is used under license. Curves is a registered trademark and CurvesSmart is a trademark of Curves International, Inc.

*Note: Over-the-counter aids are not covered under the Prescription Drug Benefit or under the EHP Wellness Program.*