Two-Tier Network
The Cleveland Clinic Health Benefit Program (HBP) offers a two-tier Network of Providers. As a HBP member, you can use either tier at anytime throughout the benefit year and may receive care from providers in both tiers if you choose. The tier you select, however, determines the amount of coverage you will receive. To receive maximum coverage, you must use Tier 1 providers.

Tier 1
Tier 1 providers consist of the Cleveland Clinic Quality Alliance (QA) network. The QA is comprised of Cleveland Clinic and regional hospitals, including participating physicians credentialed by the Cleveland Clinic Community Physician Partnership (CPP). The Tier 1 Network of Providers includes Primary Care Providers (PCP), Specialist Providers (SP), Behavioral Health Providers, and Ancillary Services Providers. Ancillary services are services such as dialysis, ambulance, transportation, durable medical equipment (DME), home health, skilled nursing facilities, hospice and others.

If you receive services from a Tier 1 PCP, you are covered at 100%. Physician practices considered primary care include Family Practice, Internal Medicine, Gynecology, Obstetrics, and Pediatrics. All other physician specialists are reimbursed at 100% after a $35 co-payment per visit. You do not require a referral to see a specialist.

Note: Some PCP’s are classified as “Specialists” because they specialize in a specific area and, for the most part, only see patients with medical conditions in their area of specialty. For example, an Oncology Gynecologist may only see cancer patients. In these instances, a co-payment of $35 is applied.

In addition to Specialty Care, co-payments are also required for other services such as annual vision examinations, therapy services (Occupational (OT)/Physical (PT)/Speech (ST)), acupuncture, chiropractic services, maternity services, custom orthotics, sclerotherapy for symptomatic varicose veins, out patient MRI/CT scans and emergency/urgent care. Durable medical equipment (DME) and medical supplies are reimbursed at 80%.

You have a maximum out-of-pocket (OOP) expense per year. For those who elect Employee Only coverage, the maximum is $1,500 per year; Family I and Family II coverage (including + One Child and + Spouse) is $3,000 per year. In Tier 1, all co-payments and co-insurance accrue to your annual OOP maximum with the exception of co-payments for hearing aids and bariatric surgery. The Prescription Drug Benefit has its own OOP maximums so co-insurances for these services do not accrue to your HBP medical OOP maximum. See Prescription Drug Benefit chart on page 6.

It is important to understand that not all physicians on the Cleveland Clinic and Regional hospital medical staff are in the Quality Alliance. It is the member’s responsibility to verify and obtain the most current Tier participation each time services are obtained. The most current Tier 1 provider information can be found on the Internet at the CHN website [www.chnetwork.com] and click on “Practitioner and Facility Directory, then CCHS Employee Health Plan.” Information about special arrangements with additional Tier 1 providers for employees who work at Cleveland Clinic locations outside of Cuyahoga and Lorain Counties can be obtained by visiting the Cleveland Clinic Health Benefit Program website at [www.clevelandclinic.org/healthplan].
The HBP does not print a hardcopy Provider Directory. If you do not have access to a website you can either call Mutual Health Services toll-free at 800.451.7929 or the Health Benefit Program Customer Service Unit at 216.448.CCHR (2247) or toll-free at 877.688.CCHR (2247) to request a listing of doctors in your geographic area by physician specialty. The Health Benefit Program Customer Service Unit can assist with problem resolution related to claims for healthcare services when services have been obtained from a Tier 1 provider.

### Tier 1 Hospitals in the Cleveland Clinic HBP Network

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Website Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland Clinic</td>
<td>9500 Euclid Avenue</td>
<td>216.444.2200</td>
<td><a href="http://www.ccf.org">ccf.org</a></td>
</tr>
<tr>
<td>Cleveland Clinic Children's</td>
<td>9500 Euclid Avenue</td>
<td>216.444.KIDS (5437)</td>
<td><a href="http://www.clevelandclinic.org/childrens">clevelandclinic.org/childrens</a></td>
</tr>
<tr>
<td>Cleveland Clinic Children's Hospital for Rehabilitation</td>
<td>2801 Martin Luther King, Jr. Drive</td>
<td>216.636.KIDS (5437)</td>
<td><a href="http://www.clevelandclinic.org/childrensrehab">clevelandclinic.org/childrensrehab</a></td>
</tr>
<tr>
<td>Akron General Medical Center</td>
<td>1 Akron General Avenue</td>
<td>330.344.6000</td>
<td><a href="http://www.akrongeneral.org">akrongeneral.org</a></td>
</tr>
<tr>
<td>Lodi Community Hospital</td>
<td>225 Elyria Street</td>
<td>330.948.1222</td>
<td><a href="http://www.lodihospital.org">lodihospital.org</a></td>
</tr>
<tr>
<td>Edwin Shaw Rehabilitation Institute</td>
<td>1345 Corporate Drive</td>
<td>330.650.9610</td>
<td><a href="http://www.akrongeneral.org">akrongeneral.org</a></td>
</tr>
<tr>
<td>(refer to above website for locations)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashtabula County Medical Center</td>
<td>2420 Lake Avenue</td>
<td>440.997.2262</td>
<td><a href="http://www.acmchealth.org">acmchealth.org</a></td>
</tr>
<tr>
<td>Glenbeigh Hospital of Rock Creek</td>
<td>2863 State Route 45</td>
<td>440.563.3400</td>
<td><a href="http://www.glenbeigh.com/rock-creek">glenbeigh.com/rock-creek</a></td>
</tr>
<tr>
<td>Euclid Hospital</td>
<td>18901 Lakeshore Boulevard</td>
<td>216.531.9000</td>
<td><a href="http://www.euclidhospital.org">euclidhospital.org</a></td>
</tr>
<tr>
<td>Fairview Hospital</td>
<td>18101 Lorain Avenue</td>
<td>216.476.7000</td>
<td><a href="http://www.fairviewhospital.org">fairviewhospital.org</a></td>
</tr>
<tr>
<td>Hillcrest Hospital</td>
<td>6780 Mayfield Road</td>
<td>440.312.4500</td>
<td><a href="http://www.hillcresthospital.org">hillcresthospital.org</a></td>
</tr>
<tr>
<td>Lakewood Hospital</td>
<td>14519 Detroit Avenue</td>
<td>216.521.4200</td>
<td><a href="http://www.lakewoodhospital.org">lakewoodhospital.org</a></td>
</tr>
<tr>
<td>Lutheran Hospital</td>
<td>1730 W. 25th Street</td>
<td>216.696.4300</td>
<td><a href="http://www.lutheranhospital.org">lutheranhospital.org</a></td>
</tr>
<tr>
<td>Marymount Hospital</td>
<td>12300 McCracken Road</td>
<td>216.581.0500</td>
<td><a href="http://www.marymount.org">marymount.org</a></td>
</tr>
</tbody>
</table>
Hospitals in the Cleveland Clinic HBP continued

Medina Hospital
1000 East Washington Street (Route 18)
Medina, OH 44256 ........................ 330.725.1000 .......... www.medinahospital.org

South Pointe Hospital
20000 Harvard Road
Warrensville Heights, OH 44122 ......... 216.491.6000 .......... www.southpointehospital.org

Cleveland Clinic Florida10
3100 Weston Road
Weston, FL 33331 ......................... 954.689.5000 .......... www.ccf.org/florida

Cleveland Clinic Nevada
888 West Bonneville Avenue
Las Vegas, NV 89106 ..................... 702.483.6000 .......... www.ccf.org/nevada

Other Cleveland Clinic Ambulatory Facilities
Cleveland Clinic Beachwood Ambulatory Surgery Center
Cleveland Clinic Lorain Ambulatory Surgery Center
Cleveland Clinic Outpatient Surgery Center
Cleveland Clinic Richard E. Jacobs Health Center
Cleveland Clinic Stephanie Tubbs Jones Health Center
Cleveland Clinic Strongsville Ambulatory Surgery Center
Fairview Surgery Center
Marymount Ambulatory Surgery Center
Twinsburg Family Health Center
Wooster Clinic
Wooster Clinic Specialty Center (Endoscopy)

Tier 2
The following two provider networks comprise the Tier 2 network:

• 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.

Providers in the MMO and USAMCO networks are credentialed by their respective companies.

Tier 2 benefits include treatment for non-routine services such as treatment and/or follow-up for sprains, diabetes, hypertension, or any chronic condition, rehab therapies, colds, wounds, follow-up treatment for emergent/urgent care services (usually used for students outside of the Tier 1 network or if a member is on vacation and requires care). Routine health examinations, routine screening tests, immunizations, and certain other medical services are NOT covered in Tier 2. See Benefits Coverage Clarification section on page 19.

Tier 2 benefits have an annual deductible. For those who elect Employee Only coverage, the annual deductible is $500; for all other contract types the annual deductible is $1,500. After your deductible is met, Primary Care Provider (PCP) and Specialist office visits will reimburse at 100% after an applicable $25 or $50 co-payment is made. Inpatient hospital services, outpatient hospital services, and laboratory/diagnostic services will reimburse at 70% after the deductible is met.

Note: Emergent/urgent care is covered at 100% after the applicable co-payment. Other specifics regarding Tier 2 coverage can be found in the HBP Summary chart on pages 4 and 5.

10 If you choose to see a physician at Cleveland Clinic Florida, you must see a physician who is employed by the hospital.
If you would like to choose a provider from one of the Tier 2 networks, you can obtain provider information on their websites listed on page 11. You can also contact Mutual Health Services Customer Service toll-free at 800.451.7929.

*Note:* University Hospital System and their employed physicians are not considered in the MMO wrap network.

The Health Benefit Program Customer Service Unit has limited ability to assist with non-Tier 1 provider problem resolution.

*Note:* The HBP has “administrative” contracts with each of the Tier 2 networks listed on page 11. There are no individual contracts with the providers “physicians and hospitals” in these networks. Because the network holds the individual provider contracts, members must contact the network that provided services directly to resolve discrepancies with claim payment issues. The HBP cannot resolve Tier 2 claim payment issues or quote the dollar amount of your financial obligation.

There are services that are covered benefits *ONLY* when provided within the Tier 1 Network of Providers and all HBP guidelines have been met. Note that there is no Tier 2 coverage for these services. (See Benefits Coverage Clarification on page 19.)