2015 Total Rewards Program Summary

INFORMATION ABOUT YOUR BENEFITS
Cleveland Clinic offers a comprehensive and competitive total rewards program that recognizes the needs of a diverse workforce, provides individuals and families with meaningful choices and lets employees change work locations without experiencing interruptions in benefit coverage.

INSIDE THIS SUMMARY

2 Eligibility

4 BeneFlex Program
   4 Qualifying Life Events
   4 Health Program
   9 Dental Program
   12 Vision Program
   12 Flexible Spending Accounts
   15 Life Insurance Program
   15 Disability Program

16 Additional Valuable
   Cleveland Clinic Benefits
   16 Paid Time Off
   16 Pension Plan
   16 Savings & Investment Plan
   17 Employee Assistance
   Program (EAP)
   17 Tuition Assistance Program

17 How to Get More Information
   About the Programs

18 Benefit Contact Information
Eligibility

Employees
In general, the benefits described in this summary are offered to:

• Regular full-time employees scheduled to work 72 to 80 hours per pay period, and
• Regular part-time/weekender employees scheduled to work 40 to 71 hours per pay period.

Eligible Dependents for Coverage under the Cleveland Clinic Medical Program
1. Your lawful spouse (not divorced nor legally separated).
2. Your dependent children who are: your natural children, stepchildren, legally adopted children, or children under an officially court-appointed guardianship who are under age 26.
3. Your unmarried children age 26 or older who are disabled as determined by the Social Security Administration. Proof of disability must be provided to HR within 31 days after the determination of disability.

Ineligible dependents include:
• Employee’s parents
• Grandchildren
• Nieces
• Nephews
• Ex-Spouses
• Common-law marriage partners (after the year 1991)
• Foster children who have not been legally adopted

Eligible Dependents for Coverage under the Dental and Vision Program
1. Your lawful spouse (not divorced nor legally separated).
2. Your dependent children who are: your natural children, stepchildren, legally adopted children, or children under an officially court-appointed guardianship who are under age 23.
3. Your unmarried children age 23 or older who are disabled as determined by the Social Security Administration. Proof of disability must be provided to HR within 31 days after the determination of disability.

Ineligible dependents include:
• Employee’s parents
• Grandchildren
• Nieces
• Nephews
• Ex-Spouses
• Common-law marriage partners (after the year 1991)
• Foster children who have not been legally adopted

Domestic Partners*
If you participate in the Health, Dental or Vision program(s), your same-gender domestic partner also is eligible to participate in the programs(s) if all of these criteria are met:
• You both are of the same gender.
• You both are age 18 or older and mentally competent to enter into contracts.
• You both reside in the same household.
• You and your partner have been in a committed relationship with one another for at least six months and intend to remain in the relationship solely and indefinitely with one another.
• You have joint responsibility for one another’s welfare and financial obligations.
• You are not related by blood to a degree that would prohibit marriage under the law of the state in which you reside.
• You are not currently married to any other person under either statutory or common law.

Please note: Domestic Partner Benefits are not available to Marymount Hospital employees.

*Dependent children of domestic partners also are eligible for coverage as long as they meet the eligibility requirements for dependents outlined above.
BeneFlex Program

Cleveland Clinic’s Flexible Benefits Program – BeneFlex – lets you select benefits that meet your and your family’s needs, including Health, Dental, Vision, Flexible Spending Accounts, Supplemental and Dependent Life insurance, and in some instances, disability insurance.

You pay a portion of the cost of your coverage, based on who you decide to cover. The BeneFlex coverage you select begins on your date of hire.

Make your BeneFlex selections carefully because you can change them only once a year – during Open Enrollment, which usually takes place in October.

Qualifying Life Events

The only other time(s) it is permissible to make certain changes to BeneFlex selections is within 31 days of a qualifying life event, which the IRS defines as:

- Changes in legal marital status, including marriage, death of a spouse, divorce, legal separation or annulment.
- Changes in the number of dependents for reasons that include birth, adoption, the assumption of legal guardianship, or death.
- Employment status changes, meaning an employee, spouse or dependent starts a new job or loses a current job.
- Work schedule changes, meaning a reduction or increase in hours of employment for the employee, spouse, or dependent, including a switch between part-time and full-time, a strike or lockout, or the beginning or end of an unpaid leave of absence.
- Changes in work location, meaning a change in the place of residence or work of an employee, spouse, or dependent.
- A dependent satisfies – or no longer satisfies – the program requirements for unmarried dependents because of age, job status or other circumstances.
- A qualified medical child support court order (QMCSO), or other similar order, that requires health coverage for an employee’s child.

- The employee, spouse or dependent qualifies for Medicare or Medicaid. (If this happens, Health Program coverage may be cancelled for that individual.)

If you experience a qualifying life event and wish to change your coverage, you must contact the Benefits Department within 31 days of the event and provide the necessary supporting documentation. Any adjustment to coverage must be consistent with the changes resulting from the qualifying life event.

Health Benefit Program

Choosing the right medical coverage is one of the most important benefit decisions you will make. You have several choices, and each offers a comprehensive network of medical providers, including primary care physicians (PCPs), specialists, hospitals and allied healthcare providers. Health Plan options are the same throughout Cleveland Clinic.

Cleveland Clinic’s Health Benefit Programs provide valuable financial assistance for costs associated with serious illness and injury, as well as help in maintaining good health through preventive care. None of the Health Benefit Programs offered by Cleveland Clinic excludes pre-existing conditions. Following are brief descriptions and charts summarizing the Health Benefit Programs.

Cleveland Clinic Employee Health Program (The EHP)

The EHP provides its members with comprehensive healthcare coverage through a two-tier network of providers. The tier of providers you select determines the amount of coverage you will receive.

Tier 1 providers consist of the Cleveland Clinic Quality Alliance (QA) network. The QA includes all Cleveland Clinic and Regional hospitals, as well as Cleveland Clinic employed physicians and a large number of independent Cleveland Clinic affiliated practitioners who follow the same standard clinical guidelines for chronic disease management and preventive care services. The network includes primary care physicians, specialists (including those for behavioral health), and ancillary service providers such as laboratory and physical therapy services.
The following are Cleveland Clinic Tier 1 Network Hospitals:

- Cleveland Clinic
- Cleveland Clinic Children’s Hospital for Rehabilitation
- 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

Tier 2 providers include the following three provider networks:

- Medical Mutual Traditional Network – a network of providers within the state of Ohio. Web site: www.supermednetwork.com and click on “Traditional”.
- USA Managed Care Organization (USAMCO) – a network of providers outside the state of Ohio. Web site: www.usamco.com.

Tier 2 benefits are often used by members for non-routine services such as treatment and/or follow-up for sprains, diabetes, hypertension, or any chronic condition, rehab therapies, colds, wounds, and follow-up treatment for emergency/urgent care services (usually used for students outside the Tier 1 network or if a member is on vacation and requires care).

The chart on page 6 provides a comparison of key program features and coverage under the two tiers.

**EHP Wellness Program**

This program helps members focus on three areas: smoking cessation, weight management and physical activity. If the member completes the application at sign-up, these services are offered free of charge. The EHP Wellness Program Application requires an original signature that authorizes the EHP to collect specific data, including height, weight, waist and hip circumference, smoking status at six months and one year, and participation rates for tracking program success.

**EHP Medical Management**

EHP Medical Management offers robust coordinated care and pharmacy programs that help members address chronic conditions such as diabetes, high blood pressure and asthma, and it provides reimbursement for physician office visit co-payments and prescription co-insurance as long as members comply with specific care criteria.
### EHP Benefits Summary

#### BENEFIT PROGRAM FEATURES

### TIER 1
- **Cleveland Clinic Network, Quality Alliance**
  - **Annual Deductible**
    - Individual: None
    - Family: None
  - **Out-of-Pocket Maximum**
    - Individual: $1,500
    - Family: $3,000

### TIER 2
- **CHN, MMO² and USAMCO³ Networks**
  - **Annual Deductible**
    - Individual: $500
    - Family: $1,500
  - **Out-of-Pocket Maximum**
    - Individual: None
    - Family: None

#### MEDICAL BENEFIT PROGRAM FEATURES

<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1 (Cleveland Clinic Network)</th>
<th>Tier 2 (CHN, MMO² and USAMCO³ Networks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Office Visit</td>
<td>100% of Allowed Amount</td>
<td>$25 co-pay (after deductible)</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>100% of Allowed Amount after $35 co-pay (no referral required)</td>
<td>$50 co-pay (after deductible)</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>100% of Allowed Amount after one-time $50 co-pay</td>
<td>One-time $100 co-pay (after deductible)</td>
</tr>
<tr>
<td>Routine (Annual) Physical Exam by PCP</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Routine (Annual) Vision Exam</td>
<td>100% of Allowed Amount after $35 co-pay (no referral required)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Inpatient Hospital Services⁴</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Laboratory/Diagnostic Tests</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>100% after $100 co-pay; 100% after $50 co-pay (no referral required)</td>
<td>100% after $100 co-pay; 100% after $50 co-pay</td>
</tr>
<tr>
<td>Medical Supplies and DME</td>
<td>80% of Allowed Amount</td>
<td>80% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Extended Care/Skilled Nursing Care⁴</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Long-Term Acute Care⁴ – 75 Days Lifetime Maximum</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Hospice, Respite Care – 10 Days per Benefit Year</td>
<td>100% of Allowed Amount</td>
<td>100% of Allowed Amount</td>
</tr>
<tr>
<td>Home Health Care⁴ – 75 Visits per Benefit Year</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>Maximum of 20 Visits per Benefit Year First 10 visits: 100% of Allowed Amount after $10 co-pay; Second 10 visits: 50% of Allowed Amount (Children under 16 require prior authorization by the Medical Management Department)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Therapy Services: Occupational/Physical/Speech</td>
<td>First 30 visits: 100% of Allowed Amount after $10 co-pay; Second 15 visits: 50% of Allowed Amount</td>
<td>First 30 visits: 100% of Allowed Amount after $10 co-pay and after deductible; Second 15 visits: 50% of Allowed Amount</td>
</tr>
<tr>
<td>Dental – Surgical extractions for soft/bony impactions, or dental implants for certain medical conditions or recent accidents/injuries</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Family Planning²</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Infertility</td>
<td>100% of Allowed Amount</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>50% of Charge up to $3,500/Ear – Limited to one aid per Ear every 3 years</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Organ Transplant</td>
<td>100% of Allowed Amount Unlimited See above (Out-of-Pocket Maximum)</td>
<td>70% of Allowed Amount (after deductible) None</td>
</tr>
</tbody>
</table>
  - **Outpatient Coverage**       | Outpatient (OP) Visits³ 100% of Allowed Amount after $35 co-pay                                    | $50 co-pay (after deductible) with 100% of Allowed Amount Not covered                                    |
  - **Psychological and Neuro-Psychological Testing³** | 100% of Allowed Amount after $35 co-pay                                                             | 100% of Allowed Amount                                                                                 |
  - **Inpatient Coverage⁶**       | 100% of Allowed Amount                                                                             | 70% of Allowed Amount (after deductible)                                                               |
  - **Intensive Outpatient (IOP)⁷** | 100% of Allowed Amount                                                                            | 70% of Allowed Amount (after deductible)                                                               |
  - **Partial Hospitalization Programs (PHP)⁴** | 100% of Allowed Amount                                                                            | 70% of Allowed Amount (after deductible)                                                               |
  - **Residential Treatment⁷**    | 100% of Allowed Amount                                                                             | 70% of Allowed Amount (after deductible)                                                               |

### BEHAVIORAL HEALTH BENEFIT PROGRAM FEATURES

<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1 (Cleveland Clinic Network)</th>
<th>Tier 2 (CHN, MMO² and USAMCO³ Networks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Coverage</td>
<td>Outpatient (OP) Visits³ 100% of Allowed Amount after $35 co-pay</td>
<td>$50 co-pay (after deductible) with 100% of Allowed Amount Not covered</td>
</tr>
<tr>
<td>Psychological and Neuro-Psychological Testing³</td>
<td>100% of Allowed Amount after $35 co-pay</td>
<td>100% of Allowed Amount</td>
</tr>
<tr>
<td>Inpatient Coverage⁶</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Intensive Outpatient (IOP)⁷</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Partial Hospitalization Programs (PHP)⁴</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
<tr>
<td>Residential Treatment⁷</td>
<td>100% of Allowed Amount</td>
<td>70% of Allowed Amount (after deductible)</td>
</tr>
</tbody>
</table>
For Tier 1, co-payments and co-insurance listed on this chart accumulate to your out-of-pocket maximum with the exception of co-payments for hearing aids and bariatric surgery.

1 MMO Traditional for the state of Ohio and USAMCO outside the state of Ohio.

2 Marymount employees are subject to family planning exclusions including abortion, vasectomy, Norplant, Depo Provera, IUD, tubal ligation, and oral contraceptives, except if clinically appropriate.

3 The Outpatient Coverage for Behavioral Health Benefit Program includes any outpatient services provided by a behavioral health practitioner for chronic pain management, sleep disorder, aftercare groups for substance abuse, and/or pre and post gastric surgery visits. There is no coverage for telephone counseling services or school meetings by outpatient behavioral health practitioners.

4 Prior authorization required.

5 Psychological Testing: Up to six hours testing are automatically covered without prior authorization. Neuro-Psychological Testing: Up to eight hours testing are automatically covered without prior authorization. Testing is covered in Tier 1 only, by trained Behavioral Health Specialists.

Note: Prior authorization, precertification, predetermination and prior approval are often used interchangeably.

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.
SummaCare EPO*

The SummaCare Exclusive Provider Organization (EPO) offers access to providers in the SummaCare Network, which includes Cleveland Clinic providers. When they enroll, employees and their dependents are encouraged to select a Primary Care Physician (PCP) to receive coverage. The PCP coordinates all care. Following is a chart that highlights benefits you can receive from the SummaCare EPO.

Customer Service: 1.800.753.8429

<table>
<thead>
<tr>
<th>Facilities</th>
<th>SummaCare Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible – Individual or Family</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum – Individual or Family</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Requirement</td>
<td>No</td>
</tr>
<tr>
<td>PCP Office Visits</td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Preventive Office Visits</td>
<td>None</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Routine Physical Examination</td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Routine Vision Examination</td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>Maternity Hospital Services</td>
<td>100%</td>
</tr>
<tr>
<td>Office Visits</td>
<td>$15 co-pay (initial visit only)</td>
</tr>
<tr>
<td>Pre- and Post-Partum Care</td>
<td>100%</td>
</tr>
<tr>
<td>Infertility Diagnostic Treatment</td>
<td>$15 co-pay</td>
</tr>
<tr>
<td>All Therapy Services</td>
<td>Physical/Occupational – 30 Visits Combined per Calendar Year $15 co-pay</td>
</tr>
<tr>
<td></td>
<td>Speech – 30 Visits per Calendar Year $15 co-pay</td>
</tr>
<tr>
<td>Emergency Department (Emergency and/or Urgent Care)</td>
<td>$50 co-pay</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>100%</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Lab, X-Rays and Outpatient Surgery $100%</td>
</tr>
<tr>
<td>Extended Care/Skilled Nursing Care – 100 Day Maximum</td>
<td>100%</td>
</tr>
<tr>
<td>Home Health Care – 30 Visits Maximum</td>
<td>100%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Dental Treatment to Stabilize After an Accidental Injury $15 co-pay</td>
</tr>
<tr>
<td>Hearing Aid</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse Services</td>
<td>Inpatient $100%</td>
</tr>
<tr>
<td></td>
<td>Outpatient $15 co-pay</td>
</tr>
<tr>
<td>Organ Transplant</td>
<td>Transplant Lifetime Maximum 100%</td>
</tr>
<tr>
<td></td>
<td>Out-of-Pocket Maximum None</td>
</tr>
</tbody>
</table>

* The benefits listed above are only a summary. Detailed benefit information and exclusions are available on request.

The EHP SummaCare EPO Prescription Drug Benefit

The EHP SummaCare EPO Prescription Drug Benefit is administered through CVS/Caremark, the nation’s largest provider of prescriptions and related healthcare services.

There is a front-end deductible of $100 for each member, with a maximum deductible of $300 per family. This deductible is waived if members fill prescriptions with generic medications from Cleveland Clinic Pharmacies.

The EHP and SummaCare members also receive enhanced benefits for other prescriptions filled at Cleveland Clinic pharmacies. In addition, the plan covers prescriptions for oral contraceptives – except for Marymount plan participants, unless the prescriptions are medically necessary.

The chart on page 9 highlights the features of the The EHP SummaCare EPO Prescription Drug Benefit.
### HBP Prescription Drug Benefit
administered through CVS Caremark

#### Categories

<table>
<thead>
<tr>
<th>Categories</th>
<th>Tier 1 Generic Rx</th>
<th>Tier 2 Preferred Brands</th>
<th>Tier 3 Non-Preferred Brands (Non-Formulary)</th>
<th>Tier 4 Specialty Drugs (Hi-Tech)</th>
<th>Drugs &amp; Items at Discounted Rate</th>
<th>Non-Covered Drugs &amp; Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$100 Individual</td>
<td>$300 Family</td>
<td>(Waived for generic prescriptions if obtained from a Cleveland Clinic Pharmacy)</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Employee % Co-ins. Cleveland Clinic Pharmacies: up to 90 Day Supply</td>
<td>15%</td>
<td>25%</td>
<td>45%</td>
<td>20%</td>
<td>Employee Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Employee % Co-ins. CVS Caremark Retail – 30 Day Supply Mail Service Program – 90 Day Supply</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
<td>20%</td>
<td>Employee Pays 100% of the Discounted Price</td>
<td>Not Available through Rx Plan</td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-ins. -- Cleveland Clinic Pharmacies (including Home Delivery)?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-ins. -- Retail?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a Minimum or Maximum to the Rx % Co-ins. -- CVS Caremark Mail Service Program?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an Annual Out-of-Pocket Max?</td>
<td>After deductible has been met: Individual – $1,500 / Family – $4,500</td>
<td>Combined Maximums for Retail and Home Delivery</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Components of Each Category

<table>
<thead>
<tr>
<th>Generic Drugs</th>
<th>Brand Drugs -- See the Prescription Drug Benefit and Formulary Handbook</th>
<th>Specialty Drugs# See complete list of Specialty Drugs in the Prescription Drug Benefit and Formulary Handbook</th>
<th>Life Style Drugs</th>
<th>Over-the-Counter Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Alcohol Swabs, DME (Durable Medical Equipment), Medical Devices, Medical Supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contraceptive Coverage (See page 10), Certain OTC Medications are covered. See the Prescription Drug Benefit and Formulary Handbook</td>
<td></td>
</tr>
</tbody>
</table>

#### Prior Authorization Required

See the Prescription Drug Benefit and Formulary Handbook for List of Required Pharmaceuticals Requires Prior Authorization

| Diabetic Supplies, Asthma Delivery Devices and Prescription Vitamins | Co-Insurance 20% | No | No | NA |

| Major Chains in the Retail Network | ACME, Cleveland Clinic Pharmacies, Costco, CVS, Discount Drug Mart, Giant Eagle, K-Mart, Marc’s, Medicine Shoppe, Rite Aid, Target, Walgreens, Wal-Mart, plus other chains and independent pharmacies |

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7 Asthma Delivery Devices
8 Prescription Vitamins
9 Major Chains
Note: Plan Includes: generic oral contraceptives – covered for Marymount HBP participants for clinical appropriateness only under the HBP.

6 There are 3 options for obtaining medications in the category listed above. The options are: 1) Cleveland Clinic Pharmacies in Cleveland and Cleveland Clinic Weston Pharmacy, 2) Cleveland Clinic Home Delivery Pharmacy, and 3) CVS Caremark Specialty Drug Program

7 Diabetic Supplies – Insulin and all diabetic supplies covered. Includes: needles purchased separately, test strips, lancets, glucose meters, syringes, lancing devices, and injection pens.

Asthma Delivery Devices – Includes spacers used with asthma inhalers.

8 Refers to vitamins that require a prescription from your healthcare provider.

9 Members can utilize the CVS/caremark Retail Pharmacy Network for obtaining acute care prescriptions (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.
You can choose one of three dental options administered by Cigna for yourself and your eligible dependents:
- The Dental Care Program HMO
- The Traditional Dental Benefit Program
- The Preventive Dental Benefit Program

The Dental Care Program HMO charges nothing for most preventive services, including no deductibles and no annual or lifetime maximums. If you elect this coverage, you must use CIGNA Dental Care HMO network providers, and each covered family member is required to select a general dentist. Orthodontia is a covered service for eligible dependents under age 23 as well as for employees and their spouses.

The Traditional Dental Benefit Program covers all types of dental services, and the Preventive Dental Benefit Program is designed for individuals who only want preventive and basic services. If you’re covered under the Traditional Program or the Preventive Program, you may choose any dental provider, but by using CIGNA network providers your co-payments will be lower because of the discounted rates these providers have agreed to accept.

The following charts summarize the benefits provided under the dental program.

<table>
<thead>
<tr>
<th>Dental Care HMO</th>
<th>Covered Services</th>
<th>Your Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Oral exams, routine cleanings, x-rays</td>
<td>No Charge</td>
</tr>
<tr>
<td>Restorative Services</td>
<td>Amalgam (silver) fillings, Resin-based composite crown, anterior</td>
<td>No Charge, $85</td>
</tr>
<tr>
<td>Major Services</td>
<td>Crown – porcelain fused to high noble metal, Full upper or lower denture</td>
<td>$460, $625</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Traditional</th>
<th>Preventive Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class 1</strong>: Preventive &amp; diagnostic care – oral exams, cleanings, x-rays, etc.</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Class 2</strong>: Basic /restorative care – fillings, oral surgery, extractions, etc.</td>
<td>80% (after deductible)</td>
<td>70% (after deductible)</td>
</tr>
<tr>
<td><strong>Class 3</strong>: Major restorative care – dentures, crowns, etc.</td>
<td>50% (after deductible)</td>
<td>50% (after deductible)</td>
</tr>
<tr>
<td><strong>Class 4</strong>: Orthodontia (lifetime maximum benefit of $1,250 per eligible covered dependent under age 23)</td>
<td>50% (after deductible)</td>
<td>50% (after deductible)</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong> (individual/family)</td>
<td>$50 / $150</td>
<td>$50 / $150</td>
</tr>
<tr>
<td><strong>Annual Benefit Maximum</strong> Class 1, 2, &amp; 3 expenses</td>
<td>$1,250 per Person</td>
<td>$1,000 per Person</td>
</tr>
<tr>
<td><strong>Dentist Reimbursement Levels</strong></td>
<td>Based on contracted fees</td>
<td>Based on contracted fees</td>
</tr>
<tr>
<td><strong>Balance Billing by Dentist in excess of co-insurance</strong></td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Vision Program

If you participate in the EyeMed Vision Care Benefit Program, you can purchase eyewear from any provider, but you will maximize your benefits by using EyeMed Vision Care network providers. Participants can also take advantage of discounts for additional pairs of eyeglasses and contact lenses. The following chart summarizes the benefits of this program.

<table>
<thead>
<tr>
<th>EyeMed Vision Care</th>
<th>Member Cost</th>
<th>Out-of-Network Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frames</td>
<td>$130 Allowance</td>
<td>$35</td>
</tr>
<tr>
<td>Any available frame at provider location</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard Plastic Lenses</th>
<th>Co-pay</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>$0</td>
<td>$25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$0</td>
<td>$40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$0</td>
<td>$55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lens Options</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UV Coating</td>
<td>$15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Standard Scratch-Resistance</td>
<td>$15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Standard Polycarbonate</td>
<td>$40</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Standard Progressive (Add-on to Bifocal)</td>
<td>$65</td>
<td>$40</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Other Add-Ons and Services</td>
<td>20% off retail price</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Lenses</th>
<th>Co-pay</th>
<th>Allowance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowance covers materials only</td>
<td>$0</td>
<td>$110</td>
<td>$70</td>
</tr>
<tr>
<td>Conventional</td>
<td>$0</td>
<td>$110</td>
<td>$70</td>
</tr>
<tr>
<td>Disposable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laser Vision Correction</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lasik or PRK</td>
<td>15% off retail price</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>5% off promotional price</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frames</td>
<td></td>
<td>Once each calendar year</td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td></td>
<td>Once each calendar year</td>
</tr>
</tbody>
</table>

Flexible Spending Accounts

BeneFlex offers two Flexible Spending Accounts that can help you save money on out-of-pocket healthcare costs and on the cost of providing dependent day care:

- one for qualified medical expenses not covered by the Health, Dental and Vision Programs
- one for qualified dependent/child care expenses

You can use the accounts to set aside pre-tax pay to reimburse yourself for qualified expenses incurred during the calendar year. Claims for reimbursement must be submitted by no later than March 31 following the end of the calendar year.

You should consider these points when making decisions about contributing to the Flexible Spending Accounts:

- You can make pre-tax contributions to either or both accounts.

- The minimum pre-tax contribution to the Medical Flexible Spending Account is $100 per calendar year (unless you are depositing leftover PTO trade-in dollars during the annual open enrollment period). The maximum is $2,500 per calendar year.

- The minimum pre-tax contribution to the Dependent Care Flexible Spending Account is $100 per calendar year – unless you are depositing leftover PTO trade-in dollars during the annual open enrollment period. The maximum is $5,000 per calendar year if you are single or you are married and filing a joint tax return. If you are married and you and your spouse file separate tax returns, the maximum amount you can contribute is $2,500 per calendar year.
• You cannot transfer funds from one account to the other.
• You should carefully consider the amounts you plan to contribute to these accounts, because you will forfeit any account balances that are not claimed for reimbursement.
• Since contributions to the Flexible Spending Accounts are made with pre-tax pay, you do not pay Social Security taxes on the contributions. This means that you are paying less into Social Security, and your future Social Security benefits may be somewhat smaller than if you had not made pre-tax contributions to the accounts. That said, the reduction in future Social Security benefits is generally very small and may be outweighed by the tax advantages of participating in the accounts.

Medical Flexible Spending Account
Eligible dependents for the Medical Flexible Spending Account are the same as those defined at the beginning of this summary. Medically necessary expenses eligible for reimbursement include medical or dental co-payments, prescription drugs, durable medical equipment, eyeglasses and contact lenses. Expenses that are not reimbursable include premiums for insurance coverage, cosmetic surgery and dietary supplements such as vitamins and herbs.

Dependent Care Flexible Spending Account
Eligible dependents for the Dependent Care Flexible Spending Account are:
• Individuals under age 13 who you claim as dependents on your Federal income tax return
• Individuals (such as parents or children age 13 or older) who reside with you, are physically or mentally incapable of caring for themselves, and can be claimed as dependents on your Federal income tax return
• Spouses who are physically or mentally unable to care for themselves

Qualified expenses eligible for reimbursement include care for dependent adults or children provided by individuals or facilities such as nursery schools and day care centers. For tax reporting purposes, the IRS requires that you provide the name and Social Security number or tax identification number of the person or organization providing the care.

Under certain circumstances, it may be more advantageous for you to receive a tax credit on your Federal income tax than to participate in the Dependent Care Flexible Spending Account. You should consult with your tax advisor if you have questions about which approach best meets your needs.
Life Insurance Program

Basic Life/AD&D
Cleveland Clinic provides full-time and part-time employees with no-cost term life insurance coverage at one times annual base pay, up to a maximum of $500,000. Both full- and part-time employees also receive Accidental Death and Dismemberment coverage equal to the amount of the term life coverage at no additional cost.

Supplemental Life
Under BeneFlex, full- and part-time employees who would like additional life insurance coverage can purchase supplemental term life insurance, up to ten times annual base pay, not exceeding $1,500,000. Evidence of insurability is required if your election is greater than six times annual base pay or $1,000,000. If you didn’t choose the highest level of coverage available to you when you were first eligible and decide to elect it at a later date, you will be asked to provide evidence of insurability if you elect greater than two incremental units.

IRS Requirement. If the amount of your life insurance exceeds $50,000, Cleveland Clinic is required to report the premium on the excess amount as taxable income to you (known as imputed income). Any tax liability will be reported on your annual W-2 Statement.

Dependent Life
Through BeneFlex, full- and part-time employees also can cover their legal spouses and children with term life insurance at group rates and with the convenience of payroll deduction. (The IRS requires that payroll deduction for this coverage be made on an after-tax basis.) You may cover your spouse in the amount of $25,000, and your dependent children in the amount of $10,000 per child. Dependent evidence of insurability is not required when employees are newly eligible. If you choose dependent life insurance, you are automatically the beneficiary under the plan.

Disability Insurance Program

Short Term Disability
Full-time employees with one continuous year of regular, full-time service are provided with Short Term Disability coverage at no cost to them. If an employee is on an authorized leave of absence, the STD benefit may provide up to 26 weeks of income protection at 60% of base pay through the approved disability period.

Long Term Disability
If a medical condition continues beyond the short term disability period, an employee may be eligible to receive benefits from the Long Term Disability Program. The LTD benefit, which is paid for by Cleveland Clinic, replaces 60% of base pay, up to $15,000 per month. Following BeneFlex Open Enrollment, part-time employees will be provided with the opportunity to purchase Voluntary Long Term Disability coverage that pays a benefit of up to 60% of base monthly pay.
Additional Valuable Total Rewards

**Paid Time Off (PTO)**

The Paid Time Off (PTO) program combines vacation, holidays, personal days and sick days to provide you with flexibility in determining your individual time off schedule. PTO allowances are based on position and length of service. After you complete your new hire period and have your manager's approval, you can begin taking off the time you have accrued.

During BeneFlex Open Enrollment, to offset part or all of your benefit costs, you can trade in up to ten days (or 80 hours) of your total Paid Time Off (PTO) allowance. For each day (eight hours) that you trade in, you will receive an amount equal to your hourly rate of pay times eight hours. For example, if your base rate of pay is ten dollars and you trade in eight hours of PTO, you will receive $80 to apply to the cost of your benefits. For BeneFlex purposes, your PTO trade-in is based on your base hourly rate of pay as of the October 1 just before BeneFlex Open Enrollment (in October).

**Please Note:** If you elect to trade in PTO and you terminate, retire, change status to PRN or temporary, or experience a qualifying life event during the calendar year, your PTO cannot be returned to you. Here are additional rules about PTO trade-in:

- You cannot change your PTO trade-in amount during the calendar year.
- PTO trade-in does not carry over from one calendar year to another.
- PTO trade-in can only be elected during the annual BeneFlex Open Enrollment.

Employees who are scheduled to work less than 40 hours per pay period, who are PRN or temporary, and residents/fellows are not eligible to accrue PTO.

**Cleveland Clinic Retirement Program**

Two plans help eligible employees build savings for their retirement:

**The Investment Pension Plan (IPP)** As long as you are at least 21 years old, you are automatically enrolled in the plan on your date of hire. (Students, residents/fellows and research associates are not eligible to participate in the IPP.) Each payroll period, employees enrolled in the plan will receive an Employer Pension Contribution, based on years of service, to an account administered by Fidelity Investments. Employees are responsible for selecting their investment options and managing their IPP account.

**Savings & Investment Plan (SIP)** If you are a full-time, part-time or PRN employee, starting on your first day of service you may participate in the Savings and Investment 403(b) Plan and defer some of your pay on a pre-tax basis. Cleveland Clinic will match 50 cents for every dollar you save, up to 6% of your pay that you contribute to the plan. You are always 100% vested in your contributions, and are vested in the Employer Matching Contributions after three years of service. Students, resident/fellows, research associates and Lakewood Hospital employees participating in the Public Employees Retirement System are not eligible for matching contributions.

Newly hired employees will be automatically enrolled 30 days after being hired by Cleveland Clinic, at a pre-tax contribution rate of 3%, unless they contact Fidelity Investments and choose not to participate.
Employee Assistance Program (EAP)

The EAP is offered through the comprehensive Caring for Caregivers program and can help you and your family members with difficult personal issues such as marital or family stress, substance abuse, emotional or health concerns or other situations that affect well-being. Employees can call the EAP 24 hours a day, 7 days a week at 800.246-6648 and take advantage of the program’s confidential, short-term counseling.

The EAP also offers employees and their immediate family members the WorkLife Services/Family Dependent Care Program, a free, confidential consultation and resource service that can help with caregiving commitments. Early childhood education and geriatric professionals can help employees find resources for the care of children and older relatives, as well as adoption services, and can provide guidance about related issues.

Tuition Assistance Program

After you complete twelve months of employment, you are eligible to receive tuition reimbursement after satisfactorily completing approved courses. The following chart shows the annual reimbursement maximums.

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>Annual Maximum Tuition Reimbursement</th>
<th>Nursing Major Full-time</th>
<th>Nursing Major Part-time</th>
<th>Non-Nursing Major Full-time</th>
<th>Non-Nursing Major Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate/Doctorate/PhD Degree</td>
<td>$7,500</td>
<td>$3,750</td>
<td>$4,500</td>
<td>$2,250</td>
<td></td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>$5,000</td>
<td>$2,500</td>
<td>$3,000</td>
<td>$1,500</td>
<td></td>
</tr>
<tr>
<td>Associate Degree</td>
<td>$2,500</td>
<td>$1,250</td>
<td>$1,500</td>
<td>$750</td>
<td></td>
</tr>
</tbody>
</table>

Other Benefits

- College Advantage 529 Savings Program
- Computer Purchase Program
- Retiree Medical Plan
- Adoption Assistance
- Voluntary Auto and Home Insurance
- Voluntary MetLaw Group Legal Plan
- Voluntary Veterinary Pet Insurance

How to Get More Information About the Programs

Benefit Contact Information

Cleveland Clinic Benefits Customer Service Center
216.448.0600

HRConnect Support
216.448.0680/877.282.2233

EHP Customer Service
216.448.0800
- Tier 1 Providers*
  www.chnetwork.com
- Tier 2 Providers*
  Cleveland Health Network
  www.chnetwork.com

Behavioral Health Services
216.986.1050 / 888.246.6648

Health Program
- Mutual Health Services Customer Service
  800.451.7929 / www.mutualhealthservices.com
- SummaCare EPO
  800.753.8429 / www.summacare.com
- Employee Assistance Program
  216.445.6970 / 800.989.8820

Prescription Drug
- CVS Caremark
  866.804.5876 / www.caremark.com

Dental Program
- CIGNA
  800.244.6224 / www.cigna.com

Vision Program
- EyeMed Vision Care
  866.723.0513 / www.eyemedvisioncare.com

Life Insurance
- Consumers Life
  855.544.2542

Savings Bonds
- 800.US.BONDS

Investment Pension Plan
- Fidelity Investments
  888.388.2247 / www.fidelity.com/ATWORK

Flexible Spending Accounts
- PayFlex
  800.284.4885 / www.HealthHub.com

Short Term Disability (Customer Service)
- 216.448.0700

Long Term Disability (Customer Service)
- 216.448.0700
- UNUM
  800.858.6843

Savings & Investment Plan
- Fidelity Investments
  888.388.2247 / www.fidelity.com/ATWORK

COBRA Continuation Svcs
- Payflex
  800.284.4885 / www.HealthHub.com

Other Benefits
  800.438.6388
- College Advantage
  800.233.6734
- Computer Purchase
  866.670.3479

* Hard copy provider directories are not published. To confirm a provider’s participation in the Tier 1 or Tier 2 network, or to request a listing of doctors in your geographic area by physician specialty, call EHP Customer Service.