

COSE Health and Wellness Trust

CLE-Care HMO Plan Options

CLE-Care HMO health plans are designed to serve the healthcare needs of Cuyahoga County. Through the CLE-Care network, Medical Mutual partners with The MetroHealth System to provide comprehensive coverage, coordinated care and quality benefits.

What is CLE-Care?

The CLE-Care HMO offers a complete range of high-quality medical and surgical care services to fit the needs of every patient. You can access CLE-Care providers at more than 25 conveniently located facilities throughout Cuyahoga County. For more information, visit MetroHealth.org/Locations.

Included in the CLE-Care network are:

- Extensive physician care locations, four hospitals, three outpatient surgery sites and four emergency rooms.
- Six walk-in MetroExpressCare locations and one dedicated to pediatric care.
- Convenience clinics at four local Discount Drug Mart locations.

Plan Options

All CLE-Care HMO plans include preventive services with no copays, coinsurance or deductible. You also have access to a comprehensive suite of wellness programs designed to promote healthy behaviors, identify risk factors for disease, and help you make positive changes to your well-being.

Pharmacy Benefits

CLE-Care gives you options for your pharmacy needs. When you use any of MetroHealth's convenient locations, you have access to home delivery, discounts on over-the-counter medications and online management of your prescriptions.

You can also get your prescriptions filled at any retail pharmacy in the Express Scripts National Plus Network. However, this option does have higher copays and you won't have access to mail order services. Other benefits include:

- Access to the National Preferred formulary, which is the list of prescription drugs that are covered by your plan.
- Opportunities to save money on prescriptions when you use mail-order services or choose a generic drug instead of the more expensive brand-name version.
- Specialty drug coverage, where you pay 50% of the cost up to a \$200 maximum.

Online Tools

Use My Chart to access your medical records with MetroHealth providers, review your medical history, get test results, communicate with your physician, request an appointment or refill prescriptions.

My Health Plan, Medical Mutual's secure member website, gives you 24/7 access to your health insurance to view benefits, check claims status, watch interactive videos and more.

See the reverse side for specific plan options and choose the plan that's right for you.

CLE-Care HMO Plan Options**3020-250 w/Rx**

Deductible	\$250 Individual/\$500 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$5,250 Individual/\$10,500 Family
Drug Copays at MetroHealth Pharmacies (generic/preferred/non-preferred)	\$7.50/\$22.50/\$37.50
Drug Copays at Express Scripts Pharmacies (generic/preferred/non-preferred) ¹	\$15/\$45/\$75
Mail-order Drug Copays (generic/preferred/non-preferred) ²	\$22.50/\$67.50/\$112.50
Specialty Drug Coverage	50% up to \$200

3020-1000 w/Rx

Deductible	\$1,000 Individual/\$2,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$6,000 Individual/\$12,000 Family
Drug Copays at MetroHealth Pharmacies (generic/preferred/non-preferred)	\$7.50/\$22.50/\$37.50
Drug Copays at Express Scripts Pharmacies (generic/preferred/non-preferred) ¹	\$15/\$45/\$75
Mail-order Drug Copays (generic/preferred/non-preferred) ²	\$22.50/\$67.50/\$112.50
Specialty Drug Coverage	50% up to \$200

3020-2000 w/Rx

Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	20% up to \$5,000 Individual/\$10,000 Family
Copays (primary care/specialist/urgent care)	\$30/\$60/\$75
Maximum Out of Pocket	\$7,000 Individual/\$14,000 Family
Drug Copays at MetroHealth Pharmacies (generic/preferred/non-preferred)	\$7.50/\$22.50/\$37.50
Drug Copays at Express Scripts Pharmacies (generic/preferred/non-preferred) ¹	\$15/\$45/\$75
Mail-order Drug Copays (generic/preferred/non-preferred) ²	\$22.50/\$67.50/\$112.50
Specialty Drug Coverage	50% up to \$200

HSA 5000 w/ PD Rx

Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance (member cost)	0% after deductible
Copays (primary care/specialist/urgent care)	Coinsurance (0%) after deductible
Maximum Out of Pocket	\$7,000 Individual/\$14,000 Family
Drug Copays at MetroHealth Pharmacies (generic/preferred/non-preferred) ³	\$7.50/\$22.50/\$37.50 (after deductible)
Drug Copays at Express Scripts Pharmacies (generic/preferred/non-preferred) ³	\$15/\$45/\$75 (after deductible)
Mail-order Drug Copays (generic/preferred/non-preferred) ³	\$22.50/\$67.50/\$112.50 (after deductible)
Specialty Drug Coverage	50% up to \$200 (after deductible)

***The values above are for in-network services only. Services received outside the exclusive network are not covered (except for emergency services).**

1 Prescriptions must be filled at pharmacies in the Express Scripts National Plus Network

2 Mail-order is available through MetroHealth only

3 HSA plan has post-deductible drug copays. Amounts only apply after deductible is met.

Generic Incentive

If a brand-name drug is requested when a generic equivalent exists, the member pays the brand-name copay PLUS the difference between the cost of the generic drug and the brand-name drug.

Specialty Drugs

Prescriptions must be filled by MetroHealth, Accredo or Gentry.