MAY 1, 2008

# Pathway ToHealth

## A Health Newsletter

Brought to you by Financial Risk Management

As your Financial Risk and Insurance Administrator, I wanted to give the membership an update on what to expect concerning the Tribal Member Health Plan in July 2008. There are a couple of changes coming that I wanted to make sure you all were aware of. These changes will not only help our members use the plan more efficiently but will help us keep costs down, save valuable resources and provide for the long-term sustainability of the plan.

The first change that we will see in the Tribal Member Health Plan is a change in the qualifications for an Emergency Room visit. Currently any visit to the Emergency Room has been covered with a $100 copay, no matter what the member is seen for. Through claims research we have discovered that many of these visits are not actual emergencies and could have been treated by a primary care physician or at an Urgent Care Center. For that reason, we have asked UMR to use a standard criteria for paying Emergency Room visits. If you are treated for an actual emergency, your claim will be paid. If you are treated for something that is not, your claim will automatically have a secondary review. After review, if it was not a true emergency, the claim could be denied.

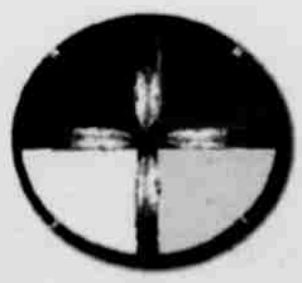
UMR provides a 24 hour Nurse Line that can assist members if they have questions as to what constitutes primary care, urgent care or emergency care. If you are unsure about whether you should seek care at the emergency room, call 1-888-867-4850. If you are directed to the emergency room by the Nurse Line, your visit will be covered. I have personally used the Nurse Line and they are very helpful. In less than 1 minute I was talking with a Registered Nurse and she answered my questions.

The second change to the plan centers around the Provider Network provided to us by United HealthCare. Currently the plan covers a visit to an out-of-network provider at 80 percent. Beginning on July 1, 2008, the coverage for an out-of-network provider will be 70 percent. This will only affect members who see an out-of-network provider in an area where there are contracted providers. In the event that there are no contracted providers within 25 miles of where you live, you will still have your visits paid at the in-network rate.

Using-in network providers allows us to pay for visits at a discounted rate and saves our Tribe a lot of money each year. Contracted providers are bound by the UHC contracted rates and cannot charge the members for anything but the copay. A non-network provider can charge whatever they like, and the plan must pay the billed charges. By utilizing in-network providers, we can keep costs reasonable and save money. This change to the plan only affects the out-of-network benefits, the in-network coverage remains at 90 percent.

These changes will help us contain costs and allow the Tribe to continue to provide a Health Plan for us all. We will be putting these changes into effect on July 1, 2008. We will be discussing these changes at General Council meetings and at the Community Meetings throughout the next couple of months. If you have questions, please contact either myself (ext. 2221) or Barbara Steere (ext. 2487) and we would be happy to give you more information. Call us toll free at (800) 422-0232. Thank you and we hope to see you at the upcoming Community Meetings.

Jim Holmes
*Financial Risk and Insurance Administrator*



The Native American Medicine Wheel —
a sacred symbol representing the wholeness of life.

East — Mental
South — Spiritual
West — Emotional
North — Physical

## Five modern myths about fitness

**While some fitness myths, such as "no pain, no gain," are fading fast, many misconceptions about exercise still exist. Here are some common exercise myths – and the truth about them.**

**1. If you're not going to work out hard and often, exercise is a waste of time.**

This kind of thinking keeps a lot of people from maintaining or starting an exercise program, but it's not true. A study by the National Institutes of Health found that moderate physical activity works just as well as intense exercise when you're trying to lose weight. Walking, bicycling and swimming are all good ways to exercise at a modest pace. And, there may be other health benefits. Walking for as little as an hour a week has been shown to reduce the risk of heart disease.

**2. Yoga is a completely gentle and safe workout.**

Some forms of this mind-body exercise are quite rigorous, physically and mentally. Although injuries are rare, staying in certain poses may cause nerve damage or back pain. Avoiding certain postures and modifying others can make yoga safer for most healthy people -- even pregnant women. As with any form of exercise, qualified, careful instruction is necessary for a safe, effective workout. If you have a health condition, talk with your doctor before trying yoga.

**3. You can lose all the weight you want just by exercising.**

Increasing your level of physical activity is just one part of a successful weight-loss plan. You need to cut calories, too. How many pounds you lose also may depend on your genes. What works for one person won't necessarily work for another. However, exercise is an important component of just about any weight loss program -- and it offers many other health benefits, as well.

**4. Water-fitness programs are primarily for older adults or people with injuries.**

Research has shown that exercising in water can be a challenging and effective way to get fit and lose weight. And, it can be beneficial for just about anyone.

**5. If you want to lose weight, don't strength-train because you'll "bulk up."**

Experts recommend both cardiovascular exercise and strength training to maintain

**Continued on page 2**