



TIPS TO USING YOUR BENEFITS

Open Enrollment is a good time to re-evaluate your health care usage and review if your current benefit elections are still meeting your and your family's health care and financial needs. The HealthWorks website has some excellent online tools to help you in this assessment. This is also a good time to review your beneficiary information.

Beneficiary designations:

Employees should take the opportunity during Open Enrollment to review their beneficiary designations for their life insurance and/or 401(k) account. If you do not have a beneficiary designation when you die, your basic and supplemental life insurance benefits and 401(k) account balance will be paid in accordance with the applicable plan document.

You can update your life insurance beneficiary designations when you complete online Open Enrollment. To update your 401(k) beneficiary, go to www.Vanguard.com or call a Vanguard customer service representative at 800-523-1188. McClatchy's 401(k) plan number is 098630.

Online tools to help you be a better health care consumer:

eValuator – Medical Plan Tool

- This tool uses a vast database of health care usage and national cost information to help predict your health care spending. It is customized with our Aetna plan options and annual employee premium contributions so you can identify the plan option that offers the best combination of price and out-of-pocket costs for you and your family.
- It can generate a customized annual health care cost estimate based on answers you provide to basic, confidential questions about your and your family's health care needs.
- Use the tool to compare the total cost of coverage for each Aetna plan, compare the costs under our medical plans with that of your spouse/domestic partner's plan, and/or model costs for an emergency or unexpected illness.

Aetna Navigator

If you are covered by an Aetna medical plan, you can register for access to the Aetna Navigator through www.Aetna.com. This website provides a wealth of information to help you be a good health care consumer, and allows you to:

- Check your claim status and track deductibles by person.
- Review the Preferred Drug List and link to the Aetna Rx Home Delivery mail-order service.
- Print temporary member ID cards, order replacement cards.

- Find and print various forms such as claim forms.
- Access an extensive health information library called Aetna IntelliHealth.
- Access Aetna's Cost of Care, where you can:
 - √ Check physician rates online. Find out how much your medical service may cost before you make your next doctor's appointment. Depending on your search area, you may find actual rates for doctors for up to 30 of the most common medical services.
 - √ Find estimated average costs in your area for certain office visits, diagnostic tests, vaccines, and surgical procedures.
 - √ Check the cost of retail, mail order and specialty prescriptions drugs.

Programs to promote wellness and help you manage chronic illnesses:

Wellness and health care consumerism are hallmarks of our health care strategy. We have numerous programs in place to help employees better manage their health. The following online tools and programs are available to assist you in actively managing your health and becoming better educated and informed about your health care options and lifestyle choices.

Aetna's Simple Steps To A Healthier Life Program

- Health Risk Assessment – this confidential questionnaire asks about your health habits and family health history to help identify some of your health needs.
- Learn how to stay fit at your own pace, make healthy food choices, relieve stress, and more.
- Personal Health Record (PHR) – record your health history and have fast, easy access to your own health history when filling out health forms or to provide to a new doctor. A PHR stores all of your health-related information in a password-protected online record and is automatically updated every time a claim is submitted to Aetna and by adding your own details.

Aetna Health Advocacy Team

- Health Advocate nurses provide case management and work with employees who have hospital stays or complicated, urgent health care issues to ensure they are getting the appropriate care and have the resources and support they need to manage their illnesses.
- Health Advocate nurses act as health coaches and work with patients to encourage compliance with doctor's orders and are available to answer questions and address concerns expressed by the patients.
- Health Advocate nurses have experience working with cancer patients and provide on-going support to both the patients and their families. They also facilitate community resources as needed for patients.
- If you receive a call from an Aetna nurse, be sure to talk to him/her!

Aetna Health Connections Disease Management (DM) Program

- This program provides you with access to disease management nurses specially trained in 34 different diseases and conditions.
- The DM program helps you manage ongoing or chronic conditions, assists with getting the treatment you need, and identifies risks for other conditions.
- If you enroll, a nurse will reach out to you and stay in touch, as needed, will send you information on your disease, provide online resources, review treatment plans and medications, explain possible side effects, and provide any other helpful support needed.

Aetna's Beginning Right Program

- Give babies a healthy beginning by enrolling in Aetna's Beginning Right maternity program as soon as you know you're pregnant.
- Learn about prenatal care, labor and delivery, newborn care, and more.
- Know your health risks by taking Aetna's pregnancy risk survey to help you prevent health problems. If you are at risk for early delivery, the Preterm Labor Prevention Program can help you learn the signs and symptoms of preterm labor, find out about new treatment options, and receive telephone follow-up from Aetna's registered nurses.

Other important features specific to McClatchy health and welfare plans:

Spousal/Domestic Partner Eligibility

McClatchy has a policy that if your spouse/domestic partner is employed and has non-HMO medical or dental coverage available through his or her employer, this other coverage must be taken in order to be enrolled on our plans for secondary coverage. If your spouse/domestic partner is eligible for HMO medical or dental coverage through his/her employer, then he/she is not eligible for coverage under a McClatchy plan. More information about this policy can be found on the HealthWorks website under the Enrollment tab.

If you cover your spouse or domestic partner on a McClatchy medical or dental plan, you must certify that your spouse or domestic partner's coverage complies with the Spousal/Domestic Partner Eligibility policy. This certification must be completed every year during Open Enrollment, even if you are not making any other coverage changes, in order to retain coverage for your spouse/domestic partner for the following year. The Spousal/Domestic Partner Eligibility certification should be completed online during Open Enrollment.

Family Status Changes

The elections you make during Open Enrollment will be effective Jan. 1, 2010. You will be unable to make changes to these elections until Open Enrollment next fall for 2011, unless you experience a change in family status during 2010. Qualified family status changes include:

- Change in marital status such as marriage, divorce, death of spouse or legal separation.
- Change in number of your tax dependents including birth, adoption or death of dependent.
- Change in employment status of you, your spouse or dependents that affects benefit eligibility status – such as gaining/losing employment, beginning/returning from an

unpaid leave, change in worksite or a reduction/increase in work hours that affects your benefit eligibility.

- Dependent satisfies or ceases to satisfy eligibility requirements.

If you experience a qualifying family status change during 2010 and want to make changes to your benefit elections, you must notify your local HR department and provide documentation of your change within 31 days of the event. Your health plan changes will become effective the first of the month following receipt of the documentation (in the case of birth or adoption, the effective date will be the date of birth or the date of the child's placement for adoption). For more information about the documentation requirements, please go to the HealthWorks website, under the Enrollment tab, and review the section on Family Status Changes.