



**Cleveland
Health
Network**

Cleveland Health Network CCF Staff Employee Health Plan



Enrollee
Group No. 0000228250
ID No. EHP00



Effective Date
01/01/2011

CLEVELAND CLINIC STAFF HEALTH PLAN

<u>Tier 1</u>		<u>Tier 2</u>	
Coinsurance	0%	Coinsurance	20%



- Customer Service, call 1-800-451-7929.
- Please mail all claims and written correspondence to:
Antares/EHP, P.O. Box 89472, Cleveland, OH 44101-6472
- For electronic submission: 34192

Cleveland Clinic EHP Total Care (Precert for medical, behavioral health and all case coordination programs) 1-888-246-6648.

ER Admit Transfer Line 1-866-721-9803
(Required if within a 50 mile radius of a Cleveland Clinic Hospital)

Tier 2 Networks:

Ohio:



Traditional ACCESS
1-800-601-9208

All other states:



This card is for identification only and does not prove eligibility for services.

PRODUCT TYPE:

Cleveland Health Network Employee Health Plan is a direct employer contract and a self-funded PPO plan administered by Antares Management Solutions. Staff Employees of the Cleveland Clinic and their dependents are eligible for coverage. This is a CHN non-risk contract effective January 1, 2003.

IDENTIFICATION CARDS:

All members should have an ID card. The member ID card is not proof of eligibility. Copay amounts if applicable are listed on the front of the member's ID card. For questions on a particular member, please call Antares Management Solutions at 1-800-451-7929.

PRECERTIFICATION:

Refer to the instructions on the back of the member's ID card. For preauthorization and precertification, please call 1-888-246-6648.

LABORATORY, X-RAY & OTHER ANCILLARY SERVICES:

Refer to the CHN website at www.chnetwork.com for participating hospitals and ancillary providers.

CUSTOMER SERVICE:

For questions about eligibility and claims call Antares Management Solutions at 1-800-451-7929.

CLAIMS & BILLING:

Please submit completed paper claim forms to: Antares Management Solutions, P.O. Box 89472, Cleveland, OH, 44101-6472.