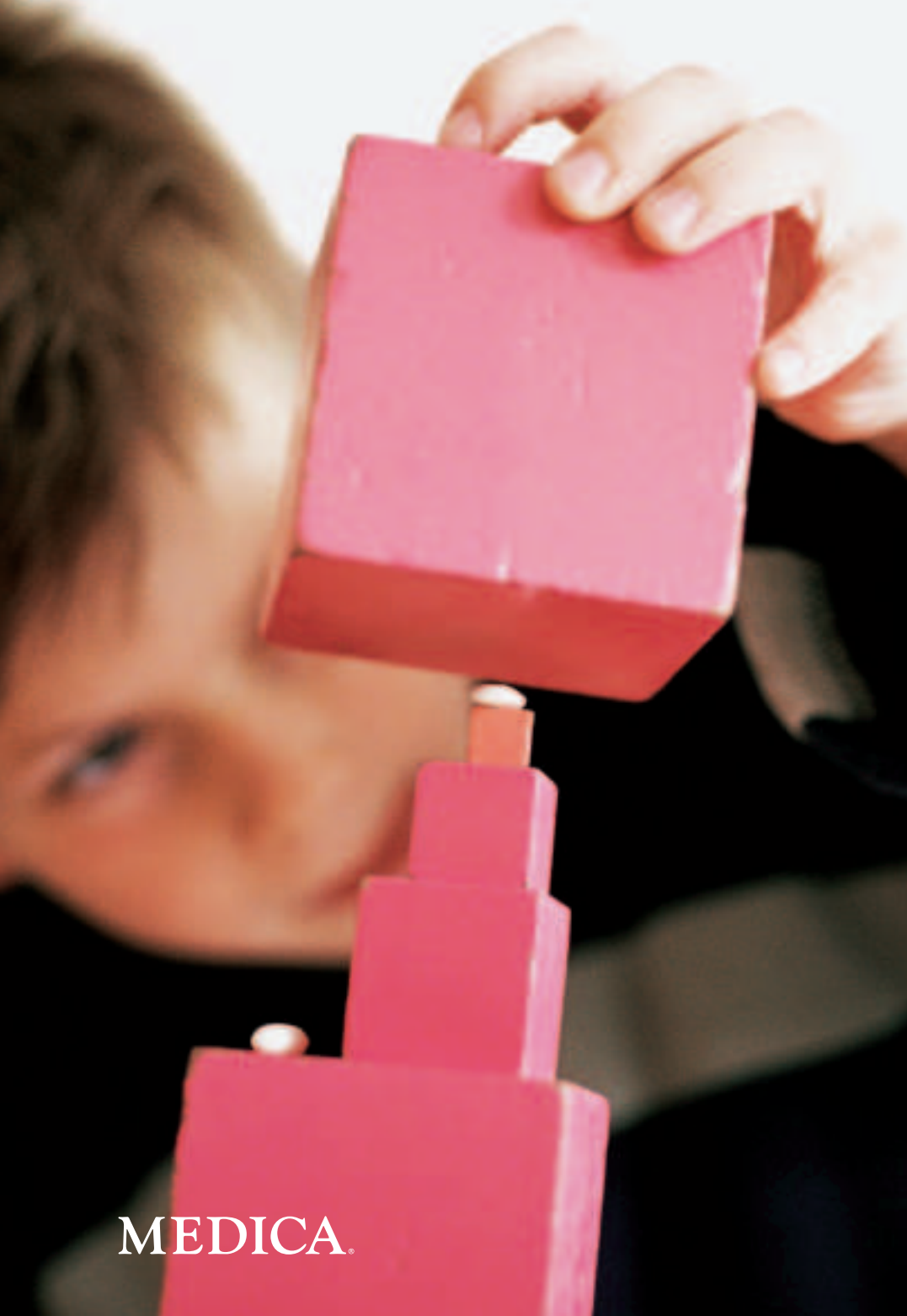


Medica

WINTER 2005 | EMPLOYERS

INDICATORS[®]

A quarterly publication for employer groups



DESIGNING THE FUTURE OF HEALTH CARE

Find all the tools you need to help your employees use health care dollars wisely.

Multi-state Plans

Growing by Leaps and Bounds

Decision-support Tools

New myMedica.com Gives Members Support 24-7

Health Savings Accounts

New Investment Options
Jan. 1, 2005

Tiered Network Products

Control Costs, Increase Employee Choice

Tobacco Cessation

Now Available to Members of Fully Insured Plans

HealthEast Care System

Added to Medica EssentialSM

MEDICA.

A Letter From DAVID TILFORD

President and CEO, Medica



If you don't already offer a consumer-directed health plan, there's a good chance you've been investigating your options. Consumer-directed plans are the talk of the marketplace, and we at Medica believe that they will only increase in popularity. Medica offers a range of health reimbursement accounts (HRAs), flexible spending accounts (FSAs) and health savings accounts (HSAs) for small and large businesses. We deliver wide-ranging choices that provide employers and their employees with quality health coverage that fits their budgets.

One reason for the popularity of consumer-directed plans is their effect on health care utilization. A recent survey of human resource executives by Deloitte Consulting found that early adopters of consumer-directed plans have averaged a drop in utilization of seven to 10 percent. Just as noteworthy is that 60 percent of employees and managers at companies with the plans report strong satisfaction.

Nineteen percent of the 314 companies represented in the Deloitte survey offer a consumer-directed health plan, up from 11 percent in 2003. An additional 14 percent will offer such a plan by 2006, and 29 percent are considering offering one in the near future.

Medica is the market leader in consumer-directed products and networks, as well as services and support. I am especially proud of our decision-support tools that consumers can access 24 hours a day, helping them make wise decisions about their health.

**Sixty percent of
consumer-directed plans'
early adopters —
including employees and
management — report
strong satisfaction.**

2004 survey by Deloitte Consulting

This issue of *Medica Indicators*[®] introduces our new member portal, myMedica.com, that not only offers comprehensive account information but a true “tool kit.” Consumers can access one tool called a Treatment Cost Estimator, for example, that enables them to compare the cost of certain medical procedures in their area. Another tool compares satisfaction ratings and quality of care information for physicians, and a third enables members to compare local hospitals by procedure or diagnosis.

We will continue to work hard to bring you the best choices for your employees' health care coverage and the best tools to help them access quality, cost-effective care.

Sincerely,

A handwritten signature in black ink that reads "David Tilford". The signature is fluid and cursive, written over a light gray rectangular background.

David Tilford
President and CEO
Medica

PASSPORT FROM MEDICA: Multi-state Offering Growing by Leaps and Bounds



Membership in Medica's multi-state offering is growing by leaps and bounds. By Jan. 1, 2005, the number of small group members is expected to approach 5,000 and the number of large group members will near 80,000.

Passport from MedicaSM enables companies with employees in more than one state the ability to offer uniform benefits and flexible plan designs. More than that, they can offer every employee Medica's quality customer service and value-adds like the Medica CallLink[®] nurse line. Members outside of Medica's network area can access providers from UnitedHealth Group's extensive network of 400,000 physicians and 200,000 ancillary providers, and more than 54,000 pharmacies.

Passport from Medica offers significant advantages for employers:

- Operational quality and simplicity, including single point of contact for enrollment
- Consolidated billing
- Uniform claims platform
- Online, customized reporting
- Market-best discounts on nationwide provider network

HERE'S WHAT'S AVAILABLE:

For large groups

- 32 preferred plan designs, including open access, HSA and HRA options
- 3 pharmacy plan designs: 3-tier, 2-tier and min-max

For small groups

- 27 preferred plan designs, including open access, HSA and HRA options
- 2 pharmacy plan designs: 3-tier, min-max

Enhancements for large groups

Passport from Medica is adding several enhancements effective Jan. 1, 2005, to deliver even more value to large employer groups:

- 1. Availability of a health care account card** — enabling plan information to be quickly downloaded at members' clinics simply by swiping the ID card through a card reader
- 2. Two national networks** — a second, less-broad national network will offer greater discounts
- 3. Benefits reciprocity among networks** — if members located in Medica's network area need to access health care services while out of state, they can use the national networks and receive in-network benefits; if out-of-state members need to access health care services while they are in the Medica network area, they can use the Medica network and receive in-network benefits

For more information, contact your broker or Medica account executive.

New Online Tools for Medica Members



Medica is finalizing a comprehensive new Web site for all of its commercial members. Starting Jan. 1, 2005, members can log on to myMedica.com for time-saving, 24-7 access to account and provider information. They'll also find new decision-support tools to help them make the most of their health care benefits.

MyMedica.com will help members:

- Take control of health care decisions
- Become more aware of costs and
- Better understand the value of the health care benefits you provide

The site enables your employees to find answers to health and benefits questions 24 hours a day, when it is convenient for them. This should save your HR department time in answering routine questions, too.

Medica expects the most practical features of myMedica.com will also be its most popular:

- Inquiries about claims
- Online provider searches
- Inquiries about benefits

Members of Medica DirectSM plans will find a link from myMedica.com to their personal health care account information.

www.my



◀ Treatment Cost Estimator

This tool enables members to view and compare the relative cost of services and treatments, helping them make informed health care decisions. Cost estimates are displayed by relative and actual charges, allowed amounts and out-of-pocket costs.



▲ Claims Look-Up

Members can look up medical claims status. They can also look up information, copayment summaries and deductible and out-of-pocket amounts.



◀ Find Physicians, Hospitals and Other Important Information

These tools enable members to find physicians and hospitals, compare care and request provider directories.

HSA Investment Options

EXPAND

Jan. 1, 2005

Starting Jan. 1, 2005, new groups offering Medica Direct Health Savings Accounts (HSAs) will have additional investment options through Wells Fargo. Existing groups can choose from the new investment options at their renewal date.

If members do not select one of the new investment options, the default for their funds is a money market fund earning simple interest.

- ▶ **Minimum account balance?**
None, but \$100 cash is required before money can be invested.
- ▶ **Will employers or employees be charged a fee?**
No separate fees are charged for the investments; they are covered as part of the standard Medica Direct product offering.

- ▶ **How do members enroll?**
Members can complete a Wells Fargo investment enrollment form available from the Medica Service Center or make their selections online at the Medica Direct Web site. Members will be able to monitor and make changes to their account online.

Contact Wells Fargo

The Wells Fargo Customer Service Call Center is staffed Monday through Friday from 7 a.m. to 8 p.m. to answer questions about investment options: **1-800-473-0926**

Health Savings Account (HSA) Investment Options



Risk and Return Characteristics

Most Conservative



Most Aggressive

Asset Category	Fund	Ticker
Money Market	Wells Fargo Cash Investment Money Market – Service Class Seeks preservation of principal and daily liquidity while generating current income by investing primarily in high quality, money market investments.	NWIXX
Conservative	Wells Fargo Strategic Income I Seeks to provide a combination of current income and capital appreciation by diversifying investment among bonds and stocks.	NVCBX
Conservative	Wells Fargo Moderate Balanced I Seeks to provide a combination of current income and capital appreciation by diversifying investment of its assets among stocks and bonds. The Fund is designed for investors seeking long-term capital appreciation within a balanced style fund.	NVMBX
Moderate	Wells Fargo Growth Balanced I Seeks to provide a combination of current income and capital appreciation by diversifying investment of its assets among stocks and bonds.	NVGBX
Moderate	Wells Fargo Strategic Growth Allocation I Seeks to provide capital appreciation, and a secondary emphasis on current income by diversifying investment of its assets among stocks and bonds.	NWBEX
Equity	Wells Fargo Diversified Equity I Seeks to provide long-term capital appreciation by diversifying its investments among different equity investment styles. The Fund utilizes different styles to reduce the risk of return volatility associated with a single investment style.	NVDEX

For more information on Wells Fargo funds, visit www.wellsfargofunds.com or call 1-800-552-9612.

These options are subject to change.

Medica's FSA Offers Added Convenience



As you know, flexible spending accounts (FSAs) offer your employees pretax benefits for dependent care and medical care. Starting Jan. 1, 2005, the Medica Direct FSA is being expanded for new and renewing groups¹.

As long as your company offers Medica Choice®, Medica Direct, Medica Elect®, Medica Essential or Passport from Medica (versions 1 and 1.1), any benefits-eligible employee can participate in the Medica Direct FSA.

Medica's FSA offers:

- Simplified administration for **employers**, since they have one contact for both FSAs and medical coverage, and consolidated FSA billing and medical billing
- Exceptional convenience for **members** through the use of an "auto-crossover option"

Auto-crossover

With auto-crossover, claims for employees on the Medica Direct HRA or medical plan are paid automatically from the FSA. No more forms to complete and mail with receipts. For example, pharmacy copayment information is captured automatically at the pharmacy.

Direct Deposit

Reimbursement of member payments for these services can also be automatically deposited into a bank account with direct deposit. Members would be notified via an explanation of benefits statement.

For more information on the Medica Direct FSA, contact your broker or Medica account executive.

¹ Groups must maintain a minimum of five enrollees. Service area includes Minnesota, Wisconsin, North Dakota and South Dakota.

Members of Consumer-directed Plans Receiving Helpful Tips in Member Publication

Medica wants to make sure that members of consumer-directed health plans are fully informed about these new plan options. Starting this month, members will be sent targeted information to help them better understand their coverage and how they can maximize their benefits.

A number of useful tips and other information will be printed on an outer "wrap" to the quarterly member publication, *Healthy Attitudes*, starting with the winter issue. Medica is making special efforts to ensure members have the information, tools and confidence they need to navigate the expanding world of consumer involvement in health care decision making and in how their health care dollars are spent.

Medica offers health savings accounts, health reimbursement accounts and flexible spending accounts through Medica Direct.

NEW HEALTH EDUCATION SERVICES CATALOG

Available in January

Medica's Health Education Services Catalog is loaded with free health materials and information to help you coordinate your wellness programs.

In January our 2005 catalog edition will be available. In it you'll find new displays, payroll stuffers, onsite workshops, surveys, mini challenges and more.

Watch for your new Health Education Services Catalog in January. If you do not receive a catalog or need to order an extra, please call the Medica Service Center at 952-992-2200 or 1-800-936-6880.





How can you manage health care costs and offer your employees affordable health care options without limiting provider choice? Tiered networks are becoming a popular way to give employees the ability to choose their health care providers based on cost and quality, and to help both employers and employees save money on health care.

Tiered Networks Help Control Costs, Enable Consumers to Choose Quality and Value



Using tiered networks:

- Helps **employers** control health care costs
- Provides comparative information to **consumers** so they can easily evaluate provider cost and quality, and choose those who will best meet their needs, and
- Rewards **providers** through incentives for health care quality and value.

Employees benefit from provider competition added by tiered networks

Tiered networks, in effect, create a marketplace by fostering competition

among providers. Armed with cost and quality information, consumers are able to see the differences among providers and make an informed value decision. Providers delivering quality care at lower costs tend to draw the most consumers.

Medica offers two tiered network programs through Patient Choice: one using care systems and a new, open-access model called Insights, available Jan. 1, 2005. Both programs are available for self-funded employers.

1) Care system program —

Employees have the option to pay a lower premium if they select a lower-cost care system, based on cost and quality measures

2) Open-access program (Insights)

— Primary care and specialty physicians are tiered by cost and quality factors; employees can access any network provider in any tier but their copayment and/or coinsurance amounts are lower when they use more efficient, high quality providers

For more information, contact your broker or Medica account executive.

HealthEast Joining Medica Essential Network

Effective Jan. 1, 2005, HealthEast is joining the Medica EssentialSM network as the fourth care system from which Medica Essential members can choose providers. The HealthEast care system complements the Medica Essential product, creating a comprehensive network for Twin Cities metro-area members.

The new care system will include all HealthEast-owned hospitals and clinics:

- HealthEast Bethesda Hospital, St. Paul
- HealthEast St. John's Hospital, Maplewood, Minn.
- HealthEast St. Joseph's Hospital, St. Paul
- HealthEast Woodwinds Hospital, Woodbury, Minn.
- 11 HealthEast east-metro primary care clinics



Medica Essential already offers access to providers from the following three care systems:

- Fairview Physician Associates, including Fairview Health Services
- CareNorth care system for members living near Duluth, Minn.
- Dakota Clinic care system for members living near Fargo, N. D.

Medica Essential was launched as a new product in 2003. It is available under Medica Health Plans, Medica Insurance Company ("MIC") and Medica Self-Insured.

For more information, contact your broker or Medica account executive.

Tobacco Cessation Program

Expands to Include Fully Insured Commercial Members



Medica's tobacco cessation program has expanded to include members of fully insured commercial plans. The award-winning Free & Clear® multi-call phone counseling program, which includes specialty programs for youth and pregnant women, has been available for Medica's Medicare and state public programs members for the past few years. Free & Clear includes four scheduled counseling calls plus unlimited calls initiated by program participants.

No matter the plan in which they are enrolled, a tobacco cessation program is available to every Medica member. Many also have coverage for the nicotine patch, gum or Zyban in addition to qualifying for Free & Clear.

According to the Journal of the American Medical Association (JAMA), national studies have found that combining nicotine replacement with provider support and behavioral counseling leads to the greatest success in quitting. In fact, counseling is a key factor in the quit rate, almost doubling success in quitting. And telephone-based individual counseling is chosen more over face-to-face group or individual counseling by people who use tobacco products.

Members are encouraged to call Medica Customer Service at 952-945-8000 or 1-800-952-3455 to determine benefit eligibility.

Free & Clear is a scientifically proven quit-smoking plan that includes elements recommended by the National Cancer Institute and the U.S. Department of Health and Human Services, Public Health Services.

Did You Know

An employee who smokes costs an employer an average of \$1,760 more per year in lost productivity and absenteeism than a non-smoker.

Source: Centers for Disease Control and Prevention, 2002

Request Free Materials to Promote Smoking Cessation Benefit

Encourage your employees who use tobacco to get help in quitting. Medica provides a free resource kit for employers so they can inform their employees about accessing free support from Medica. Contact the Medica Service Center for more information: 952-992-2200 or 1-800-936-6880.



Promote Fit ChoicesSM by Medica with New Promo Packs

You now have an easier way to promote the Fit Choices by Medica program to your employees. Fit Choices by Medica encourages members* to increase activity, improve nutrition and manage stress. It provides online fitness and nutrition information and tools, interactive coaching, credits toward dues at health clubs, an activity program (Medica Fit StepsSM) and the chance to earn reward points redeemable for gift cards and other great merchandise.

The Fit Choices by Medica Promo Pack is an easy-to-use, self-directed guide designed to increase participation in the program's three main components: health club reimbursement, Fit Choices by Medica Online and Medica Fit Steps. It includes:

- A user guide to help you design a yearly promotional plan for Fit Choices by Medica. Use the template provided or create your own
- Monthly themes on easy-to-use flashcards. Themes include Fit Choices by Medica Online month, GetPHIT month, health club month, Medica Fit Steps month and more. Promote all of the themes or only the ones that fit your employees' needs
- Access to the Fit Choices by Medica Online marketing Web site where you can download communication tools needed for the plan. Tools include e-mail flashes, posters, table tents, newsletters and more
- Tips on how to make this program and other wellness initiatives successful at your company

Call the Medica Service Center today at 952-992-2200 to order your Fit Choices by Medica Promo Pack.

* Fit Choices by Medica is offered to members of fully insured Medica plans and is available to self-funded plans for an additional fee.

Snap Fitness/America's Fitness Centers

Join Fit Choices by Medica Network

As of Dec. 1, Snap Fitness/America's Fitness Centers became part of the Fit Choices by Medica health club network. The fitness centers have 14 locations in the following communities:

Snap Fitness:

- Cottage Grove
- Glencoe
- Lino Lakes
- Owatonna
- River Falls
- Spring Park
- Waconia
- Waseca

America's Fitness Centers:

- Alexandria
- Cokato
- Hastings
- Litchfield
- Hutchinson
- New Ulm



Medica Disease Management Success Story

Medica member: Andrew, age 63

Health issue: Diabetes; Andrew had spent time in a skilled nursing facility for wound care for an infected foot, a risk faced by many people with diabetes

What he's grateful for: The resources from Medica's CorChoicesSM disease management program. Andrew received regular educational mailings and worked with a nurse who encouraged him to make lifestyle changes, including diet and exercise, and explained how to better manage his disease and medications.

"I've learned more from this program and my CorChoices nurse than any doctor," Andrew said. "I've lost weight, I regularly monitor my blood glucose levels and I feel I can manage my diabetes now. That's a great comfort."

Andrew's story is just one of many from Medica members who are benefiting from disease management programs offered at no additional cost to eligible Medica members. By offering education and resources to better manage their condition, people can improve their health, better perform on the job and help all of us better manage health care costs.

Nearly 40 percent of the U.S. population suffers from a chronic disease or medical condition.

More than 38,000 members are participating in Medica's CorChoices program. Medica works with CorSolutions[®], a disease management provider, to administer the program.

All members eligible for Medica's CorChoices program have access to a range of educational tools and interventions that support behavior change and health improvement. Specific resources depend on an individual's needs and condition, but can include:

- 24-hour telephone access to a registered nurse, information library and resources at Medica's Web site
- Condition-specific newsletter
- Risk assessments
- In certain situations, personal care from a registered nurse

"A key component to this program is helping members understand what resources are available to them, how to use the resources and how others have benefited from the program," said program manager Merritt O'Brien. "Members may call the program at any time to obtain additional resources such as the nursing support that was provided to Andrew."

The Medica member featured in this article has given his written permission to share his story.

Who is Eligible for Disease Management Services?

CorSolutions identifies eligible members and appropriate resources by using the following:

- Monthly medical and pharmacy claims
- Referrals from Medica CallLink nurse line
- Referrals from Medica care managers (registered nurses)
- Inpatient referrals
- Member self-referrals
- Provider referrals
- Referrals from other Medica disease management programs such as Health Advantage by MedicaSM, which targets depression

Where to Call for Information

Members can call Medica at 1-800-365-8240 or 952-992-8460 if they wish to:

- Enroll in the program
- Request additional information or
- Ask for assistance from a registered nurse

For more information on how CorChoices can help your employees manage chronic conditions, please contact your Medica account executive.





Service Staff Makes Enhancements

for Members and Group Administrators

Medica's Service Center and Customer Service departments are making further enhancements to improve members' and group administrators' experience with Medica when they need to contact us. The Service Center addresses questions and other issues from group administrators and brokers, and Customer Service representatives serve the needs of Medica members.

Recent enhancements include the following:

▶ Expanded hours

Starting Jan. 1, 2005, members can reach **Customer Service** staff from 7 a.m. to 6 p.m. CST, Monday through Friday. In addition, you can contact the **Service Center** from 8 a.m. to 5 p.m. CST, Monday through Friday.

▶ Phone prompts now in Spanish for member calls

To improve service to Spanish-speaking members, members calling Customer Service (952-945-8000 or 800-952-3455) now receive a prompt asking if they want to continue the call in English or Spanish. Members selecting the Spanish option will be connected with a customer service representative and a Spanish-speaking interpreter who will assist.

▶ Member self-service by phone

Getting the information members need from Medica has never been quicker or easier. Customer Service is making changes to its phone system this month that offer members more automated information. Members simply choose the phone prompts matching their request, including:

- General benefits information
- Claims status
- Eligibility and more

For example, members requesting information about a claim's status can learn the date the claim was processed, amount paid, deductible, member copayment amount and other details.

Existing telephone services remain in effect. Members calling Customer Service after regular business hours can still request a replacement ID card, member packet or provider directory, and make requests through the "automated coordination of benefits line."

Enhancements include expanded hours, Spanish phone prompts and member self-service by phone.

MINNESOTA CHAMBER MEMBERS CAN RECEIVE EXTRA RESOURCES FROM MEDICA

The Minnesota Chamber of Commerce and Medica have teamed up to provide small and large employers with additional health care resources and education. The resources are intended to help employers make effective purchasing decisions and empower consumers to make informed decisions about their health. Most resources are available to all chamber members, whether or not they are Medica customers.

The *Minnesota Chamber HealthWorks*SM program delivers targeted health initiatives and programs to address areas identified in summary claims data.

The program offers:

- **Strategic planning information** — including utilization information and health care data reports highlighting risks and actual claims experience
- **Educational programs** — to help business owners and consumers understand how lifestyle, health care and service choices affect the cost of health care and health plan coverage
- **A range of Medica health plan options** — with flexible, affordable features that allow employers to offer the types of coverage their employees want and need
- **Convenient access** — through a broad service network and technology that supports more effective customer service, faster and more accurate administration, and easier access to information (Medica customers only)
- **Value-added services** — such as employee health education, fitness programs and health risk assessment (Medica customers only)

For more information on the *Minnesota Chamber HealthWorks* program, contact your broker or Medica account executive. To learn about joining the Minnesota Chamber of Commerce, call 651-292-4650.



Information Members Need to Know or Show When Filling Prescriptions

To help ensure a smooth process when members fill prescriptions, the winter issues of Medica's member publications will include the following information.

Correct date of birth needed on file at pharmacy

Every Medica member visiting a network pharmacy should ensure that the pharmacy has the member's correct date of birth on file. Dependents' information, formerly tracked by a two-digit dependent code, now uses the date of birth for member verification. If the pharmacist doesn't ask for the date of birth, the member should verify that the date on file is accurate.

What to supply when subscriber info is suppressed on the Medica ID card

In some cases, the subscriber's Social Security number or alternate nine-digit ID number may be suppressed from the Medica ID card. In these instances, it will be necessary for the member to supply the pharmacy or physician's office with the subscriber's SSN or alternate ID in order to handle appropriate claims submission.

Attention: Passport from Medica members

While it is important for every Medica member to present their Medica ID card at their pharmacy, it is particularly important for members of Passport from Medica multi-state plans. If the pharmacist does not have the member's ID card, there may be a delay in filling prescriptions and processing pharmacy claims.

ID cards for Passport from Medica members include information that helps pharmacists serve members promptly, including:

- The telephone number for MedImpact, the pharmacy benefit manager for Medica members (Passport from Medica members are served by MedCare, MedImpact's national pharmacy network)
- RxBIN and RxPCN numbers, which provide information that pharmacists need for filing claims, are located on the front of every Medica member's ID card.

Because of all of the valuable information provided on member ID cards, Medica members need to present their ID card every time they visit their network pharmacy. If members have any questions about their pharmacy benefits, they are encouraged to call Medica Customer Service.

KEY DATES



Meetings Set for New Small Group Administrators

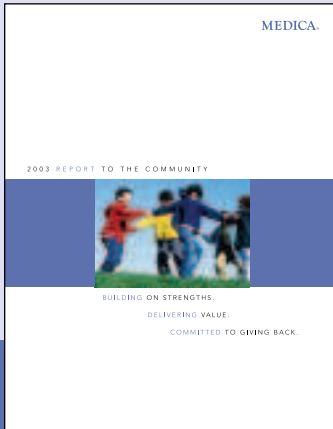
Ever feel like you could use a refresher course on administering your company's Medica health plan? Or are you new to Medica? Medica offers informational sessions each quarter for new groups, and group administrators looking for a refresher are also welcome to attend. All attendees learn about the many value-added services that come with being a Medica member.

Meetings in 2005 will be held on the following Wednesdays: Feb. 9, May 11, Aug. 10 and Nov. 9. Continental breakfast

will be served at 9:15 a.m., followed by the meeting from 9:30 to 11 a.m.

Meetings held at new Medica office

The meetings will take place at Medica's office at 401 Carlson Parkway in Minnetonka. For more information, directions or to make a reservation, contact the Medica Service Center at 952-992-2200 (metro) or 1-800-936-6880 (regional). Directions can also be found at www.medica.com.



Medica's Annual Report NOW AVAILABLE

Medica's annual report is hot off the presses. The report provides an update of Medica's financial performance, rankings of its service performance, accomplishments of its foundation and other initiatives. If you would like to request a copy, either visit www.medica.com or call Customer Service at 952-945-8000 or 1-800-952-3455.

'Speaking of Women's Health' Draws Record Crowd

A sell-out crowd of 1,000 women participated in this year's Speaking of Women's Health® conference, designed to inform women and their families about health issues facing women and ways to improve or maintain health. Sponsored locally by Medica, the national conference included:

- Health screenings and information booths
- Speakers who addressed stress management, fitness, nutrition and more
- Breakfast, lunch and gift bag

Women had the opportunity to receive up to six free health screenings during the conference. Some were referred to a physician for follow-up because of risk factors for heart disease, diabetes or other ailment.

"Besides helping the participants, the conference's emphasis on preventive care and taking charge of your health can actually help reduce health care costs," said Amy Rindahl, Medica's marketing events coordinator.

Medica is already planning the next conference which will take place in fall 2005.

Make 2005 the Year for a Healthier You!

It's never too late to break bad habits and make healthier choices that impact your mind, body and spirit.

- **Believe in yourself** — Your choice makes a difference. Identify one healthy choice you are ready to put into action and schedule it into your day.
- **Start with baby steps.** Identify simple steps that you will enjoy doing on a daily basis. Remember: Small changes can make a difference.
- **Write it down.** You will be more committed when you see it in writing with an action plan and a goal in mind.
- **Visualize your success.** Begin with positive self-talk and see yourself succeeding in small increments.
- **Reward yourself.** Treat yourself along the way for sticking with your goal and for the levels of success you are achieving over time.
- **Add variety.** Change your baby steps along the way by adding a new twist or a new path. Keep the momentum moving!

Do You Know the Importance of Making Healthy Choices?

According to the surgeon general, 70 percent of our health status is determined by the lifestyle choices we make — what we eat and drink, whether we smoke and exercise, and how we love! It's the little things we do each day that are most likely to ensure positive health and well-being.

EXAMPLE:

My short-term goal: Increase my activity level to 20 minutes a day for 3 days a week x 4 weeks.

My simple action plan that I will enjoy doing:

- 1) While at work or shopping, I will park my car in the farthest parking spot at least three times a week.
- 2) I will walk for 10 minutes either during

my lunch hour or as soon as I get home from work.

- 3) I will enlist a buddy in my activity program and walk with my buddy twice a week.
- 4) I will take the stairs at work at least twice a day.

Self-evaluation of success: After one month, I feel I have more energy and look forward to my buddy walks. We are now going to walk three times a week. My pants are also fitting much better.

My personal reward: I'm going to buy myself a new CD for completing my plan.

My long-term goal: Increase my activity level to 30 minutes for 3 days x 8 weeks.

CHALLENGE CORNER

Value your health and make it a priority.

Tape this completed New Year's resolution to your refrigerator:

My Short-term Goal: _____

My Simple Action Plan That I Will Enjoy Doing: _____

Self-Evaluation of Success: _____

My Personal Reward: _____

My Long-term Goal: _____



For Employers:

Have a question about claims, benefits, billing or enrollment? How about health education materials? Call:

Medica Service Center

Metro: 952-992-2200
Regional: 1-800-936-6880
Fax: 952-992-3199
E-mail: medicaservicecenter@medica.com

Like to speak with regional account executives and account service representatives? Call:

Medica Sales Offices:

- **Corporate Sales Office**
Metro: 952-992-3055
Metro Fax: 952-992-3700
Regional: 1-800-371-1613
Regional Fax: 1-800-715-4610
- **Duluth**
1-800-757-9842
Fax: 218-733-1140
- **St. Cloud**
1-800-990-4946
Fax: 320-656-5974
- **Fargo**
1-800-836-6852
Fax: 701-234-4545

For Employees:

Employees have questions concerning claims, benefits, provider network? Have them contact:

Customer Service

Metro: 952-945-8000
Regional: 1-800-952-3455
Fax: 952-992-3198
E-mail: medicafb@medica.com

Employees or employers need help dealing with personal or other problems? Optum, an employee assistance program, may be a part of your benefits plan.

Medica® Optum® Employee Assistance Program:

1-800-626-7944
Hearing-impaired callers:
TTY 1-800-855-2880
and ask for 1-800-626-7944

Employees have medical and health-related questions? Have them contact:

Medica CallLink nurse line:

1-800-962-9497
Hearing-impaired callers:
TTY 952-992-2357
or 1-800-234-8319

Employees or employers wish to contact Medica via the Internet?

Medica's Web Site:

www.medica.com

COM2284-41104

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