

A Letter From DAVID TILFORD

President and CEO, Medica



If you are looking for ways to manage your company's health costs while offering your employees quality choices, I encourage you to get to know all that Medica has to offer. Talk with your broker or Medica account executive for details on the many creative, cost-effective options available to you.

Tiered networks, HSAs, value-adds

These creative options include products like our tiered network offerings and health savings accounts. "Creative" also means adding value to traditional health plans through programs like disease management and our groundbreaking Fit ChoicesSM by Medica fitness program—both of which help members improve or better manage their health.

Improved cost-efficiencies and quality outcomes

A key focus for Medica's strategic planning process this year is how we, as a health plan, can provide the proper incentives to achieve further cost-efficiencies and quality outcomes. We already address this through product designs, value-adds that target lifestyle improvements, physician feedback on best practices and their performance, and in other ways.

But we believe that dramatic change is possible. The goals of discussions at Medica around what we're calling a "health care cost road map" are:

- Putting targeted provider initiatives in place to ensure that the right care is delivered at the right time and for a fair reimbursement
- Educating and motivating members to care for their health and seek the most efficient care providers

Employers are an enormously important part of this discussion and strategy. We appreciate your feedback and welcome additional comments.

I extend a warm welcome to companies and organizations new to Medica. Thank you for placing your trust in us. I am confident that you will find our service staff exceptional and your overall experience very satisfying.

Sincerely,

A handwritten signature in dark ink that reads "David Tilford". The signature is fluid and cursive, written over a light-colored background.

David Tilford
President and CEO
Medica

TIERED NETWORKS

Offer **Affordability** for Employers, **Choice** for Employees

Are you hoping to control costs while being able to offer your employees a broad choice of providers? You have a leading-edge option in doing just that with Patient Choice InsightsSM by Medica, the next generation in tiered network products.

With tiered networks, employers experience affordable premiums and employees enjoy open access to a large network of providers and an opportunity to get more value for their health care dollar. As more employees choose providers based on cost, efficiency and quality, providers are motivated to continually improve quality and hold down costs.



Patient Choice Insights by Medica is another important way Medica helps inform and empower consumers to make good health choices, and enable them to choose from a wide range of providers. Medica provides members with information and a variety of online tools to help them make informed decisions about their health care.

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

This new product combines the strengths and experience of Patient Choice, a pioneer in tiered networks, with the exceptional service and value-adds from Medica, including the Medica CallLink[®] nurse line, Medica[®] Optum^{®*} employee assistance program and disease management services. This model is a proven approach that differs significantly from other models.

- Patient Choice Insights by Medica is available to both fully insured and self-funded groups in the 11-county Twin Cities metro area.
- Primary care physicians, specialists and hospitals are placed into three tiers based on cost, efficiency and quality. Copayment and/or coinsurance amounts are lower when members obtain services from providers in a lower tier.
- Members have access to data that can help them select the provider of their choice, and they can obtain service from providers in any tier. Because the product is open access, they do not need to choose a care system or primary care clinic, and no referrals are required.

* Medica Optum is an option for self-insured groups.

Testimonials from Patient Choice Customers

"We've had a health plan that has been running a deficit... I'm climbing my way out of that deficit, and I attribute it to the Patient Choice model."

– Jennifer Holsen, human resources director, city of Sioux Falls, S.D., a Patient Choice customer

(In July 2004, the city's deficit was \$1.6 million. By February 2005, it decreased to \$256,000.)

"[The Patient Choice plan] has been good for us. It's been a good plan with choices for employees, and it's also saved us some money."

– Nora Buckman, human resources director, Minnehaha County, S.D.

As reported in the Sioux Falls Argus Leader, March 30, 2005

PATIENT CHOICE is Pioneer in Tiered Networks

If you are new to tiered networks, you have come to the right place.

Patient Choice is the pioneer in tiered networks and is respected nationwide for its leadership, experience and tiering methodology. Medica acquired Patient Choice in 2004 to leverage what the tiered network strategy can add to the increasing focus on consumer choice.

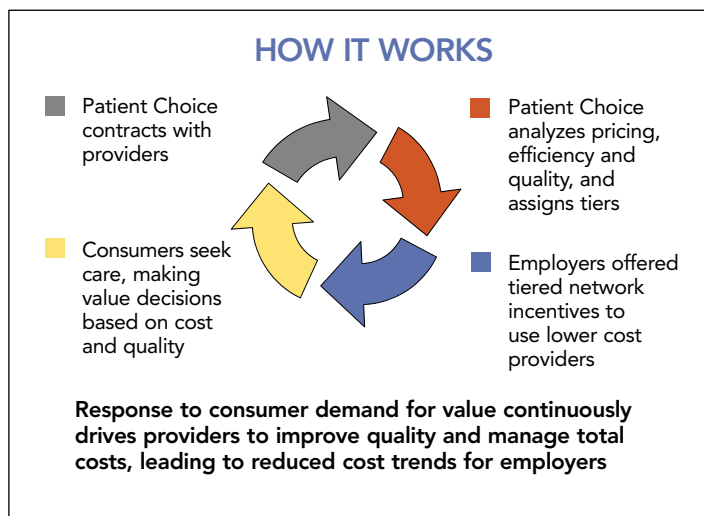
Patient Choice, which had been part of the Buyers Health Care Action Group (BHCAG), launched its first tiered network system in 1997 and was spun off from BHCAG in 2001.

The acquisition of Patient Choice has proved to be a good fit, given Medica's history of product innovation and an expanding product line that focuses on consumer involvement. Medica has already built on the experience of Patient Choice to deliver an open-access, tiered network product that also offers customers Medica's service excellence and spectrum of value-adds.

What is a tiered network? How does the tiered network model work?

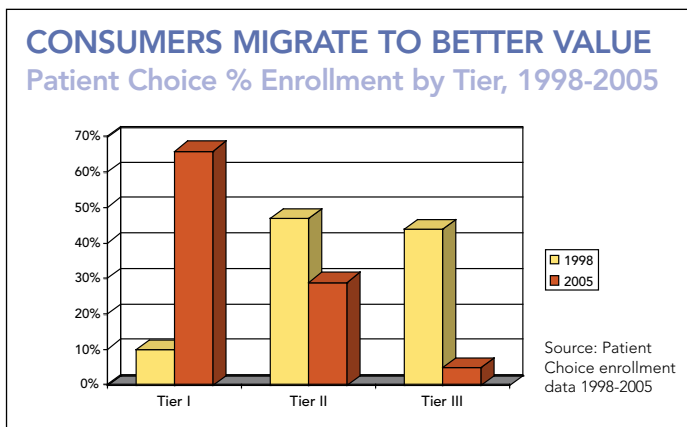
Traits common to tiered networks include:

- Health care providers are tiered according to cost, efficiency and quality.
- Employees are rewarded for using high quality providers who are more efficient and cost-effective.
- Plan members receive comparative information so they can easily identify providers who performed well on cost, efficiency and quality measures, and choose those who will best meet their needs.



Continuous quality improvement and cost management

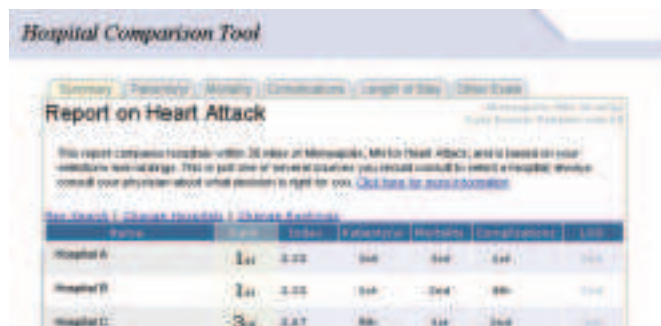
This approach encourages providers to continuously improve quality and hold down costs, resulting in lower cost trends for employers. Data shows that consumers will move to providers who offer them better value. Because tiered networks deliver premium affordability without the need to limit networks or change benefits, they have become increasingly popular with employers.



Information helps members make informed decisions

Information is key to the effectiveness of tiered networks. Employees get performance and cost information about providers as well as a number of online decision-support tools to help them make informed health care decisions. The tools enable them to take control of their health care decisions and become more cost-conscious as they better understand the cost implications of their decisions.

The online Hospital Comparison Tool, for example, enables members to compare hospitals according to a specific condition or procedure. Members can compare hospitals on factors they deem important, such as patient volume, mortality rate, unfavorable outcomes, average length of hospital stay and patient safety data.



PRICING TRANSPARENCY

Innovative Hospital Guide Features Actual Facility Pricing

Employees can only make informed, value-based decisions about their health care when they have information, including the cost of health care services. Patient Choice Insights by Medica, an innovative tiered network offering, not only gives members comparative information on providers, it also provides actual facility costs for several procedures.

Comparative cost information

First, with Patient Choice Insights by Medica, data about providers' cost, efficiency and quality are analyzed, then providers are placed into three tiers. Members are then able to make a value-based decision based on price and quality — choosing a provider in the lowest-cost tier, middle or highest-cost tier.



“In our years of experience with tiered networks nationwide, we have seen that providers respond to consumer choice and purchasing power by increasing value through reduced costs and improved quality and service.”

– Ann Robinow, VP and general manager of Patient Choice, Medica

Actual costs

Besides the relative comparison data presented by the three tiers, members can find out the actual costs of 15 common inpatient and outpatient procedures at participating hospitals, such as Cesarean deliveries, CT scans, hysterectomies, joint arthroscopies and “ear tubes.” Members of Patient Choice Insights by Medica can access an actual facility pricing catalog — believed to be the first of its kind in the nation.

“Tiered networks are a step in the right direction toward information transparency. Disclosure of cost and quality information empowers consumers to make informed health care purchasing decisions that are based on value. And that will have a dramatic effect on this marketplace.”

– Tom Schmitt, VP, revenue, Fairview Health Services

This “open book” of facility costs is what the industry calls “transparency” of pricing. Increased transparency means that consumers can more easily get at the true costs of services and make informed comparisons and choices.

		2005 Facility Pricing Catalog														
		Patient Choice Insights™ by Medica														
		FACILITY PRICING BY PROCEDURE WITHOUT COMPLICATIONS*														
Minneapolis/ St. Paul Metro Area Facilities	Tier	Inpatient Services										Outpatient Services				
		Maternity - Cesarean Delivery/ Newborn Services	Maternity - Vaginal Delivery/ Newborn Services	Coronary Bypass	Coronary Angioplasty w/out Acute Myocardial Infarction, w/ Coronary Artery Stent Implant	Coronary Angioplasty w/out Acute Myocardial Infarction, w/out Coronary Artery Stent Implant	Hernia Repair - Adult	Hip Replacement	Hysterectomy	MRI	CT Scan	Tonsil and/or Adenoid Removal	Ear Tubes	Inguinal Hernia Repair (adult & pediatrics)	Diagnostic Cardiac Catheterization	Joint Arthroscopy
Hospital A	\$	\$9,000 / \$900	\$3,400 / \$300	\$34,000	\$14,500	\$10,700	\$4,500	\$14,000	\$6,300	\$1,000	\$300	\$1,600	\$1,100	\$2,200	\$2,700	\$2,100
Hospital B	\$\$	\$6,000 / \$1,000	\$4,500 / \$1,000	\$35,000	\$12,000	\$10,500	\$6,700	\$15,000	\$6,000	\$600	\$450	\$1,800	\$1,000	\$2,200	\$2,000	\$2,500
Hospital C	\$\$\$	\$9,750 / \$904	\$3,455 / \$904	\$41,531	\$22,233	\$11,100	\$4,981	\$9,969	\$6,987	\$537	\$231	\$1,013	\$491	\$1,013	\$1,291	\$1,715

N/A = Procedure not performed at facility.
* The Facility Pricing Catalog includes contracted facility rates only. Most procedures will involve additional fees for the physician services such as the surgeon, anesthesiologist, and/or pathologist. Pricing is based on procedures without complications. Pricing for individual cases may vary depending on the severity and/or complexity of the procedure performed.

Hospital guide is expanding

Medica will be adding more procedures to the pricing catalog over time, and more hospitals are expected to participate.

The ability to know data about providers' quality and make discerning choices accordingly could have a big payoff on the bottom line. Consider that:

- An estimated 30 percent of all direct health care outlays today are the result of poor-quality care... With national health expenditures of about \$1.4 trillion in 2001, the 30-percent figure translates into \$420 billion spent each year as a direct result of poor quality.*
- Poor quality health care costs the typical employer between \$1,900 and \$2,250 per covered employee each year.*

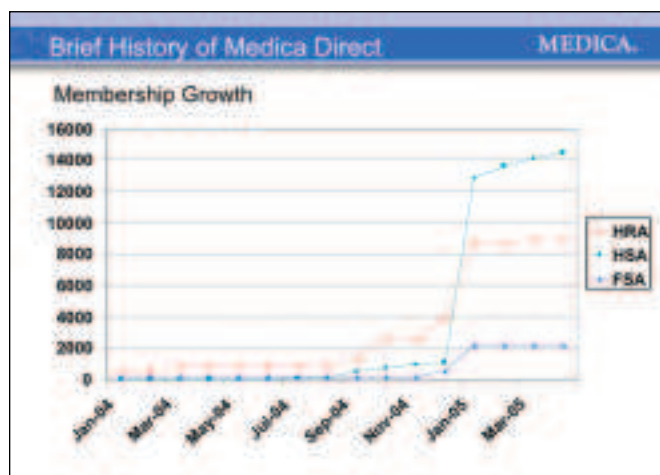
* Published in “Reducing the Costs of Poor-quality Health Care Through Responsible Purchasing Leadership” by Midwest Business Group on Health (MBGH) in collaboration with Juran Institute, Inc., and the Severn Group, Inc. MBGH, founded in 1980, is a nonprofit coalition of public and private employers in 11 states that are working together to provide leadership and knowledge to continuously improve the quality and cost-effectiveness of health services.



Medica Streamlines Processes, Timelines for Employers Choosing Consumer-directed Health Plans

Employers and consumers are “voting with their feet” and moving to consumer-directed health plans in large numbers. Medica experienced a large spike in membership Jan. 1, 2005, and the upward trend continues. Medica offers health savings accounts (HSAs), health reimbursement arrangements (HRAs) and flexible spending accounts (FSAs) through its Medica Direct® family of products.

“The growth in small groups choosing HSAs has been impressive,” said Tina Kraemer, Medica product development manager, although the trend in recent months encompasses companies of every size.



Membership in Medica Direct increased significantly in January 2005.

The significant increase in membership Jan. 1 underscored the fact that enrolling employers and members in HSAs takes more time than for traditional plans. Medica has implemented changes in administrative processes and timelines to help ensure a smooth experience for employers and members.

For example, Medica now recommends that employers allow about 30 to 45 days when implementing a new HSA and at least 20 days to renew a plan. Extra time is needed to set up all of the separate banking arrangements that are unique to HSAs.

Medica has taken steps to reduce the time it takes for money to be deposited and available in members’ bank accounts once an HSA has been set up:

- Manual check — now takes five business days
- ACH (“direct deposit”) — now takes four business days
- Wire transfer — now takes four business days

Medica has taken other steps to improve communication materials and streamline enrollment and administrative processes:

1. New guide clarifies responsibilities, processes

Medica recently distributed a new Medica Direct administrative guide to communicate information such as enrollment processes for late entrants, setting up HSA and banking accounts, and ongoing guidance for administering the plans. This new guide, in addition to the group administrator guide, is one more way Medica is helping employers understand their responsibilities in administering HSAs.

2. Use of secure e-mail adds speed and convenience

Medica is moving from fax to a secure e-mail system for sending contribution reports and check registers to employers. This will speed up transmissions and increase convenience for employers who can then import the data into Excel or other software for sorting the data as needed. They can then edit the reports and return them electronically for processing.

3. Additional improvements

Other ways Medica is making it easier for employers to administer consumer-directed health plans include:

- Providing tools to employer groups, including timelines and checklists to ensure a smooth implementation
- Sending payroll contribution reports, which show the amounts deposited into HSAs and FSAs, over secure e-mail rather than faxing, reducing administrative time for employers
- Sending Medica Direct monthly reports over secure e-mail starting this summer, rather than faxing

New Funding Options for HRAs Available to Employers

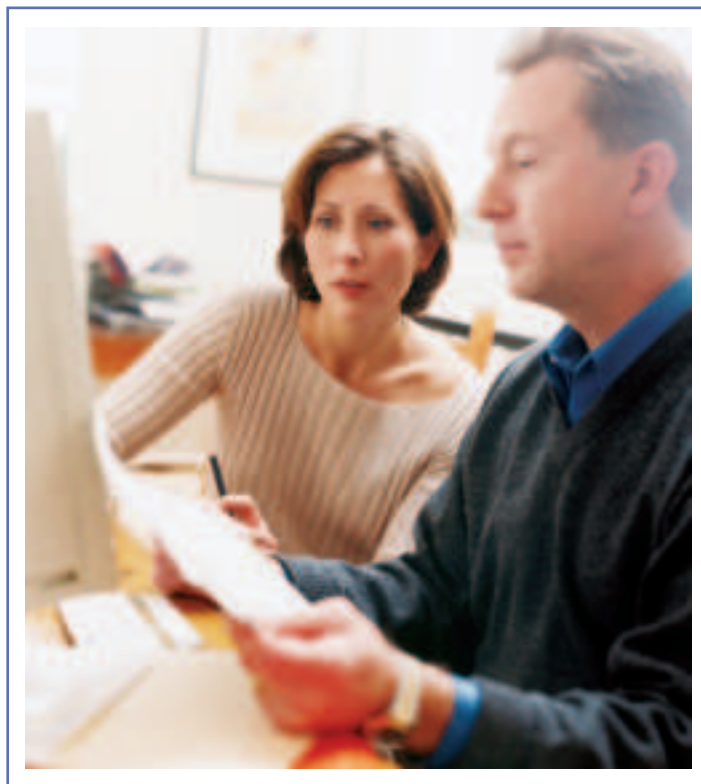
Medica began offering employers new funding options for health reimbursement arrangements (HRAs) on Jan. 1, 2005. Instead of simply offering employees first-dollar coverage from their Medica Direct HRA account, employers now have the flexibility to require employees to share costs before accessing the account. Before Jan. 1, employees were required to first use HRA account funds to pay for health care services.

For example, one option today is for employees to satisfy a portion of a deductible before using HRA funds. Or employers could choose to implement 50-50, 80-20 or some other level of coinsurance when HRA funds kick in.

New options for employers offering the Medica Direct HRA:

Example: An employer offers an HRA with:
\$1,000 deductible
\$ 500 HRA fund

Option 1:	Option 2:
<p><i>An employer could require that employees pay half of the deductible out of pocket in the following order:</i></p> <p>\$250 out of pocket</p> <p>\$500 from HRA fund</p> <p>\$250 out of pocket</p>	<p><i>An employer selects 50 percent coinsurance on the HRA. (Other ratios are available).</i></p> <p>An employee incurs a health care expense of \$100. In this scenario, the HRA account covers \$50, which is paid directly to the employee. The employee is responsible for the other 50 percent of the cost (\$50). The coinsurance ratio continues until the HRA account is depleted. After that the employee is responsible for paying the health care expenses until the deductible is satisfied.</p>



Turn to Medica for consumer-directed plans

Medica offers a wide variety of options in its Medica Direct portfolio of consumer-directed plans, with multiple plan designs in:

- Flexible spending accounts (FSAs)
- Health savings accounts (HSAs) and
- Health reimbursement arrangements (HRAs)

Each type of plan offers unique features. When deciding between an HRA and an HSA, for example, consider account portability, tax implications, pharmacy coverage and employee and employer contributions to accounts.

For more information on any consumer-directed plan, contact your broker or Medica account executive.

Fit Choices BY MEDICA

Medica and Life Time Fitness Announce New Member Perks

Being a member of Fit ChoicesSM by Medica just got more rewarding! Medica members who join the Fit Choices by Medica fitness program are now eligible to receive even more rewards for belonging to Life Time Fitness.

In addition to the \$20 monthly credit for members who exercise at Life Time Fitness eight or more times per month, members of Fit Choices by Medica who join Life Time Fitness receive:

- Two free Life Time Fitness guest passes
- A five percent discount card good for various products and services including LifeSpa, massage, personal training and more
- Two additional free guest passes after qualifying for the first monthly credit

In addition to these new perks for Fit Choices by Medica members, Life Time Fitness will be hosting open houses for Medica members. Even Medica members who are not Life Time Fitness members can present their Medica ID card and work out for free during scheduled open houses. Dates for open houses will be communicated as they are scheduled.



More YMCA Locations Added to Fit Choices by Medica Network

This summer, eligible Medica members* in Minnesota, North Dakota and Wisconsin can take advantage of many more locations in the Fit Choices by Medica network. Medica has partnered with the YMCA of Greater Saint Paul and the YMCA of Metropolitan Minneapolis — adding 26 locations, effective June 1, 2005, across the metro area and western Wisconsin. Medica is also adding YMCAs in regional locations effective July 1, 2005.

Log on to www.medica.com to view a current list of health clubs in the Fit Choices by Medica network. From the home page, click on “Member Resources” then “Health Improvement,” “Fit Choices by Medica” and “Health Club Credit.”

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

SilverSneakers Program Adds Four Health Clubs

Medica Prime Solution members who enroll in the SilverSneakers[®] fitness program now have four more health clubs from which to choose: Lakes Area Recreation in Alexandria, Minn.; Gold's Gym, Buffalo, Minn.; Rochester Area Family YMCA, Rochester, Minn.; and YMCA Southwest in Eagan, Minn.

SilverSneakers, a fitness program for seniors, includes:

- Free membership at 24 participating fitness centers*
- Customized classes taught by certified instructors
- A senior advisor to provide advice on appropriate activities
- Opportunities to socialize and make new friends

* The network of fitness centers participating in SilverSneakers is different from the Fit Choices by Medica network. Call the Center for Healthy Aging for more information on the SilverSneakers program, 952-992-2345 or 1-800-906-5432.

2005 Speaking of Women's Health: POWER-FULL



Attendees of previous events have said:

"Thank you for the fabulous time!"

"An incredible value."

"I thoroughly enjoyed it."



Response to the 2004 "Speaking of Women's Health[®]" was overwhelmingly positive, and Medica is proud to return as the host of this year's event. "Sunflower Power — It's in Your Hands" is the theme for the all-day conference that will be held on Saturday, Oct. 15, 2005, at the Minneapolis Convention Center.

Deborah Kern, Ph.D., will deliver the keynote address: "Keep Your Life Power Full: Desire, Vitality and Balance." Dr. Kern has developed a unique wellness philosophy by combining yoga with a background in nursing and preventive medicine. She runs her own wellness consulting practice and is the author of *Everyday Wellness for Women*.

Speaking of Women's Health will also include an array of speakers, health screenings and other educational opportunities. Tickets are \$30. To buy tickets or find other information about Speaking of Women's Health, visit www.medica.com.

"I gained some great information, had a wonderful day and took away determination to get in better shape and care for myself."

— 2004 Speaking of Women's Health attendee



Medicare Part D Implementation

Presents Employers with Important Drug Coverage Decisions

Employers are nearing decision time as we approach the 2006 implementation of the new Medicare Part D drug coverage. As you know, Medicare will start paying for outpatient prescription drugs through private plans beginning Jan. 1, 2006.

Employers need to decide if they want to offer or continue offering drug coverage to Medicare-eligible retirees. Under Medicare Part D, they have four options:

- [1] Those employers who continue to offer drug coverage can apply for up to a 28 percent subsidy for certain of the plan's costs (based on CMS national average) for each Medicare-eligible retiree who remains in the employer's prescription drug plan and does not enroll in the new Medicare Part D benefit. The employer's plan must be at least actuarially equivalent to the Part D plan.
- [2] Employers can supplement the Medicare drug benefits by covering some of the gaps in Medicare Part D coverage.

41 million Americans, including 35 million seniors and 6 million people with disabilities, receive Medicare benefits.

- [3] They can contract directly to become a Part D plan or contract with an existing drug plan to provide prescription coverage.
- [4] Employers can decide not to offer drug coverage to Medicare-eligible retirees and instead recommend that retirees sign up for Medicare Part D on their own.



The far-reaching impact of this federal drug benefit is causing many employers to step back and rethink their retiree health benefit programs. Medica encourages employers to carefully consider short- and long-term strategies for retiree benefits that address both commitments to retirees and your company's bottom line. Keep in mind that new funding vehicles such as HSAs can be one source of future health care funding for tomorrow's retirees.

For more information, contact your Medica account executive or Medica's Center for Healthy AgingSM at 952-992-2345 or 1-800-906-5432.

For more details on Medicare Part D, visit www.cms.hhh.gov.



New Medica ID Card Features Alternate ID Number



REMINDER ▶

Medica Direct HSA for Individuals

Medica has offered benefit plans for health savings accounts (HSAs) for individuals since Jan. 1, 2005.

The Medica Direct HSA for Individuals offers:

- Multiple deductible options with either 80 percent or 100 percent coverage once the deductible is met
- Access to an extensive network of providers through the Medica Choice network
- Prescription drug coverage*
- Maternity coverage after a waiting period
- Online access to account information and a wide variety of interactive tools and other information that help consumers spend their health care dollars wisely

For more information, contact Medica's Center for Healthy Aging at 952-992-2345 or 1-800-906-5432. Please note: HSA plans are available to individuals not eligible for Medicare.

* Once the deductible is satisfied

To help protect member privacy and deter identity theft, Medica's new member ID cards will use a random, nine-digit alternate identification number instead of a Social Security Number. The new ID cards will be phased in for new and renewing groups starting in third quarter 2005.

They will also provide information that your pharmacist needs to know about your benefits. Other important information, including where to call for customer service, is printed on the back.

Additional cards will be provided upon request.

Meet the

Passport from Medica Customer Service Team

If you offer a multi-state Passport from MedicaSM plan to your employees, here are the people who answer their calls to Customer Service. Medica devotes a 20-person service team to handle the customer service needs of Passport from Medica members.

Members typically call about benefits, eligibility and claims questions. In the first quarter of 2005 alone, the Passport from Medica team serviced more than 41,000 calls.

Because Passport from Medica enrolls members from businesses with offices in multiple states, providing service to members can be more challenging. To accommodate these members, Medica's customer service team includes highly skilled representatives who have received specialized training.



Left to right, standing: Kathy Lundquist, Dalal El-Eid, Kristine Jacobson, Sarah French, Chris Lindquist, Judi Weiss, Char Chmielewski;
Left to right, seated: Brianna Larson, Jesse Biggs, Anne-Marie Bergstrom



Left to right, standing: Kat Benjamin, Becky Thiels, Edith McDugle, Suzanne Nelson, Tilly Nepper, Melissa Moen, Jeff Berg;
Left to right, seated: Kerry Wilberg, Matt Simpson, Tracey Culbert

Medica, MedVantX Offer

Free Generic Drug Samples at Some Clinics

THE DRUGS
TREAT
COMMON
PROBLEMS
SUCH AS
HIGH BLOOD
PRESSURE,
DEPRESSION
AND
HEARTBURN.

According to the Congressional Budget Office, using generic medications has the potential to save patients \$8 billion to \$10 billion a year. Medica's pharmacy claims and drug cost data showed that for every 1 percent rise in generic drug use, savings amount to about \$6 million.

Given the tremendous potential savings from generic medications, Medica has partnered with MedVantX to help physicians promote generic drugs. Members at 10 clinics in a pilot program are being offered a free month's supply of certain generic drugs.

Automated dispensers hold samples representing nine therapeutic categories. The drugs treat common problems such as high blood pressure, depression and heartburn.

The premise behind having the dispensers in clinics is that doctors are more likely to prescribe generics if they're close at hand.

The pilot is planned to continue until July 2006.



KEY DATES



Meetings Set for New Small Group Administrators

Keep in mind that Medica offers informational sessions each quarter for new groups and for group administrators looking for a refresher on administering their group's Medica health plan. Attendees learn about the many value-added services that come with being a Medica member.

Remaining meetings in 2005 will be held on the following Wednesdays: 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 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.

Clarification:

How to Request Prescription Mail Order Service Through Walgreens

Medica added Walgreens mail order effective March 1, 2005, as a second mail-order pharmacy vendor, in addition to ScripPharmacy.

Mail order requests must be submitted directly to the Walgreens Mail Service facility in Portland, Ore., not at local Walgreens pharmacies. The Walgreens Mail Service phone number for Medica members is 1-800-745-6289. Walgreens representatives can take members' information over the phone to set up mail-order service. Members can also download order forms and find other information at www.medica.com in the "Mail Order Drug Prescriptions" section under "Drug Formulary."

The spring issue of *Medica Indicators* had incorrect information about requesting prescription mail order service through Walgreens. We apologize for any inconvenience this may have caused.



Fun in the Sun: The Safe Way

With summer fun comes warm weather! Everyone must be careful not to let a heat-related illness spoil the fun.

Did you know?

Anyone can be susceptible to heat-related illnesses, although the very young and the elderly are at greater risk. Heat-related illnesses can become serious or even deadly.

Normally, the body has ways of keeping itself cool: by letting heat escape through the skin and by evaporating sweat (perspiration). If the body does not cool properly or does not cool enough, the victim may suffer a heat-related illness.

Post these tips on your refrigerator for all family members to follow. Prevention is the key for everyone to enjoy summer fun.

Prevention tips: heat-related illnesses

- ☀ **Dress for the heat.** Wear lightweight, light-colored clothing. Light colors will reflect some of the sun's heat. It is also a smart idea to wear a hat or use an umbrella.
- ☀ **Drink water.** Carry water or juice with you and drink often, even if you do not feel thirsty. Avoid alcohol and caffeine, which dehydrate the body.

- ☀ **Eat small meals and eat more often.**
- ☀ **Slow down.** Avoid strenuous activity. If you must do strenuous activity, do it early in the morning.
- ☀ **Take regular breaks when engaged in physical activity on warm days.** Take time to find a cool place. If you recognize that you or someone else is showing signs of a heat-related illness, stop activity and find a cool place.

Remember, have fun but stay cool!

Source: American Red Cross

Signs of a heat-related illness can include:

- Headache
- Dizziness
- High body temperature
- Fatigue or sluggishness
- Hot, dry skin that is flushed but not sweaty
- Rapid heartbeat

If untreated, an individual with a serious heat-related illness may experience disorientation, agitation or confusion; seizures; hallucinations and loss of consciousness.

Family Healthy CHALLENGE CORNER

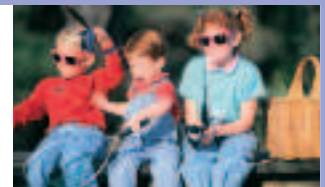
The next time you are planning a summer event, don't let mosquitoes spoil your fun!

Follow these easy mosquito safety tips:

The number of species of mosquitoes actually capable of causing infection in humans is relatively small, but it is always advisable to take preventive measures to protect yourself and family members.

- Wear mosquito repellent containing up to 30 percent DEET (10 percent for children).
- Wear long-sleeved shirts and pants.
- Avoid outdoor activity at peak mosquito feeding times (dawn and dusk).

For more information, go to www.health.state.mn.us.



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: 701-293-4711

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?

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Communications Dept., Medica,
Mail Route CP215
PO Box 9310
Minneapolis, MN 55440-9310
www.medica.com
Editor: Joni Danzl
Writer: Barb Umberger

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