

Employer Update

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Medica Products

Employer Resources

Member Resources



Fall Indicators now online

By now you should have received the fall issue of Medica Indicators for Employers in the mail. You can also read the newsletter [online](#).

Anton Dmytrenko 952-952-3704
anton.dmytrenko@medica.com
Dawn Kapanke 952-952-8450
dawn.kapanke@medica.com
Judy Reger 952-992-3703
judy.reger@medica.com
Mark Remme 952-952-3778
mark.remme@medica.com
Sue Read 952-992-3705
sue.read@medica.com
Nancy Stieg 952-992-8452
nancy.stieg@medica.com
Beth Westerdahl 952-992-3007
beth.westerdahl@medica.com

In this issue:

[All Passport from MedicaSM members now covered by one seamless network](#)
[Key dates for January 2007 renewals](#)
[Clarifying the specialty drug program](#)
[National Smokeout perfect opportunity to quit](#)
[Fit ChoicesSM by Medica keeps current incentive and expands network](#)

All Passport from MedicaSM members now covered by one seamless network

With the recent expansion of UnitedHealthcare's[®] national network in California and now western Michigan, *all employees* covered by the Multiplan Network will move to UnitedHealthcare's national network, giving them access to one of the nation's largest and most seamless networks. More than 440,000 providers and 4,400 hospitals are part of the national network.

This change is effective in Michigan on Jan. 1, 2007 for new groups. Current employees of existing groups will remain on Multiplan until the group renews; however, new employees who enroll in Passport from Medica will be placed on the new network.

Because the majority of providers in the previous network also participate in the new network, most employees will not experience a disruption in care. Members may call the Customer Service number listed on the back of their member ID card to confirm whether a provider participates in the network.

Employees with serious chronic conditions and those in the midst of a pregnancy understandably may want to continue to see their current provider. Should that provider not

participate in the new network, members may apply for Continuation of Care Coverage by calling customer service. If approved, this would enable them to continue to see their current provider for an additional 120 days. If members do not seek Continuation of Care Coverage and still wish to see their current provider, they will be billed at a non-network rate.

Employees currently receiving services from a behavioral health care clinician will require a simple pre-certification from United Behavioral Health. They should contact United Behavioral Health at 1-800-848-8327 to determine if their current provider participates in the network, obtain a pre-certification, or if needed discuss continuing care with their current provider.

All employees will receive new ID cards reflecting their new group number and will need to take a couple of minutes to re-register on myMedica.com.

If you have questions, please call your strategic account executive or account manager. We appreciate your partnership and will work hard to continue to provide you with the best network access, products and service possible.

[Top](#)

Key dates for January 2007 renewals

November 23-24

Medica offices closed for Thanksgiving holiday

December 1

Last day to send Medica enrollment forms on any additions, changes or deletions of membership to ensure that ID cards are correct and will be received before Jan. 1, 2007

[Top](#)

Clarifying the specialty drug program

As you may know, Medica implemented a Specialty Drug program beginning July 1, 2006. Specialty drugs are high-cost oral or injectable drugs used for the treatment of diseases that require complex therapies. There have been some questions regarding the transition and how the changes apply to renewing customers.

As a reminder, effective July 1, 2006, Medica members must use Walgreens Specialty Pharmacy to receive their in-network benefit for specialty medications. Members who use an alternative pharmacy for this service will receive

their out-of-network benefit until the group's renewal date.

When groups renew between July 1, 2006 and June 30, 2007, the following changes take effect:

1. The standard copayment will change to a 20% coinsurance, capped at \$200 per prescription when using a Walgreen's pharmacy. Example: the average cost of a specialty drug prescription (\$1,400 per month), multiplied by 20% coinsurance equals \$280, of which member would pay \$200 (the cap per prescription).
2. If a non-Walgreens pharmacy is used, the prescription will **not** be covered.

Please call customer service for more information. [Learn more about the specialty drug program.](#)

[Top](#)

National Smokeout perfect opportunity to quit

If you're looking for a springboard to help your employees quit smoking, the [Great American Smokeout](#) is the perfect opportunity. Medica offers a comprehensive tobacco cessation program, including one-on-one counseling through Free & Clear. This program boasts an impressive quit rate of up to 37%, compared to a national quit rate of 10 to 12%. Free & Clear is included for fully-insured customers and available to self-insured customers. For more information, please contact your account manager.

[Top](#)

Fit ChoicesSM by Medica keeps current incentive and expands network

Blue Cross and Blue Shield of Minnesota and HealthPartners recently announced they are increasing their minimum requirement by 50 percent (from 8 visits per month to 12) for members to receive a monthly credit for their health club membership. Medica is **not** changing its Fit Choices program requirement at this time.

Through the Fit Choices program, members receive a \$20 credit toward dues at network health clubs if they visit them at least 8 days per calendar month. Medica is keeping the 8-day minimum requirement for several reasons:

- This minimum is perceived to be attainable to those who are currently sedentary.
- Health benefits are most significant when a sedentary person becomes more physically

active.

- Only limited health benefits occur when an already moderately active person becomes highly active.

By keeping the incentive attainable, Fit Choices by Medica encourages more members to stay fit. And a healthier workforce is one of your best defenses against rising health care costs.

To make it easier for members to find a local option, the Fit Choices network continues to expand. Beginning November 1, 2006, 6 clubs in Minnesota joined the Fit Choices by Medica network, including locations in Becker, Eagan, Thief River Falls, Watertown, and 2 in Minneapolis. [See the complete list of health clubs by area.](#)

[Top](#)

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401 Carlson Parkway Minneapolis, MN, 55305, USA

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