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Large Group Administrator Training: Tools for success

February 25, 2010

Last update:

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Welcome

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Jennifer Spors
Manager, Account Management

Agenda

- Welcome
- Group Administration
- Total Health Management
- Employee Assistance Program
- Service Center
- Break-out Sessions

Group Administration

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Dan Geer, Account Manager
Brent Peterson, Account Manager

Topics

- Enrollment procedures
- Master Group Contract
- Billing procedures for fully insured plans
- Online Employer eServices
- Communications support

Enrollment procedures

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Large Employer

- Predications
 - 50+ employees working a minimum of 20 hours per week, or as determined/negotiated by employer group, broker and Medica
 - 75% participation – and no less than 50% of the total number of eligible employees regardless of waivers
 - 50% of employer contribution towards employee premium.

When can employees enroll?

Employees can enroll...	Form to use...
<p>When newly hired</p> <p>Following a change in family status, like:</p> <ul style="list-style-type: none">a) Loss of other coverageb) Birthc) Adoptiond) Marriagee) Divorce	<p>The Large Group Enrollment form</p>

HIPAA

- Health Insurance Portability and Accountability Act of 1996
 - Questions surrounding interpretation of HIPAA - contact your legal counsel
- Medica mails Certificate of Creditable Coverage to employee upon termination
 - Questions - contact Service Center: (952) 992-2200

Large Group Enrollment/Change/Cancellation

Submit within 31 days of event

Used to:

- Add employee
- Add dependent (i.e. spouse, child)
- Waive coverage
- Change information (i.e., name and address)
- Remove employee from plan (termination date will be the end of the month)
- Must complete in full and maintain employee privacy in compliance with HIPAA

Minnesota/North Dakota/South Dakota/Wisconsin
Large Group Enrollment/Change/Cancellation Form

Group Number: _____

Please type or print clearly. See back page for instructions.

A. EMPLOYEE INFORMATION

1 If changing name or address, please enter new information. Have you been a Medica member before? ... Yes No

<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change	First name	M.I.	Last name	Social Security Number	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
	Street address			Apt. #	City

Home telephone	Work/cellular telephone	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (mm/dd/yy)	Do you or any of your dependents speak a language other than English as your primary language? ... <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list name and language:
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Clinic name (Required for Medica Elect®, Medica Essential™ or Medica Focus™) _____ Clinic number _____

B. DEPENDENT INFORMATION

1 List all members to be covered. Write name as it should appear on the I.D. card.

Check appropriate box	First name	M.I.	Last name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (mm/dd/yy)	Relationship ²	Full-time student? ³ <input type="checkbox"/> Yes <input type="checkbox"/> No	Required for Medica Elect, Medica Essential or Medica Focus
	Dependent's Social Security Number ¹	Clinic name:						Clinic number:
1 <input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change	SS#			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinic name: Clinic number:
2 <input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change	SS#			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinic name: Clinic number:
3 <input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change	SS#			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinic name: Clinic number:
4 <input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change	SS#			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinic name: Clinic number:

Important: 1 If your dependent is age 45 and above, their Social Security Number is required.
 2 For court-ordered or adopted dependent(s), legal documentation must be attached.
 3 Medica does not administer student status verification, however, your employer may request this information for their records.

C. PRODUCT SELECTION

1 Please check all that apply. Benefit offerings are dependent upon employer selection.

1) Medical Benefit Plan Name: _____
 Medical Coverage Level: Employee Only Employee + Spouse Employee + Child(ren) Employee + Family

2) Medica Direct® Selection: Health Reimbursement Arrangement (HRA) Flexible Spending Account (FSA) Health Savings Account (HSA)
 I certify that I am eligible to participate in a Health Savings Account.

D. WAIVER OF MEDICAL COVERAGE

1 This entire section must be completed if you or your dependents DO NOT want coverage.

1) I understand that I am eligible for coverage through my employer. I DO NOT want coverage for:
 Me and my dependents My spouse My dependents only

2) The reason I am declining coverage at this time is because I or my dependents have coverage provided through:
 Spouse's group plan Individual Policy MCHA (dates of coverage): _____
 Medicare Group Coverage Continuation (COBRA) South Dakota Risk Pool (dates of coverage): _____
 MinnesotaCare Medical Assistance CHAND (dates of coverage): _____
 Other: _____

Employee Signature: X _____ Date Signed: _____
cosmos • COM1326-10899 (only sign if you are waiving coverage)

Continuation Eligibility

To determine eligibility:

- COBRA/Continuation laws and requirements responsibility of the employer (contact your legal counsel)
- For more information on Minnesota State Continuation:
 - MN Department of Commerce (612) 296-4026 or (800) 657-3602
 - MN Department of Health (651) 282-5600 or (800) 657-3916
- Federal COBRA questions: US Department of Labor at 1/202/219-7222, Ext. 3016

Continuation / COBRA Enrollment Form

- Used to re-enroll members who have elected continuation
- Steps:
 1. Terminate coverage using a Large Group Enrollment/Change/Cancellation Form.
 2. Notify members of continuation rights.
 3. Re-enroll using a Large Group Enrollment/Change/Cancellation Form within 60 days of termination.

Minnesota/North Dakota/South Dakota/Wisconsin

Custom Options by Medica® Selection Change Form

MEDICA®

Employer or Group Administrator, please fax forms to: 248-733-6064
or send to: Medica, PO Box 30986, Salt Lake City, UT 84130-0986

MEDICA®

Employer Name (please print): _____

Social Security Number: _____

Employee Name
(First, MI, Last): _____

Please identify your coverage level designation for the eligible product offerings with this renewal election:

Medical Benefits

- for: Employee
- Spouse
- Children
- All family members

Flexible Spending Account (FSA)

- Add* Continue* Terminate

* If you select either "Add" or "Continue" for your FSA election at renewal, you will need to complete a new FSA election form. FSA elections do not carry over year to year.

Please check benefit selection and fill in Plan Design Number in the space provided below.

<input type="checkbox"/> Medica Choice®	Plan Design No.:	<input type="checkbox"/> MIC	Plan Design No.:
<input type="checkbox"/> Medica Elect**	Plan Design No.:	<input type="checkbox"/> Passport from Medica™	Plan Design No.:
<input type="checkbox"/> Medica Essential™	Plan Design No.:	<input type="checkbox"/> Patient Choice Insights™ by Medica	Plan Design No.:
<input type="checkbox"/> Medica Focus™	Plan Design No.:		

* Please provide clinic information if enrolling in Medica Elect, Medica Essential or Medica Focus.

Name	Relationship	Care Clinic Name	Clinic Number
_____	Employee	_____	_____
_____	Spouse	_____	_____
_____	Dependent	_____	_____
_____	Dependent	_____	_____

Care Clinic selections can be changed once per month. All changes received by the 20th of the month will take effect on the 1st of the following month. Please contact Medica Customer Service at 952-945-8000 or 1-800-952-3455 to make future Care Clinic changes.

- Note:
- All new enrollees must complete a Group Employee Enrollment Form.
 - All existing active members will be rolled into the new group plan designated.
 - I understand and agree that I will not be able to change my benefit plan selection noted above until next year's renewal unless a qualified special enrollment has occurred.

EMPLOYEE AUTHORIZATION & REPRESENTATION – Read this section, date and sign the application.

On behalf of myself and anyone enrolled on or added to this form ("Us"), I authorize any hospital, clinic, insurance, physician, pharmacist, employer or other person to give Medica or any of its designees any and all records or information pertaining to medical history or services rendered to Us. I understand that this information will be used for underwriting, risk rating, enrollment or eligibility for benefits. I understand that in certain circumstances Medica may disclose the information collected to third parties without authorization and that the individuals enrolled on or added to this form have the right to see and correct their personal information in accordance with applicable law. I understand that I have the right to review Medica's Privacy Notice before signing this form and to request a copy at any time. I authorize on behalf of Us the use of a Social Security Number for the purpose of identification. The information provided on this form is accurate and complete, to the best of my knowledge and/or belief. I understand and agree that any omission or incorrect statement knowingly made by Us on this form may invalidate my or my dependent's coverage. I understand that I may revoke this authorization by notifying Medica in writing. If I revoke the authorization, it will not affect any actions already taken by Medica prior to Medica's receipt of the revocation. If I refuse to sign this authorization, it will affect my dependents' and my eligibility and enrollment for benefits. I understand that I may request a copy of this completed authorization form. Information used or disclosed pursuant to this authorization will remain subject to Medica's privacy standards.

For North Dakota and South Dakota residents: For purposes of facilitating enrollment, unless revoked, this authorization permits Medica to obtain information about Us for 24 months from the date of signature.

For Minnesota residents: For purposes of facilitating enrollment, unless revoked, this authorization permits Medica to obtain information about Us from the date of signature until termination of our coverage.

This authorization does not extend to a release concerning the performance of, or results of, a test to determine the presence of the HIV antibody or other bloodborne pathogens* performed on (1) a criminal offender or crime victim as a result of a crime that was reported to the police; (2) a patient who received the services of emergency medical services personnel* at a hospital or medical care facility; or (3) emergency medical services personnel who were tested as a result of performing emergency treatment with prescription drugs) was recommended or received during the 6 months immediately preceding the enrollment date, until the coverage has been active for at least 12 consecutive months, or for life events, 18 consecutive months. Coverage will be given for prior creditable coverage to reduce the pre-existing condition limitation period.

For Wisconsin residents: For purposes of facilitating enrollment, unless revoked, this authorization permits Medica to obtain information about Us for 30 months from the date of signature.

Employee Signature: **X** _____ Date Signed: _____

Group Number – Current Plan: _____ Effective Date of Change: _____
Group Number – New Plan: _____ Signature: _____

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What form(s) should we use?

To...	Use...
Add a new employee or late entrant	Large Group Enrollment/Change/Cancellation
Add a dependent	Large Group Enrollment/Change/Cancellation
Terminate an existing employee	Large Group Enrollment/Change/Cancellation
Change an employee address	
Change an employee name	
Change from one plan option to another plan option at renewal	Custom Options by Medica Selection Change form
Reinstate on COBRA Continuation	Large Group Enrollment/Change/Cancellation

Employee enrollment information or changes

Send enrollment information or changes to:



MEDICA

P.O. Box 30986

Salt Lake City, UT 84130-0986

Or, fax to: 248-733-6064

Medica's Total Solution: Health care solutions for every stage of life

Total Solution is Medica's name for its comprehensive offering of individual and medicare products tailored to meet the broad health coverage needs of its employer clients and their employee segments during times of transition.

	Situation	Goal	Medica's Total Solution
1	New Hires	Bridge gap until group coverage begins	Medica Short-term products
2	<ul style="list-style-type: none"> Part-time Employees Dependents no longer eligible Dependent coverage too expensive 	Reduce the number of uninsured by providing access to affordable coverage	Medica Individual and Family products
3	Group coverage no longer available	Provide affordable alternatives to <i>Conversion</i> coverage	Medica Individual and Family products
4	Newly Unemployed	Provide affordable options to COBRA	Medica Short-term, Individual and Family Products
5	<ul style="list-style-type: none"> Medicare-eligible Employees Early Retirees Medicare-eligible Retirees 	<ul style="list-style-type: none"> Bridge gap to Medicare Provide COBRA alternatives Provide comprehensive, cost-effective Medicare options 	Medica Short-term, Individual and Family products; Individual and Group Medicare products

Plans available in MN, ND, SD

Individuals and Families

Medica SoloSM
 Medica Direct HSASM
 Medica EncoreSM
 Medica Direct ValueSM
 Medica Direct Short-TermSM
 Medica Direct DentalSM

Medicare for Individuals and Groups

Medica Prime SolutionSM
 Medica Advantage SolutionSM
 Medica Group Prime SolutionSM
 Medica Group Advantage SolutionSM



Contact a Medica Sales Executive toll free at 1-866-882-9973.

Material Orders

- Forms and enrollment labels: Medica Service Center at (952) 992-2200

Master Group Contract

Legal contract between your company and Medica

- Term of contract
- Grace period
- Acceptance of contract
- Eligibility
- Rates

Billing procedures

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Billing

- Pay as billed, wait for adjustments
- Payment due by the 1st of the month
- Bills run on or around the 10th of the month (*E-Services bills post on the 10th and are available for viewing by the 12th)
- Do not terminate employees on billing statement
- Changes are due a full 30 days prior to reflect on billing statement

Billing

- Automatic Clearing House (ACH), an automated payment option, is available upon request
- Questions: contact Service Center at (952) 992-2200

Medica invoices

Invoice reflects:

- Account's summary
- Current invoice summary
- Invoice detail at subscriber level
- Applicable adjustments

How to read your invoice

How To Read Your Balance Forward Invoice

We are pleased to introduce our new, easy-to-read Balance Forward Invoice. This user-friendly format is designed to provide a clear picture of your billing information. To help you understand the new invoice format, please refer to the sample below.

- Invoice Number**
The reference number for each invoice.
- Customer Number**
Your specific billing number, used as reference on all invoice correspondence.
- Bill Group Number**
This number is assigned based on your unique billing address.
- Description**
Provides a detailed listing of each type of coverage.
- Previous Balance**
The total balance due from the prior invoice.
- Bill Group Adjustments**
Adjustments made to a customer's account balance.
- Total Balance Due**
Total amount due for payment.
- Return Payment Check To**
Return to this address where payments must be sent.
- Employee Count**
Indicates the total number of employees enrolled in each coverage.
- Total Volume (000's)**
Indicates the total us criteria coverage.

How To Read Your Balance Forward Adjustment Invoice

We are pleased to introduce our new, easy-to-read Balance Forward Adjustment Invoice. This user-friendly invoice is designed to display any changes to your current or prior billing periods. To help you understand the new Adjustment Invoice format, please refer to the sample below.

- Invoice Number**
The reference number for each invoice.
- Customer Number**
Your specific billing number, used as reference on all invoice correspondence.
- Bill Group Number**
This number is assigned based on your unique billing address.
- Previous Balance**
The total balance due from the prior invoice.
- Change Period**
The period for which the adjustment was made.
- Bill Group Adjustments**
Adjustments made to a customer's account balance.
- Total Balance Due**
Total amount due for payment.
- Return Payment Check To**
Return to this address where payments must be sent.
- Coverage ID**
The billing period for which the invoice charges apply.
- Previous Due Date**
The date your payment is due.
- Coverage**
Indicates an employee's coverage level within a plan.
- Change Reason**
Calculated amount due based on change in status.
- Status**
Indicates the type of adjustment. Status types include: Change - "Ch", Addition - "Add", Termination - "Ter".
- Volume (000's)**
Indicates the total units of the coverage.
- Amount Due**
The amount due for this invoice.
- Amount Paid**
The amount of the payment received.

Online Employer eServices[®]

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www.employereservices.com

Mary Jo Boughner, Manager, Employer Operations

Employer eServices Benefits

Provides real-time online administration and secure internet connection 24 hours a day-7 days a week

Enrollment

- Verify employee eligibility information
- Instantly enroll, change or terminate employees
- Re-issue employee and family ID cards

Billing

- View current or prior-period activity
- Download invoice detail into a spreadsheet
- The group no longer receives paper invoices

Client Master Administrator

One person at the organization is registered as the Client Master Administrator (CMA).

The CMA has the ability to manage users (add or inactivate users), and assign functional permissions such as eligibility and billing to users within your organization.

Login Screen

Employer eServicessm

Login

User ID

Password

[Login Help](#)

[Forgot Password](#)

[Forgot User ID](#)

Home Page

Employer eServices®

MEDICA®

GroupSelect

[Help](#) [Training](#) [Tutorials](#)[Log Out](#)**Welcome Michael,**

Employer eServices is your online, real-time gateway to review member eligibility, make enrollment changes and review claim status, reporting, billing and much more.

Hot Topics! Click on one of the following links for news and information about Medica products and services as well as legislative and industry news that could impact you and your employees:

Resources

Click here to access:

[Contact Us](#)[HIPAA Internet Site](#)[Medica.com](#)[MyMedica.com](#)[Scheduled Direct Debit Form](#)**Network Information**

Click here to access:

[Pharmacy](#)[Provider Directory - Medica](#)**Programs & Services**

Click here to access:

Enrollment Inquiry

The screenshot shows the MEDICA web application interface for Enrollment Inquiry. The top navigation bar includes links for Enrollment, ID Cards, Claims, Billing, Reports, Banking, Manage Access, Help, Training, and Tutorials. Below this, there are buttons for Add, Terminate, Reinstate, Change, Inquire, and Electronic File, along with a Log Out button. The main content area is titled "Select Group from list, enter Employee Search criteria and select Search." It features a dropdown menu for "Select Group" with "ABC COMPANY 99999999" selected. Below this are two radio button options for "Employee Search": "By Employee ID" (selected) and "By Last Name". The "By Employee ID" option has a text input field for "(SSN or Alternate ID)". The "By Last Name" option has a text input field and a "First Initial" text input field. A "Search" button is located to the right of the "By Last Name" input fields. Below the search options is a "Select Enrollee" dropdown menu with "JOHNSON, CHRIS (Employee) 00655000801" selected. At the bottom of the form are "Help" and "Continue" buttons.

To inquire about coverage for an enrollee in Employer eServices.

Available information is "view only" – the user is not able to make any changes to the information using this function of Employer eServices. They are, however, able to print the pages for reference.

Add Employee



To enroll an employee through Employer eServices the user will complete a series of pages that capture the following information about the employee:

- Employee group
- Effective date of employee's coverage
- Employee's date of hire and language used for EOB
- Demographic information
- His/her product information
- Other Insurance information
- COBRA/Continuation information

ID Cards

The screenshot shows the MEDICA web application interface for requesting ID cards. The top navigation bar includes links for Enrollment, ID Cards (highlighted), Claims, Billing, Reports, Banking, Manage Access, Help, Training, and Tutorials. A Log Out button is located in the top right corner. Below the navigation bar, a grey box contains the following form elements:

Select Group from list, enter Employee Search criteria and select Search.

Select Group: ABC COMPANY 1234567890 (dropdown menu)

Employee Search: By Employee ID By Last Name First Initial

Select Enrollee: JOHNSON, CHRIS (Employee) 00655000801 (dropdown menu)

This function is used to request replacement ID cards for an employee or dependent. Requesting a replacement card is quick and easy. All you need to do is:

- Identify the group
- Identify the employee
- Identify the enrollee (employee or dependent) needing a card
- Request the card

Need help?

- Easy-to-use help program
- Tutorials
- “Training on demand”

Questions?

If you...	Contact...
Have a general question about Employer eServices	Employer eServices customer support at 1-800-651-5465
Need an Employer eServices user name and password	<ul style="list-style-type: none">■ Medica Service Center at 952-992-2200 or 1-800-936-6880■ Or email the Service Center at medicaservicecenter@medica.com

Communications Support

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Online resources for employers

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[Medica.com/Employers](https://www.medica.com/employers)

We keep you informed



- *Employer Update*
- www.medica.com
 - Employer portal
 - Wellness Resource Center
- Employer events and training
- *Healthy Attitudes* member newsletter

www.medica.com

- Product information
- Employer and member information resources
- Valuable health and wellness programs and resources for employers and members
- Find A Doc
- Online versions of our publications
- Recent Medica news

Employer Update monthly e-newsletter

- Employer events
- Policy changes
- Product, network and service changes
- Ideas for helping you manage your health care costs and engage your employees in healthy lifestyles
- If you aren't receiving it, visit www.medicaemployer.com and provide your e-mail address



Healthy Attitudes

- Quarterly member newsletter
- Mailed to all enrolled employees
- Helps members better manage health care

Questions?

Medica Service Center

Minneapolis/St. Paul metro	952-992-2200
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Outside Minneapolis/ St. Paul metro	1-800-936-6880
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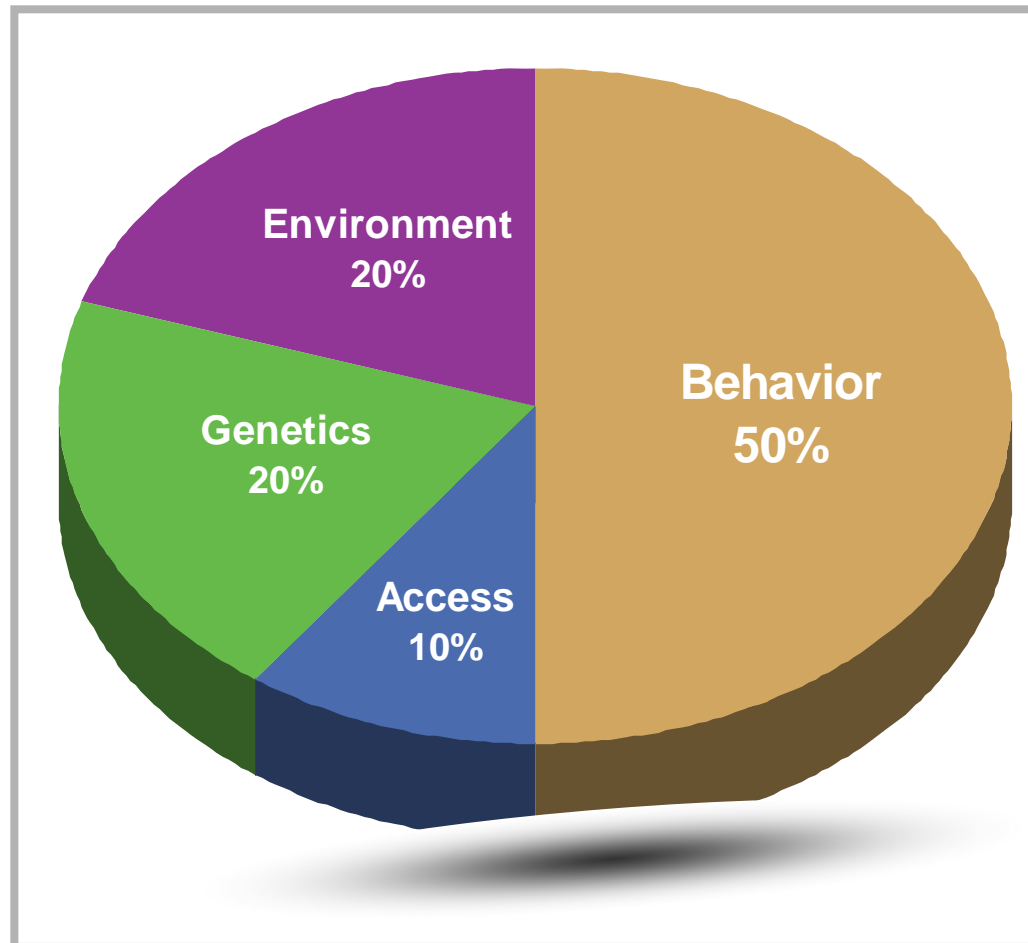
Hours	■ M – T	8 a.m. – 5 p.m.
	■ Friday	9 a.m. – 5 p.m.

Health and Wellness

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Janet Bender
Total Health Management Consultant

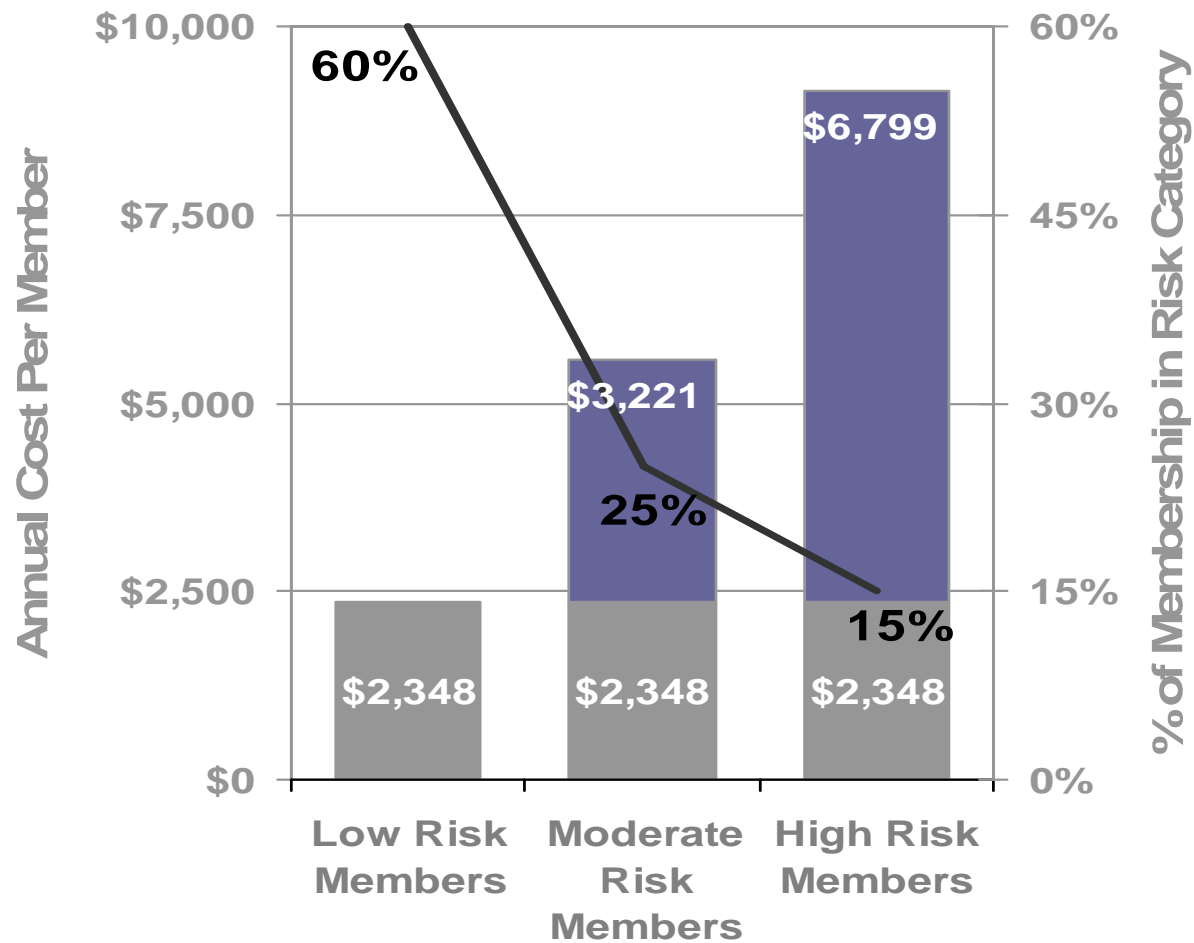
Health Care Status Influence



Risk factors per 100 employees

43	Overweight by > 20%
29	High blood pressure
28	Stress
21	Not enough exercise
15	Smoke
15	High cholesterol
12	No seat belt
3	Heavy drinkers

Cost of Risk



Put Medica to work for you—

Key messages for your employees:

- **Develop healthy habits**
 - Simple ways to help you achieve your health goals and enjoy life
- **Prevent health problems**
 - Helpful information to guide you toward good decisions
- **Get the right care at the right time**
 - Expert help in selecting appropriate and high-quality care
- **Get good results**
 - Proven resources you can rely on to achieve the best possible result

My Health Manager from Medica: Innovative online tool for members

The screenshot shows the 'My Health Manager' website interface. At the top, the logo reads 'My HEALTH MANAGER from MEDICA'. Navigation links include Home, Search, Help, Edit Profile, and Logout. The user is logged in as 'LORI!' on '10/1/2008'. A left sidebar contains a menu with categories: TAKE ACTION (Health Assessment, Healthy Living Programs, Health Challenges, Online Seminars, Online Survey), GET REWARDED, PERSONALIZED TOOLS, FITNESS & NUTRITION, and HEALTH & MEDICAL. Below the menu is a search box. The main content area features three promotional banners: 1) 'EARN A \$25 GIFT CARD BY COMPLETING A HEALTH ASSESSMENT' with a 'TAKE THE HEALTH ASSESSMENT NOW!' button. 2) 'EVERY HEALTHY CHOICE HAS ITS REWARDS. EARN \$125 IN GIFT CARDS' with a 'GET STARTED ON YOUR REWARD' button and a '0 TOTAL CREDITS Earned to Date' counter. 3) 'My Bulletin Board' with a 'Welcome to the My Health Manager from Medica website' message. Below these are 'OTHER HEALTH HEADLINES' including 'Health Insurance Premiums Rise 5%', 'Drug Fights Diabetic Eye Disease', 'Most Medicare Drug Premiums Same or Lower in 2009', and 'Statins Can Hinder Muscle Repair'. A 'View Your Health News' button is also present. The footer contains 'Home | Terms of Use' and '© 2008 Matria Health Enhancement Company All Rights Reserved.'

2010 Wellness Credits Program Take Action ...Get Rewarded!

Activity	Wellness Credits	Annual Maximum
Health Assessment (one per year)	30	\$30
Healthy Living Program (one per year)	30	\$30
Conversations – New! (2 per year)	15	\$30
Health Challenges (2 per year)	15	\$30
Feedback Survey (1 per year)	5	\$ 5
Annual Total		\$125

Start with a Health Assessment

- On your path to better health....
- **Complete an online or paper health assessment & receive:**
 - A personal Wellness Score
 - Recommendations for how to improve health
 - A report that identifies health risks
 - An invitation to enroll in a Healthy Living Program
 - Plus, earn 30 wellness credits

Know your score

My HEALTH MANAGER
from MEDICA®

Hi LORH 10/1/2008

Home | Search | Help | Edit Profile | Logout

TAKE ACTION

- Health Assessment
- Healthy Living Programs
- Health Challenges
- Online Seminars
- Online Survey

GET REWARDED

PERSONALIZED TOOLS

- FITNESS & NUTRITION
- HEALTH & MEDICAL

SEARCH THIS SITE [] GO

Your Health and Wellness Assessments

Completed Assessment Results

Wellness Assessment (Health Assessment July 1 through December 31, 2008)	Wellness Score: 99
Wellness Assessment (Health Assessment Jan 1 through June 30, 2008)	Wellness Score: 96
Wellness Assessment (Medica Wellness Assessment (July - December 2007))	Wellness Score: 97
Wellness Assessment (Medica Wellness Assessment (Jan - June 2007))	Wellness Score: 96

Home | Terms of Use © 2008 Medica Health Enhancement Company. All Rights Reserved.

My HEALTH MANAGER
from MEDICA®

Home | Search | Help | Edit Profile | Logout

Your Wellness Score is 99

VERY HIGH RISK 70 80 90 100 LOW RISK

Congratulations! You appear to have many winning health habits in your life! Keep up the good work. See the suggestions below that could help you further reduce your health risks.

Your Priorities

Congratulations on your healthy lifestyle! Here are some ways you can keep your health risks low and maintain your Wellness Score. Click on the links below for more details.

- Keep up your level of physical activity. Research suggests that this may be one of the most important things you can do to protect your health.
- Maintain your healthy weight by staying conscious of what you eat, and finding ways to be more physically active each day.
- Maintain your healthy diet by limiting high fat foods and eating plenty of fruits, vegetables, and other fiber-containing foods like whole grains.
- Watch your stress level. If it increases, make sure you take time for yourself and look for new ways to manage stress. Be sure to ask for help when you need it.

Ready for Your Next Step?

To continue the Healthy Living Program in which you are enrolled, click the button to the right.

Currently Enrolled In:
Get In Shape Program

Continue Your Program!

Risk Factors

Risk factors are behaviors or conditions that increase your chances for developing health problems. Some risk factors can't be changed. These include your age, gender, and family health history. This Wellness Assessment focuses on risk factors that you can change. These include lifestyle choices such as exercising, making healthy food choices, and not smoking. They also include medical indicators affected by lifestyle such as blood pressure, weight, and cholesterol levels. The risk factors listed below affect the chances of developing several serious health conditions.

Click link to information about a lifestyle risk area you're ready to improve.

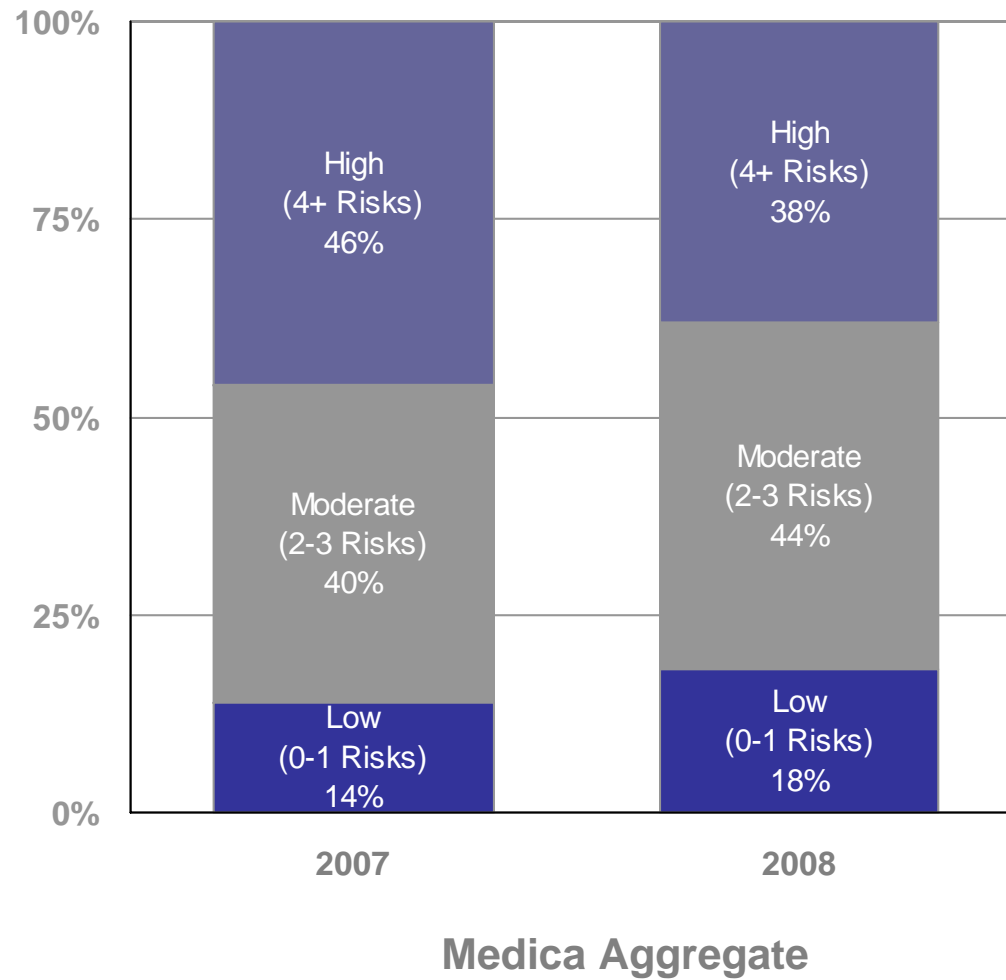
Lifestyle Risk Factors	Not At Risk	Needs Attention	Accepted or May Need Attention
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Fat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit/Vegetable Intake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress/Coping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belt Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Risk Factors	Diagnosed Under Control	Not At Risk	Needs Attention	Unreported or May Need Attention
Overweight/Underweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure/Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triplicinides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Sugar/Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Health Assessment



Healthy Living Programs

- Weight loss
- Healthy heart
- Healthier diet
- Cancer-fighting
- Get in shape
- Diabetes-fighting
- Stress relief
- Healthy aging
- Easy start
- Smoke Free
- Healthy Seniors



Earn 30 wellness credits for completing one program

Healthy Living Programs

Easy Start Program Program Week: 1 2 3 4 5 6

Your To-Do List | About This Program

Week 1: Eat Better, Feel Better!

Your To-Do List PRINT ARTICLES

Check each box as you complete your tasks!

- Easy Ways to Eat Healthier Foods:** 20 quick ideas that can help you get started. Try two or three this week!
- Diet Manager:** Want to take steps to control your weight? This tool can help! Or try our customized 7-day [meal plan](#).
- Virtual Supermarket:** Better eating means better shopping! Use this fun tool to make smart decisions at the supermarket. It's easy!

SAVE CHECKED ITEMS

Hi Vince,

Your Goals This Week:
Start your new healthier lifestyle by making some simple changes to your diet.

Coming Next Week:
Start getting fit!
Starts Monday 05/21/07

1

Weekly goals and to-do lists

Easy Start Program Program Week: 1 2 3 4 5 6

Week 1: Eat Better, Feel Better!

Hi Sarah,

Welcome to your program! This week, start your new healthier lifestyle by making small changes in the kitchen.

LOG IN TODAY

Featured This Week

Your Healthier Diet
Everything you need to know about your new diet plan.

Try This Recipe
[Twenty-minute Chili](#)

In Season

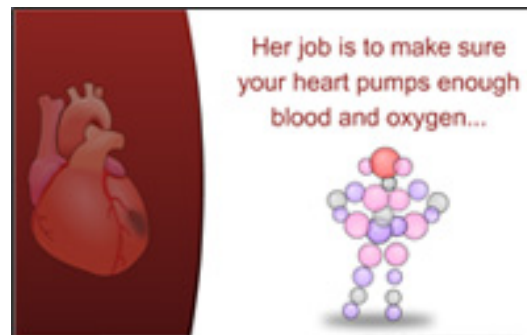
Up All Night?
Tossing and turning during the hot nights? Follow these tips for a more restful sleep.

To receive Wellness Credits in the myHealthManager program from Medica, you must successfully complete this program by accessing it regularly and taking the final questionnaire during the last week. When you finish the questionnaire, your program status will change to "complete" and you will be awarded within 24-48 hours.

2

Weekly email reminders

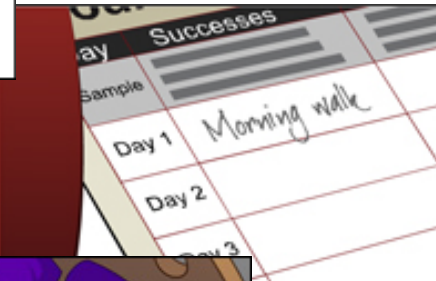
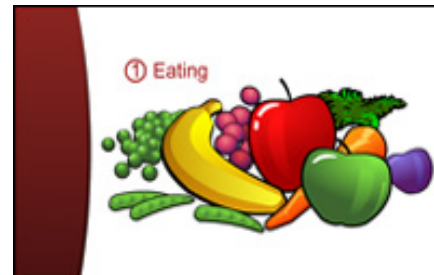
Interactive Conversations



- Engaging, online conversations through an interactive health advisor
- Offers personalized feedback based on readiness to change input
- Receive a printable goals summary page

Conversations – Wellness Topics

- Getting Active
- Healthy Eating
- Healthy Weight
- Healthy Thinking
- Quitting Smoking Again
- Sleeping Well



- 15 Wellness Credits per completed topic (2 per year) - \$30

Health Challenges

- Six week behavior change activities
- Earn 15 wellness credits for each challenge

- 2010 Health Challenges

- **Medica Shape Up Challenge**

April 5 – May 15, 2010



- **Get Moving Challenge**

September 13 – October 23, 2010

**Receive \$20 credit toward monthly dues.
Exercise at participating facility 12+ days per month.**



**Health club
reimburseme
nt program**

Fit ChoicesSM by Medica

Over 8,000 health clubs to choose from!

- Nationwide facilities



- Medica Service Area (MN, WI, ND & SD)



Health & Wellness Coaching

Supporting members in setting behavior-specific goals to improve health and well-being

- Personalized
- Comprehensive, member centered and goal oriented
- Support healthy lifestyles and behavior change
- Build motivation, confidence and ability to self manage health
- Coaching expertise



Used with permission from the Center for Spirituality and Healing at the University of Minnesota and the Life Science Foundation.

Health and Wellness Coaching

Measuring Satisfaction

95%	Satisfied with coaching program
99%	Felt supported by coach
88%	More confident in ability to get what I need in life for my health and well-being
87%	Personalized health improvement plan helped change behaviors or move toward reaching goals

Health and Wellness Coaching

Measuring Outcomes

66%	Report quality of life increase
40%	Report productivity increase
59%	Report weight decrease
51%	Report increase in exercise
51%	Report increase in fruit/vegetable intake

\$139 per enrolled member per month savings in health care costs due to decreased IP admissions, ER and OP visits

Ready When You Are

Develop Healthy Habits	<i>Prevent Health Problems</i>
<p>My Health Manager Health Risk Assessment Healthy Living Programs Chill Out Challenge Maintain Don't Gain Rate Your Plate Shape Up Challenge Fit Choices Health and Wellness Coaching Better Every Day HealthForums.com</p>	<p><i>My Health Manager Health Risk Assessment Healthy Living Programs Health and Wellness Coaching Tobacco Cessation Better Every Day Clinic Based Chronic Care Flu Clinics MedCheck-up</i></p>
<i>Get the Right Care at the Right Time</i>	<i>Get Good Results When You Get Care</i>
<p><i>Treatment Decision Support Centers for Excellence MainStreetMedica Employee Assistance Program Medica CallLink Nurseline Radiology Prior Authorization Restricted Recipient Coverage Policies</i></p>	<p><i>Adult Complex and High Risk Case Management Healthy Pregnancy Medica Behavioral Health On-site Case Management Pediatric Case Management Specialty Pharmacy</i></p>

Questions

Employee Assistance Program

MEDICA.

Leann Botzet, OptumHealth

Employee Assistance Program (EAP) Overview

- Access to master level associates 24 hours a day, 7 days a week by calling 1-800-626-7944
- Available to Medica members, dependents and any individual associated with the Medica member
- 3 in-person EAP sessions covered at 100%
- Members have access to in-person EAP sessions multiple times for different issues throughout the year
- If members need to be seen beyond the EAP visits, network is overlapping to continue with provider through Behavioral Health benefits
- Variety of Work Life services available
- Critical Incident Response and Worksite trainings: 150 onsite hours
- Promotional postcard mailing to employees homes

EAP Work Life Services

Legal & Mediation Services	Financial Services	Child/Parenting Information and Referral
<ul style="list-style-type: none"> ▪ ½ hour consultation free (telephonic or face to face) ▪ 25% discount if retain services <p>Topic examples for consultation:</p> <p>Divorce Child custody Child support Adoption Immigration Wills and trusts Guardianship Property division Tenant’s rights Civil disputes Criminal issues Power of attorney Debt division Consumer rights Order for protection</p>	<ul style="list-style-type: none"> ▪ Free unlimited telephonic sessions with Financial Professional <p>Topic examples for consultation:</p> <p>Budgeting Reducing debt Controlling spending habits Bankruptcy Restoring your credit rating Saving for college Retirement planning Hiring a financial planner Learning about investing Making the most of a 401(k), IRA or pension plan Mortgages Car loans Taxes</p>	<ul style="list-style-type: none"> ▪ Assistance locating a wide range of child care options. <p>Examples include:</p> <p>Child care centers Nanny or au pair services Family day care Teen programs Preschools Programs for children with special needs Day and residential camps Emergency or sick child care</p> <ul style="list-style-type: none"> ▪ Resources for all stages of parenting <p>Examples include:</p> <p>Prenatal and childbirth classes Postpartum groups Newborn issues Fathers’ programs Resources for single parents Parent support groups “Mom’s Day Out” programs Relocation assistance</p>

Last updated Note: Health Plan and Employment law excluded from legal/mediation services

EAP Work Life Services

<p>Adult/Elder Information and Referral</p> <ul style="list-style-type: none"> These services help address the needs of older adults <p>Various housing concerns:</p> <p>In-home nursing care Transportation Community resources Food/nutrition programs Travel opportunities Homemaker services</p> <p>Resources for caregivers' concerns:</p> <p>Respite care Legal assistance Caregiving support issues Disease-specific information Specialized financial planning Resources for coping with grief and loss</p>	<p>Life Learning</p> <ul style="list-style-type: none"> This program helps people of all ages find educational resources <p>Examples include:</p> <p>School selection College searches Assistance with academic problems Finding adult education classes or community education programs Career consulting</p>	<p>Chronic Condition Support Services</p> <ul style="list-style-type: none"> These services can benefit those living with chronic conditions, as well as caregivers <p>Learn about::</p> <p>Food service Support groups Advocacy Affordable housing Work related concerns Remodeling for accessibility Transportation issues</p>	<p>Community Resources</p> <ul style="list-style-type: none"> Pre-screened resources <p>Examples include:</p> <p>Self-help groups County/State Services</p>
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EAP Management Services

Management Consultations	Critical Incident Response (CIR)	Trainings
<ul style="list-style-type: none"> ▪ Serves as an “arm” to Employer Human Resources Department <p>Consult on any workplace related issue:</p> <ul style="list-style-type: none"> Employee Performance Issues Formal or Mandatory Referral Sensitive Employee Issue Traumatic Event Issues with group of employees Reorganization or layoffs Policy and Procedure Consultation 	<ul style="list-style-type: none"> ▪ Worksite counseling and support services due to an event affecting the workplace <p>Examples include:</p> <ul style="list-style-type: none"> Layoffs Reorganization Workplace or Community Tragedy 	<ul style="list-style-type: none"> ▪ Onsite trainings available for 100+ topics <p>Examples include:</p> <ul style="list-style-type: none"> Building successful teams Anger Management Communication Skills Balancing Work and Home Stress Management
<p>150 onsite hours available (CIR & Trainings combined)</p>		



My Claims & Coverage

Submit Claims Online >

Track Claim Status >

My Health & Well-Being

Life Changes >

Health & Wellness >

Work & Career >

Family & Relationships >

Education & Learning >

My Healthy Family

View Videos

Take Steps to Personal Change

Use Assessments & Calculators

Join Discussions

Find Prescription & OTC Drug Information

View Health Encyclopedia

[f] page feedback

Important Notice on Payment of Out-of-Network Benefits.

SPECIAL ALERTS! Flooding in West Virginia



Life Stages Centers



These centers are designed to help you manage and take control of life's challenges.

- Financial Fitness Center
- Coping with Stress
- Nutrition & Fitness Center
- Living with Chronic Conditions
- Elder Resource Center
- Parenting Resource Center
- Quitting Tobacco
- **New! - Relationship Resource Center:** Advice on healthy couple and family relationships, dating, marriage and divorce. Also, visit our relationships message board community.

• Experiencing a life change?

--Choose life changing event--

- www.liveandworkwell.com
- On the right hand side of the page "Click Here" to enter using only an access code
- Enter the access code "medica"

Medica Service Center

MEDICA.

952-992-2200 or 1-800-936-6880

When should you call the Service Center?

- Clarify benefit information
- Address enrollment and eligibility concerns
- Check billing, claims and provider status
- Check on the status of an application you submitted
- Order materials for you on behalf of your customers
- Questions about myMedica.com®

Why should you contact the Service Center?

- Dedicated team
- Extensive plan knowledge
 - All Service Center Representatives have worked as Customer Service Representatives
 - Core competency assessments are completed annually; refresher training provided weekly
 - Monthly quality audit's average score is 98%
- Committed to quality

MEDICA.



Thank you for attending today.
Thank you for choosing Medica.

Last update:

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