

# MEDICA.

Personalize. Empower. Improve.

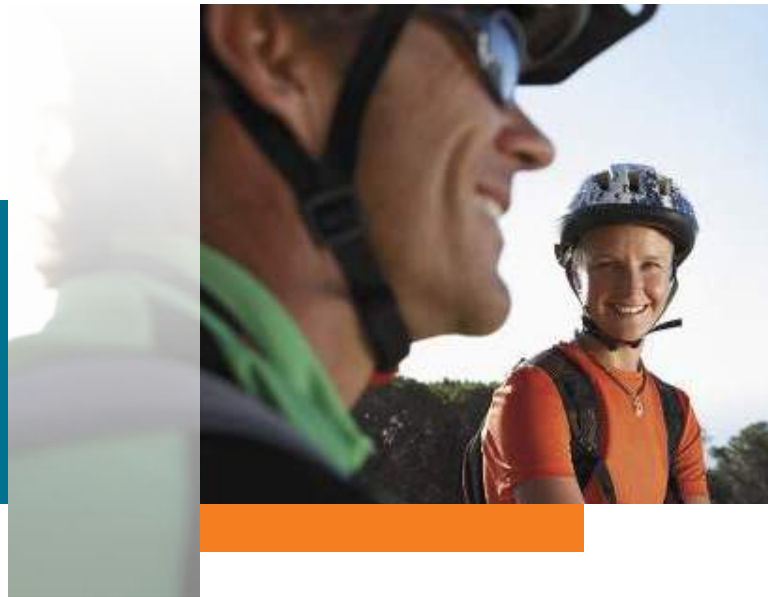


## YOUR MEDICA EXPERIENCE: TOOLS FOR SUCCESS

Group Administrator Training  
November 10, 2012



*Welcome*





# Agenda

WELCOME

GROUP ADMINISTRATION

MEDICA<sup>®</sup> OPTUM<sup>®</sup>

SERVICE CENTER

HEALTH AND WELLNESS RESOURCES



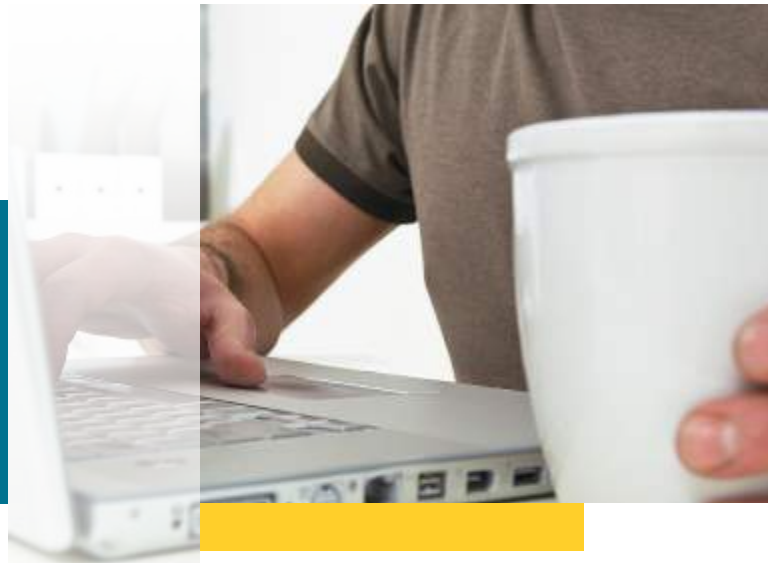
# GROUP ADMINISTRATION

Vicki Christianson, Account Manager



# Topics

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



# ENROLLMENT PROCEDURES

# When Can Employees Enroll?

Employees can enroll...

Form to use...

When newly hired

Following a change in family status:

- a) Loss of other coverage
- b) Birth
- c) Adoption
- d) Marriage
- e) Divorce

Late entrant – Small & Large Group  
Open Enrollment – Large Group

Enrollment/Change/Cancellation  
form



# Pre-Existing Condition Clause

- Definition: Illness or injury recognized or treated 6 months prior to enrollment date
- When applied:
  - New hire with no previous coverage - or those with more than a 63 day lapse in coverage -up to 12 months pre-existing waiting period
  - Late entrant with no previous coverage - or those with more than a 63 day lapse in coverage- up to 18 months pre-existing waiting period
  - Does not apply to dependents under age 19 beginning October 1, 2010 as groups renew



# 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

# Enrollment/Change/Cancellation Form

- 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. Employee fills out page 1-2, employer fills out page 3 and signs form

## Small Group Enrollment/Change/Cancellation Form

Group Number: \_\_\_\_\_

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

**A. EMPLOYEE INFORMATION**

<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	County
Home telephone		Work/Cellular telephone		Occupation/job title: Owner/officer? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many hours do you work per week?
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date	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:				
Clinic name			Clinic number		Have you been a Medica member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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	Birth date (mm/dd/yy)	Relationship*	Full-time student? **	Please provide clinic information if enrolling in Medica Elect <sup>®</sup> , Medica Essential <sup>SM</sup> or Medica Focus <sup>SM</sup>
	Dependent's Social Security Number							
1 <input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				<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				<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				<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				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinic name: _____ Clinic number: _____

**Important:** \* For court-ordered dependent(s), legal documentation must be attached.

\*\* This is not required by Medica. 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<sup>®</sup> Selection:  Health Reimbursement Arrangement (HRA)  Flexible Spending Account (FSA)

**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: \_\_\_\_\_

3) I understand that if I decide to apply for coverage at a later date, I and/or my dependents may be required to submit additional health information (at my own expense) and that a pre-existing condition exclusion may apply.

Employee Signature: X Date Signed: \_\_\_\_\_

**Large Group Enrollment/Change/Cancellation Form**

Group Number: \_\_\_\_\_

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

**A. EMPLOYEE INFORMATION**

<b>1</b> If changing name or address, please enter new information.				Have you been a Medica member before? ... <input type="checkbox"/> Yes <input type="checkbox"/> 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	County State Zip Code
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:
Clinic name (Required for Medica Elect <sup>®</sup> , Medica Essential <sup>™</sup> or Medica Focus <sup>™</sup> )				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 <sup>2</sup>	Full-time student? <sup>3</sup>	Required for Medica Elect, Medica Essential or Medica Focus
	Dependent's Social Security Number <sup>1</sup>							
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinic name: _____ Clinic number: _____
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinic name: _____ Clinic number: _____
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinic name: _____ Clinic number: _____
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				<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<sup>®</sup> 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 • COM1325-10909 (only sign if you are waiving coverage)

# Continuation Eligibility

To determine eligibility:

- COBRA/Continuation laws and requirements are the responsibility of the employer (contact your legal counsel)
- For more information on Minnesota State Continuation:
  - MN Department of Commerce (800) 657-3602
  - MN Department of Health (800) 657-3916
  - ND Department of Insurance (800) 247-0560
- Federal COBRA questions: US Department of Labor at 1/202/219-7222, Ext.. 3016

# Continuation Eligibility

To re-enroll members who have elected continuation

- Terminate coverage using an Enrollment/Change/Cancellation Form
- Notify members of continuation rights
- Re-enroll using an Enrollment/Change/Cancellation Form

# Individual Plan Options

Great options for employees ineligible for group coverage. For former employees, an affordable alternative to COBRA.

A wide range products, deductibles, and price points available in Minnesota and North Dakota residents. Online quotes and online applications.

For assistance, you or your employee can email [medicaidindividualproducts@medica.com](mailto:medicaidindividualproducts@medica.com) or call 800-670-5935



# 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



# What Form(s) Should We Use?

To...	Use...
<ul style="list-style-type: none"><li>Add a new employee/late entrant</li><li>Add a dependent</li><li>Terminate an existing employee</li><li>Change an employee address</li><li>Change an employee name</li><li>Reinstate on COBRA/Continuation</li></ul>	Enrollment/Change/Cancellation form
<ul style="list-style-type: none"><li>Change from one plan option to another plan option at renewal</li></ul>	Custom Options by Medica Selection Change form

## 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

Employer Name (please print): \_\_\_\_\_

Employee Name

(First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

<b>Medical Benefits</b> for: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> All family members	<b>Flexible Spending Account (FSA)</b> <input type="checkbox"/> Add* <input type="checkbox"/> Continue* <input type="checkbox"/> 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	_____	_____
_____	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, institution, physician, insurance company, 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 sue and recover 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 omissions or incorrect statements knowingly made by US on this form may invalidate me 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 action already taken by Medica prior to Medica's receipt of the revocation. If I refuse to sign this authorization, it will affect my dependent's 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 from the date of signature.

**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 pathogen\* 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 injured as a result of performing emergency medical services.

The coverage does not provide benefits for a condition for which medical advice, diagnosis, care, or treatment (including 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 late entrants, 18 consecutive months. Credit 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: \_\_\_\_\_

For Employer Use Only	Group Number – Current Plan: _____	Effective Date of Change: _____
	Group Number – New Plan: _____	Signature: _____

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# Material Orders

- Forms may be requested from: Medica Service Center at (952) 992-2200 or online at [www.medica.com](http://www.medica.com)
- Be sure to identify yourself as an employer or group administrator

# Master Group Contract

Legal contract between your company and Medica

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



**MEDICA SERVICE CENTER**  
One call does it all!



# 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<sup>®</sup>



# 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



# BILLING PROCEDURES

# Billing

- Pay as billed, wait for adjustments
- Payment due by the 1st of the month
- Bills run on or around the 10<sup>th</sup> of the month
- 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 example 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 Stub To**  
Remittance address where payments must be sent.

**Employee Count**  
Indicates the total number of employees enrolled in each coverage.

**Total Volume (00%)**  
Indicates the total units of life coverage.

**Coverage Pd**  
The billing period for which invoice charges apply.

**Payment Due Date**  
The date your payment is due.

**Rate**  
The charge amount for each employee enrolled under a particular coverage.

**Net Amount**  
Calculated amount due per coverage listed.

**Amount Due**  
The amount due for this invoice.

**Amount Paid**  
The amount of the payment received.

## 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 example 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 Stub To**  
Remittance address where payments must be sent.

**Plan**  
The specific coverage the employee has elected.

**ID**  
The identification number for the covered employee.

**Coverage Pd**  
The billing period for which the invoice charges apply.

**Payment Due Date**  
The date your payment is due.

**Coverage**  
Indicates an employee's coverage level within a plan.

**Charge Amount**  
Calculated amount due based on change in status.

**Status**  
Indicates the type of adjustment. Status types include: Change - "Chg", Addition - "Add", Termination - "Ter".

**Volume (00%)**  
Indicates the total units of life coverage.

**Amount Due**  
The amount due for this invoice.

**Amount Paid**  
The amount of the payment received.



# ONLINE EMPLOYER eSERVICES<sup>®</sup>

[www.employereservices.com](http://www.employereservices.com)



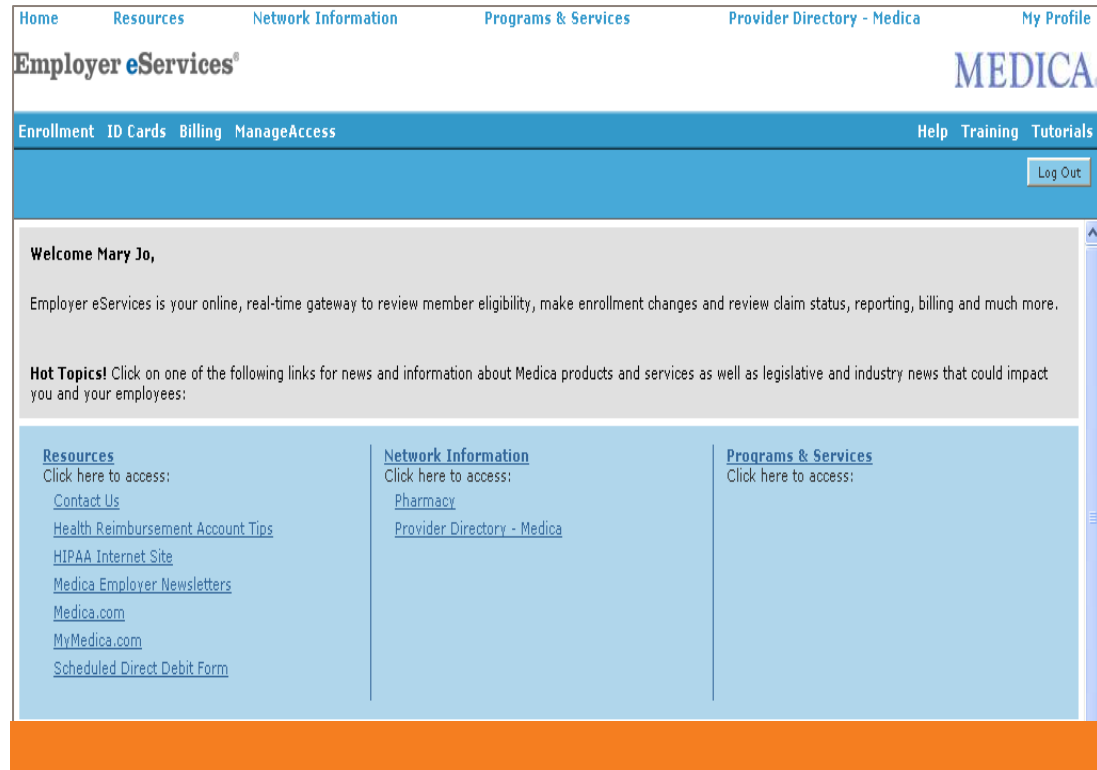
# Employer eServices®

- Employer eServices
  - Real-time, online administration
- Secure internet connection 24 hours a day, 7 days a week

[www.employereservices.com](http://www.employereservices.com)

# Home Page

- Manage Access
- Enrollment
- ID Cards
- Billing



The screenshot shows the home page of the Employer eServices portal. At the top, there is a navigation bar with links for Home, Resources, Network Information, Programs & Services, Provider Directory - Medica, and My Profile. Below this is the logo for Employer eServices and the Medica logo. A secondary navigation bar contains links for Enrollment, ID Cards, Billing, ManageAccess, Help, Training, and Tutorials, along with a Log Out button. The main content area features a personalized welcome message for 'Mary Jo', a brief description of the portal's purpose, and a 'Hot Topics!' section with links to news and information. At the bottom, there are three columns of links: Resources (Contact Us, Health Reimbursement Account Tips, HIPAA Internet Site, Medica Employer Newsletters, Medica.com, MyMedica.com, Scheduled Direct Debit Form), Network Information (Pharmacy, Provider Directory - Medica), and Programs & Services (Click here to access:).

Home Resources Network Information Programs & Services Provider Directory - Medica My Profile

Employer eServices<sup>®</sup> MEDICA

Enrollment ID Cards Billing ManageAccess Help Training Tutorials Log Out

Welcome Mary Jo,

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	Network Information	Programs & Services
Click here to access:	Click here to access:	Click here to access:
<a href="#">Contact Us</a>	<a href="#">Pharmacy</a>	
<a href="#">Health Reimbursement Account Tips</a>	<a href="#">Provider Directory - Medica</a>	
<a href="#">HIPAA Internet Site</a>		
<a href="#">Medica Employer Newsletters</a>		
<a href="#">Medica.com</a>		
<a href="#">MyMedica.com</a>		
<a href="#">Scheduled Direct Debit Form</a>		

# Manage Access with Registered CMA

## Client Master Administrator (CMA)

- Manages access of users
- Activate or inactivate access
- Assign functional permissions, such as enrollment or billing

Enrollment ID Cards Billing **ManageAccess**

Test Group

Update Policy Level Permissions For

Search by Policy/DivGroup  Search Show All

*(To perform a wild card search, enter a minimum of 2 characters followed by an asterisk.)*

All Perms On/Off	Policy/DivGroup	Customer No. / Master Grp.	Eligibility Update / Request ID Card	Eligibility Inquire	Elig Electronic Files	Claim View	Billing	Reporting	Banking
<input type="checkbox"/> On <input type="checkbox"/> Off	MSP11111	133648	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On <input type="checkbox"/> Off	MSP11112	137361	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On <input type="checkbox"/> Off	MSP11113	137361	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On <input type="checkbox"/> Off	MSP11114	137361	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit Cancel

# Enrollment

- Inquire on employee eligibility information
- Instantly enroll, change or terminate employees

The screenshot displays the Employer eServices interface. At the top, the logo 'Employer eServices®' is visible. Below it, a navigation bar contains links for 'Enrollment', 'ID Cards', 'Billing', and 'ManageAccess'. A secondary bar offers actions: 'Add', 'Terminate', 'Reinstate', 'Change', and 'Inquire'. The main content area is titled 'Select Group from list, enter Employee Search criteria and select Search.' It features a 'Select Group' dropdown menu with 'TEST GROUP MSP11111' selected. Below this, there is an 'Employee Search' section with a radio button selected for 'By Employee ID' and a text input field. To the right of the input field is a label '(SSN or Alternate ID)'. Further right is a 'First Initial' input field and a 'Search' button. Below the search fields is a 'Select Enrollee' dropdown menu. At the bottom of this section are 'Help' and 'Continue' buttons. A second navigation bar is present below the search area, with 'Enrollment' highlighted and other links for 'ID Cards', 'Billing', and 'ManageAccess'. Below this, another set of action links includes 'Add', 'Terminate', 'Reinstate', 'Change', and 'Inquire'. A third navigation bar shows 'Employee' and 'Dependent' options. Below these are summary fields: 'Enrollee:', 'DIV: MSP', and 'Group: 11111'. At the bottom, a horizontal menu contains five tabs: 'Employee Information' (which is selected), 'Demographic Information', 'Product Information', 'Other Insurance (optional)', and 'COBRA (optional)'.

...more

# Enrollment Data Needed:

- Effective date of employee's coverage
- Date of hire and language used for EOB
- Demographic information
- Product information
- Other insurance information
- COBRA/Continuation information

The screenshot displays the 'Employer eServices' interface. At the top, there are navigation tabs: 'Enrollment' (highlighted), 'ID Cards', 'Billing', and 'ManageAccess'. Below these are action links: 'Add', 'Terminate', 'Reinstate', 'Change', and 'Inquire' (highlighted). The main section is titled 'Select Group from list, enter Employee Search criteria and select Search.' It contains a 'Select Group' dropdown menu with 'TEST GROUP MSP11111' selected. The 'Employee Search' section has two radio buttons: 'By Employee ID' (selected) and 'By Last Name'. There are input fields for 'Employee ID' (with a note '(SSN or Alternate ID)'), 'Last Name', and 'First Initial'. A 'Search' button is located to the right of the 'First Initial' field. Below the search options is a 'Select Enrollee' dropdown menu. At the bottom of this section are 'Help' and 'Continue' buttons.

Below the search section, there is another set of navigation tabs: 'Enrollment' (highlighted), 'ID Cards', 'Billing', and 'ManageAccess'. Below these are action links: 'Add', 'Terminate', 'Reinstate', 'Change', and 'Inquire'. Below these are tabs for 'Employee' (highlighted) and 'Dependent'. Below the tabs, there is a summary row: 'Enrollee: DIV: MSP Group: 11111'. At the bottom, there is a table with five columns: 'Employee Information' (highlighted), 'Demographic Information', 'Product Information', 'Other Insurance (optional)', and 'COBRA (optional)'.

# Re-order ID Cards

Requesting a replacement is quick and easy

- Identify the group
- Identify the employee
- Identify the enrollee
- Continue to next screen to request card

The screenshot displays a web application interface for managing ID cards. At the top, there is a navigation bar with the following tabs: Enrollment, ID Cards (highlighted), Billing, and ManageAccess. Below the navigation bar, the main content area is titled "Select Group from list, enter Employee Search criteria and select Search." This section contains several input fields: a "Select Group" dropdown menu with "TEST GROUP MSP11111" selected; an "Employee Search" section with two radio buttons, "By Employee ID" (selected) and "By Last Name"; a text input field for "SSN or Alternate ID"; a text input field for "By Last Name"; a text input field for "First Initial"; and a "Search" button. Below the search fields is a "Select Enrollee" dropdown menu with "MOUSE, MICKEY (Employee) 400004390" selected. At the bottom of this section are "Help" and "Continue" buttons. The second section of the interface is titled "Request Medical ID Card" and contains the text "To request a medical ID card for the selected enrollee please click the" followed by "Help" and "Request ID Card" buttons.

# Billing

- View current or prior-period activity
- Download invoice detail into a spreadsheet
- Request an adjustment invoice
- Make payments online

Coverage Pd: 05/01-05/31/2010  
Due Date: May 01, 2010

### Account Summary

Previous Balance	\$1,467.97
Payments (-)	\$0.00
Bill Group Adjustments (+/-)	\$-1,467.97
Late Payment Charge (+)	\$0.00
Current Charges (+)	\$30.00
Current Adjustments (+/-)	\$0.00
<b>Total Balance Due</b>	<b>\$30.00</b>

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>1111 TEST GROUP</b>				
<b>MEDICAL</b>				
ClassCd 1	2		\$5.00	\$10.00
ClassCd 4	2		\$10.00	\$20.00
Subtotal - MEDICAL	4		\$0.00	\$30.00
Subtotal - 1111 TEST GROUP	4		\$0.00	\$30.00
<b>Total</b>	<b>4</b>			<b>\$30.00</b>

Download Invoice Detail
View All Detail
Print Preview
Request Adjustment Invoice

[Learn About Requesting an Adjustment Invoice](#)

**Please Detach and Return the Portion Below with Remittance**

**Note:** Paper invoices will no longer be received if registered for eServices Billing.

# Pay Online

1. Select the invoices to be paid, then click on "Pay"
2. Verify payment amount is correct
3. Adjust amount if necessary, then click "Recalculate Total Payment"
4. Click "Submit Payment"

**Invoice Payment**  
DOCUMENT VISION TECHNOLOGIES

If you do not want to pay a particular invoice, please deselect the box next to the invoice.

Invoice Number	Due Date	Invoice Amount	Payment Amount
0000009596	Dec 01, 2016	\$1,465.00	\$1,605.00
TOTAL:		\$1,465.00	\$1,605.00

Recalculate Total Payment Submit Payment

**CURRENT ACTIVITY**  
OUR FAVORITE CUSTOMER

If you want to pay a particular invoice or statement, please select the box next to the invoice or statement.

Invoices

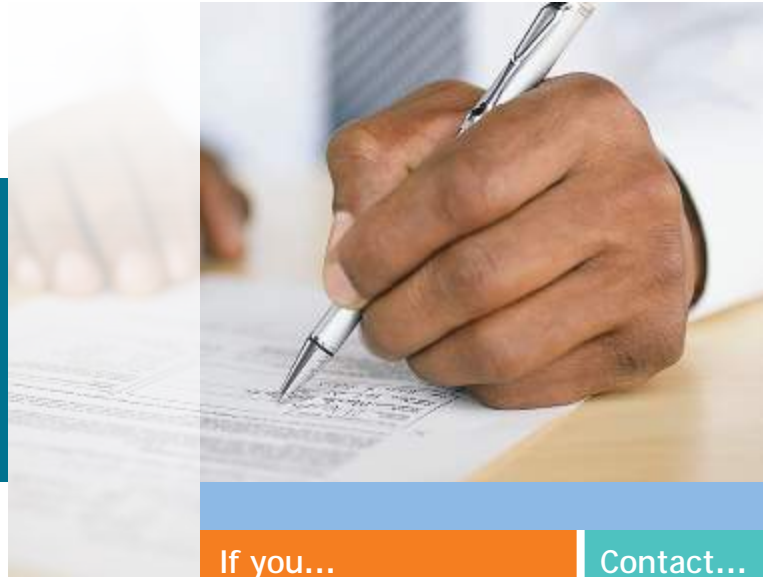
Customer Number	Bill Group Number	Invoice Number	Invoice Due Date	Invoiced Amount Due	
<input checked="" type="checkbox"/>	0123456	1	00009596	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009597	Nov 01, 2016	\$1,286.58 View
<input type="checkbox"/>	0123456	5	00009598	Nov 01, 2016	\$1,119.20 View
<input type="checkbox"/>	0123456	1	00009599	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009600	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009601	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009602	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009603	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009604	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009605	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009606	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009607	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009608	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009609	Nov 01, 2016	\$1,465.00 View
<input type="checkbox"/>	0123456	1	00009610	Nov 01, 2016	\$1,465.00 View

Pay Selected Invoices

**Note:** Online bill payment is not automatic when registered for billing. A separate form with bank information is needed.



# Questions



## If you...

Want to register for  
Employer eServices

Have a general  
question about  
Employer eServices or  
experience a technical  
issue while using  
eServices

## Contact...

Medica Service Center at  
952-992-2200 or 1-800-936-6880  
Email the Service Center at  
[medicaservicecenter@medica.com](mailto:medicaservicecenter@medica.com)

Employer eServices customer  
support at 1-800-651-5465



## COMMUNICATIONS SUPPORT

Teresa Faldet,  
Account Manager



# We Keep You Informed

## Employer update

1. [www.medicare.com](http://www.medicare.com)  
Click on Employers
2. Employer events and training





# 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.medicaplayer.com](http://www.medicaplayer.com) and provide your e-mail address



# www.medica.com

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



# *Healthy Attitudes*

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



# Questions



## MEDICA EMPLOYER & BROKER SERVICE CENTER

1-800-936-6880

Hours

M, T, Th, F 8 am - 5 pm  
W 9 am - 5 pm



# EMPLOYEE ASSISTANCE PROGRAM

Teresa Faldet, Account Manager



# 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 year

...more



# Employee Assistance Program (EAP) Overview

- 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

<p><b>LEGAL &amp; MEDIATIONS SERVICES</b></p>	<p><b>FINANCIAL SERVICES</b></p>	<p><b>CHILD/PARENTING</b></p>
<ul style="list-style-type: none"> <li>▪ ½ hour consultation free</li> <li>▪ 25% discount for services</li> </ul>	<p>Telephone sessions with Financial Professional</p>	<p>Assistance locating child care options</p>
<p><b>Topic Examples</b></p> <ul style="list-style-type: none"> <li>Divorce</li> <li>Child custody</li> <li>Child support</li> <li>Adoption</li> <li>Immigration</li> <li>Wills and trusts</li> <li>Guardianship</li> <li>Property division</li> <li>Tenant's rights</li> <li>Civil disputes</li> <li>Criminal issues</li> <li>Power of attorney</li> <li>Debt division</li> <li>Consumer rights</li> <li>Order for protection</li> </ul>	<p><b>Free Session Examples</b></p> <ul style="list-style-type: none"> <li>Budgeting</li> <li>Reducing debt</li> <li>Controlling spending habits</li> <li>Bankruptcy</li> <li>Restoring your credit rating</li> <li>Saving for college</li> <li>Retirement planning</li> <li>Hiring a financial planner</li> <li>Learning about investing</li> <li>Making the most of a 401(k), IRA or pension plan</li> <li>Mortgages</li> <li>Car loans</li> <li>Taxes</li> </ul>	<p><b>Examples</b></p> <ul style="list-style-type: none"> <li>Child care centers</li> <li>Nanny or au pair services</li> <li>Family day care</li> <li>Teen programs</li> <li>Preschools</li> <li>Children with special needs</li> <li>Day and residential camps</li> <li>Emergency or sick child care</li> </ul>
		<p><b>Parenting Resources</b></p>
		<p><b>Examples</b></p> <ul style="list-style-type: none"> <li>Prenatal &amp; childbirth classes</li> <li>Postpartum groups</li> <li>Newborn issues</li> <li>Fathers' programs</li> <li>Resources for single parents</li> <li>Parent support groups</li> <li>"Mom's Day Out" programs</li> <li>Relocation assistance</li> </ul>



# EAP Work Life Services

ADULT/ELDER INFORMATION AND REFERRAL	LIFE LEARNING	CHRONIC CONDITION SUPPORT	COMMUNITY RESOURCES
<p><b>Various housing concerns:</b></p> <ul style="list-style-type: none"> <li>In-home nursing care</li> <li>Transportation</li> <li>Community</li> <li>Food/nutrition Travel opportunities</li> <li>Homemaker services</li> </ul>	<p><b>Examples</b></p> <ul style="list-style-type: none"> <li>School selection</li> <li>College searches</li> <li>Assistance with academic problems</li> <li>Finding adult education classes or community education programs</li> <li>Career consulting</li> </ul>	<p><b>Learns about:</b></p> <ul style="list-style-type: none"> <li>Food service</li> <li>Support groups</li> <li>Advocacy</li> <li>Affordable housing</li> <li>Work related concerns</li> <li>Remodeling for accessibility</li> <li>Transportation issues</li> </ul>	<p><b>Examples</b></p> <ul style="list-style-type: none"> <li>Self-help groups</li> <li>County/State Services</li> </ul>
<p><b>Resources for caregivers</b></p> <ul style="list-style-type: none"> <li>Respite care</li> <li>Legal assistance</li> <li>Caregiving support</li> <li>Disease-specific information</li> <li>Financial planning</li> <li>Coping with grief and loss</li> </ul>			



# EAP Management Services

MANAGEMENT CONSULTATIONS	CRITICAL INCIDENT RESPONSE (CIR)	TRAININGS
<p><b>Workplace</b></p> <ul style="list-style-type: none"><li>Employee Performance Issues</li><li>Formal or Mandatory Referral</li><li>Sensitive Employee Issue</li><li>Traumatic Event</li><li>Issues with group of employees</li><li>Reorganization or layoffs</li><li>Policy and Procedure Consultation</li></ul>	<p><b>Examples</b></p> <ul style="list-style-type: none"><li>Layoffs</li><li>Reorganization</li><li>Workplace or Community Tragedy</li></ul>	<p><b>Examples</b></p> <ul style="list-style-type: none"><li>Building successful teams</li><li>Anger Management</li><li>Communication Skills</li><li>Balancing Work and Home</li><li>Stress Management</li></ul>
<p><b>150 onsite hours available (CIR &amp; Trainings combined)</b></p>		

# Medica CallLink

- Source of information and support for health concerns
- Available 24/7/356
- Speak with an RN
  - Health questions
  - Self-care tips
  - Help choosing care



# MEDICA.

Personalize. Empower. Improve.



## Health & Wellness Review



# My Health Rewards by Medica<sup>sm</sup>

Teresa Faldet, Account Manager

# My Health Rewards by Medica<sup>SM</sup>

Focus on member engagement and personalization:

- Helping members understand and improve their health status
- Engaging members in the management of their health
- Motivating through incentives and rewards



# Earning Rewards

Members rewarded gift cards for completing programs, choosing from nearly 200 merchants

Activity	Annual Maximum
Health Assessment ( <i>per adult member</i> )	\$20
Eight Online Health Topics ( <i>per adult member</i> )	\$40
Medica Health and Wellness Coaching	\$75
Annual Total	\$135





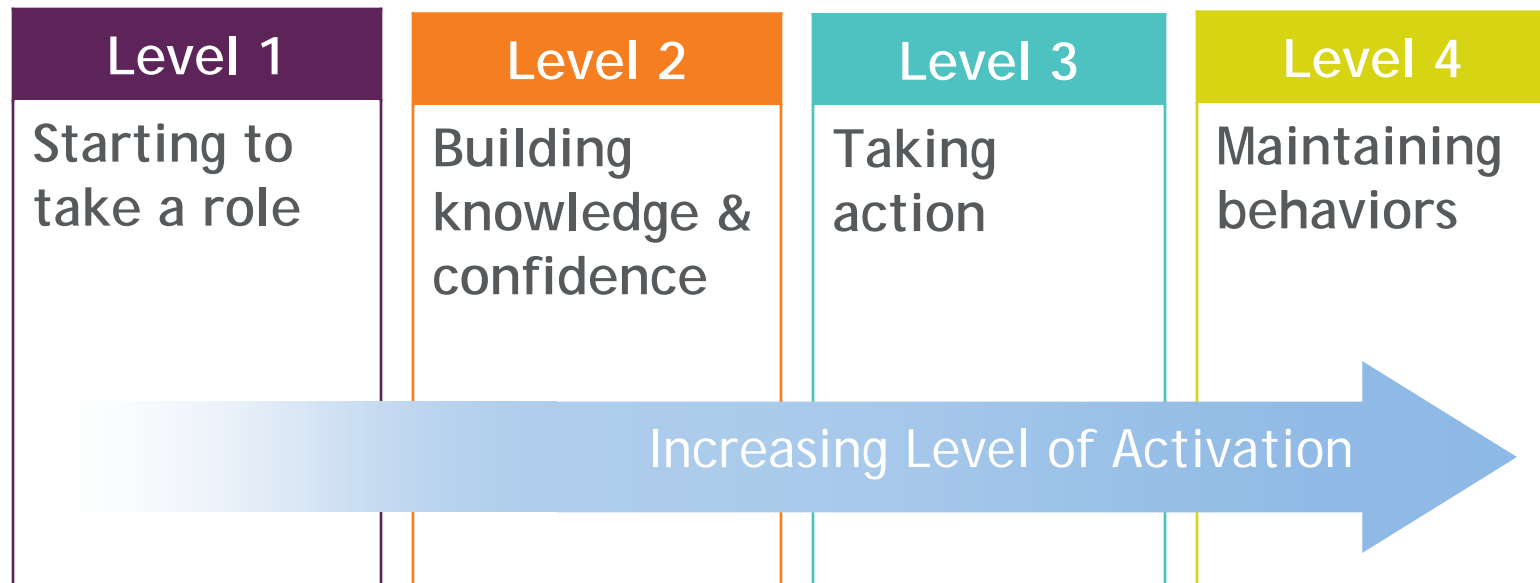
# Personal Activation Measure (PAM)

Our unique and proprietary health assessment

- Consists of 33 questions
- Available to members 18 and older
- Identifies and measures the member's:
  - Current health status
  - Ability to understand and engage in healthy behaviors
  - Knowledge, skills and confidence

# Measurement-based to Personalize Member Engagement & Support

PAM provides insight into what drives behaviors



# A New Health Assessment

mymedica.com MEDICA. Everyone Benefits.

Account Settings | My Health | Help | Contact Us | Feedback | Sign Out

Home | Claims & Accounts | Physicians & Facilities | Pharmacies & Prescriptions | Benefits & Coverage | **Health & Wellness**

Hello, Jane

My Coverage: Active 01/01/10  
[View Details](#)

Clinic Name: Not Selected

Group or Policy#: 12345

Member ID: 5789

Plan Details

[Account Balances](#)

[Benefit Details](#)

Out-of-Pocket Max  
 \$1200 Individual  
 \$5000 Family

What would you like to do today?

[View My Claims](#) [View Account Balances](#)

[Print an ID Card](#)

[Look Up My Benefits](#) [Estimate Treatment Costs](#)

Health Assessment:

myHealthStyle my Picture of Health

Questions 1-4 Questions 5-9 Questions 10-13

\* Required

	Disagree Strongly	Disagree	Agree Strongly	Agree	NA
* 5. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 6. I am confident that I can tell a doctor concerns I have even when he or she does not ask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 7. I am confident that I can follow through on medical treatments I may need to do at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 8. I understand my health problems and what causes them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 9. I know what treatments are available for my health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


PREVIOUS NEXT

# Health Assessment Report

## Health Reports

PRINT

### myHealthStyle



**Congratulations!**  
You're in control of your health.

Your health is a top priority, and you're always looking for new ways to increase your knowledge and sharpen your skills. Your challenge is to stay in the driver's seat—even when you encounter bumps in the road.





You're in charge of your health, and you know it. By building upon past successes, you've learned how to develop and keep good health strategies alive. But life isn't always kind, be on the lookout for bumps in the road. Unexpected stresses can make it hard to maintain a good routine. It's a good thing that you know how to learn and grow!

We'll help you maintain your excellent health habits, avoid potential setbacks, and discover new ways to stay healthy and strong so you can live well, each and every day.

**Set your next goal now!**  
Take on a new challenge with confidence:

- ✓ Shop around the perimeter of the grocery store—where all the fresh foods are
- ✓ Plan physical activities into your vacation

**Based on your HealthStyle, we've selected the following tips and topics just for you:**

-  [Your Healthcare Team](#)
-  [Be Active for Life](#)
-  [Emotions Can Affect Your Eating](#)
-  [Watch Out When You Dine Out](#)


Not interested in these topics?

[VIEW OTHER HEALTH TOPICS](#)

[» access your Home page now](#)

### myPicture of Health

This report provides a snapshot of your health statistics and preventive care and how they correlate to recommended guidelines.



[View myPicture of Health Results](#)

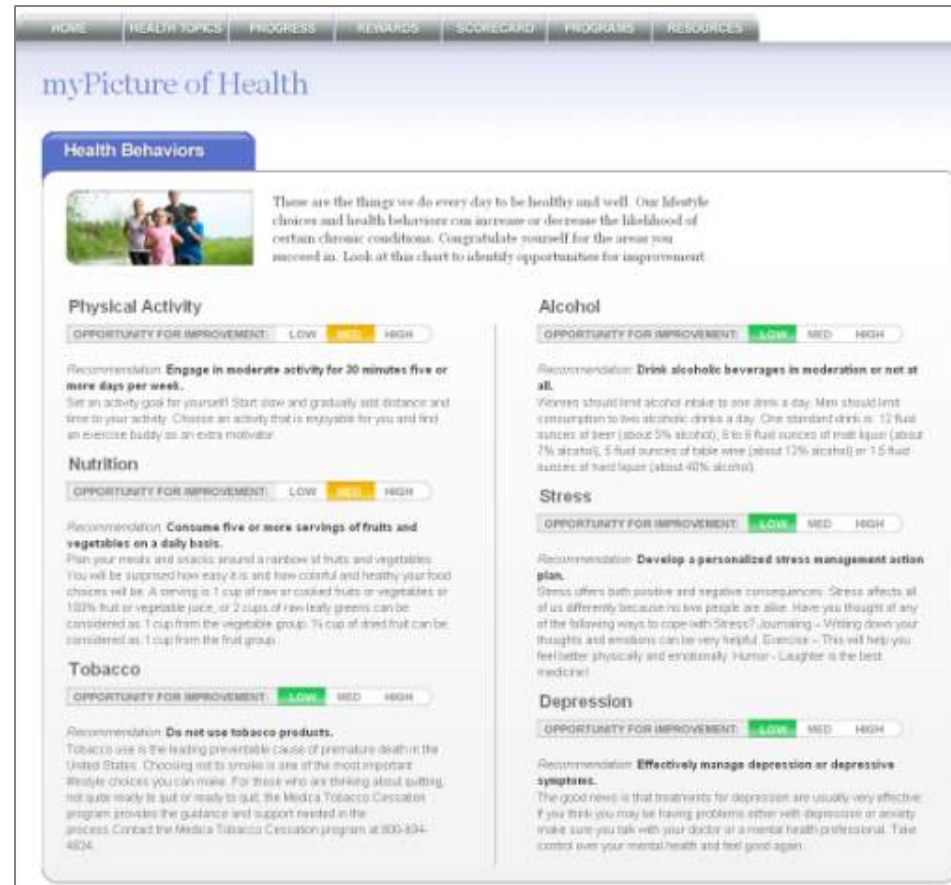
Interested in working with a Health Coach or would like assistance in reviewing your results?

Learn more about [Medica's Health Coaching Program](#) or [Call \(866\) 905-7430](#)

# Health Assessment Report

Provides information about an individual's

- Health behaviors
- Health statistics
- Preventive care and how they correlate to recommended guidelines



# Easy to navigate home page provides quick access to areas of the site

mymedica.com

MESSAGE CENTER ⓘ ⓘ ACCOUNT PROFILE FAQ CONTACT US SIGN OUT

The screenshot displays the mymedica.com home page with a navigation bar at the top containing tabs for HOME, HEALTH TOPICS, PROGRESS, REWARDS, SCORECARD, PROGRAMS, and RESOURCES. The main content area features a large banner with the text "Identify your biggest challenges." and a sub-header "Health Topics and Goals" with a link "Need help completing Health Topics & Goals?". Below this is a "Healthy Lifestyle" section with a link "Create a healthy recipe! Start here ▶".

**Identify your biggest challenges.**

You continue to keep wellness at the top of your list- and you reap the rewards of a healthy lifestyle. Remember that even the strongest people face setbacks. The trick is to identify your stumbling blocks before you stumble, and plan ahead for how you'll overcome them.

[Visit your Health Topics page for help.](#)

**Health Topics and Goals**

[Need help completing Health Topics & Goals?](#)

**Healthy Lifestyle**

[Create a healthy recipe! Start here ▶](#)

**Topics** [View all topics ▶](#)

**Find new ways to stay fit!**

**Set a new health goal:**

- Plan for an alternative exercise option when your routine gets interrupted by an event
- Make reservations at a hotel with a gym when work forces you to travel
- Talk to your doctor about getting all the recommended health screenings for your age and health level

**Recommended Health Topics** Completed: 12

- [Carbohydrates for Life!](#)
- [The Gym Is Your Friend - Really!](#)
- [What Does It Mean to Be Active?](#)
- [Live Well & Get Connected](#)

**Progress** [View all progress ▶](#)

Goals	Completed
xxxxvart4rtaweret Target Completion Date: 8/26/2011	<input type="checkbox"/>
Prepare a weekly shopping... Target Completion Date: 3/31/2011	<input type="checkbox"/>
Read food labels for high... Target Completion Date: 3/31/2011	<input type="checkbox"/>

[View all goals ▶](#) [Add new goal ▶](#) [SAVE](#)









**Resources** [View all resources ▶](#)

Concerned about symptoms you have?  
**Use the Symptom Checker to help with diagnosis**

# Health Topics

Recommended for you based on your areas of interest and your identified health needs.

The screenshot shows a web application interface for health management. At the top is a navigation menu with tabs: HOME, HEALTH TOPICS (highlighted), PROGRESS, REWARDS, SCORECARD, PROGRAMS, and RESOURCES. Below the menu is a 'Health Topics' section with a sub-header and a link to the account profile. Five topic buttons are shown: 'About Medications' (0 complete), 'Preventive Care' (0 complete), 'Food & Nutrition' (5 complete, highlighted with a green callout), 'Being Active' (2 complete), and 'Oral Health' (0 complete). Below this is a table with columns: TOPIC, STATUS, COMPLETED ON, and CONDITION.

TOPIC	STATUS	COMPLETED ON	CONDITION
 <b>Watch Out When You Dine Out</b> Learn how to eat healthier when dining out.	Completed 	3/23/2011	Healthy Living
 <b>Kitchen Organization and Your Waistline</b> Improve kitchen organization for healthier eating.	Begin 		Healthy Living
 <b>How Much is Enough?</b> Learn how portion sizes have increased over time, and how you can start eating appropriate portions.	Completed 	1/17/2011	Healthy Living
 <b>Calories Count!</b>	In Progress 		Healthy Living

# Set goals and make journal entries

**Progress** PRINT

### Goal

Total goals in progress: **3**  
Total completed goals: **6**

Current Goals	Status
Maintain weight below 170... Target completion date: 09.01.11	<input type="button" value="Open"/>
5 minutes with dumbbells ... Target completion date: 09.01.11	<input type="button" value="Open"/>
Walk more Target completion date: 09.09.11	<input type="button" value="Open"/>

[View all goals »](#) [Add new goal »](#)

Completed Goals	Date Completed
1 morning, 1 afternoon 5-...	08.12.11
50 slow, deep knee bends ...	08.12.11
Lose 1 BMI point	08.12.11

[View all completed goals »](#)

### Plan Year Information

Plan Year: January 1, 2011

Topics Complete: 9  
[View topics »](#)

Goals Stared: 9  
[View goals »](#)

### Health Statistics

**01.25.11**

Height: 5'10"  
Weight: 165 lbs  
Blood Pressure: 0/0 mmHg  
Cholesterol: 0 mg/dL

[Add new statistic »](#)

### Today's Journal Entry: 8.24.2011

[View all entries »](#)

### Health Reports

My HealthStyle Report: 08.12.11  
My HealthStyle Report: 01.25.11

# Set Goals & Make Journal Entries

The screenshot displays a web interface for health management. At the top, there is a navigation bar with tabs: HOME, HEALTH TOPICS, PROGRESS (highlighted), REWARDS, SCORECARD, PROGRAMS, and RESOURCES. Below this is a secondary navigation bar with tabs: Goal Tracker, Journal, Health Statistics, and Health Reports. The main content area is titled "Progress" and includes a "PRINT" button in the top right corner.

The "Goal" section features a target icon and displays the following information:

- Total goals in progress: 1
- Total completed goals: 0
- Current Goals table:

Current Goals	Status
I will have a biometric s... Target completion date: 10.10.11	Open
- Buttons: [View all goals >](#), [Add new goal >](#), and a **SAVE** button.

The "Today's Journal Entry: 1.7.2011" section shows a spiral-bound notebook icon and a large empty text area for journaling, with a **SAVE** button at the bottom.

The "Health Statistics" section features a blood pressure monitor icon and displays the following data for 01.02.11:

- Height: 5'6"
- Weight: 110 lbs
- Blood Pressure: 0/0 mmHg
- Cholesterol: 0 mg/dL

There is an [Add new statistic >](#) button below the statistics.

The "Health Reports" section features a clipboard icon and displays a link: [My HealthStyle Report: 01.02.11](#)

# Support for Setting Health & Well-Being Goals

- Personalized, member-centered, goal oriented
- Comprehensive approach vs. disease or condition focus
- Integrates medical, lifestyle and behavior change
- Builds motivation, confidence and ability to self manage
- Coaching expertise



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



# Health & 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



# Health & 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

# My Health Rewards Employee Campaign

**Re**  
define

**REINVENT EMPLOYEE HEALTH.  
REVIVE EMPLOYEE PRODUCTIVITY.  
REWARD YOUR EMPLOYEES.**

**MEDICA®**

# The Materials

EVERYTHING  
YOU NEED  
IS RIGHT AT  
HAND.

My Health Rewards gives you a turn-key, multi-media “Redefine” marketing campaign to promote the program and better health. It’s ready to use. You can choose to kick off the program with the all-employee welcome letter, customizing it first to fit your company. Then, place the marketing materials in prominent areas throughout your workplace to ensure maximum impact and encourage employee engagement.

## The program consists of the following marketing elements:

- filler
- poster (8.5x11)
- poster (11x17)
- email
- newsletter story

You’ll find printable PDFs for all marketing materials on the [Employer Portal at medica.com](http://medica.com). Also included in the last section of this booklet are printing specifications and suggestions.

# Redefine Field Work

**A.**

**B.**

**C.**

**D.**

**E.**

**THE MATERIALS**

- A. Flier
- B. Poster (8.5x11)
- C. Poster (11x17)
- D. Email
- E. Newsletter Story (not pictured)

**Text from Panel A:**

Re  
define  
Field Work

**EARN REWARDS FOR BETTER HEALTH, RIGHT FROM THE KICKOFF.**

Everyone manages his or her health differently. Everyone has different needs. Do you have an easy-to-use, personalized way to help you redefine your own health and earn all the rewards. It's called **My Health Rewards by Medica**.<sup>SM</sup> And this exclusive program is yours at no extra charge as a Medica member.

My Health Rewards by Medica is a step-by-step opportunity to improve your health for that one precious, it can help you reduce your medical costs, too. With My Health Rewards you really gain to get healthy.

**HERE'S HOW IT WORKS.**

**Medica**

**Text from Panel B:**

Re  
define  
Field Work

**EARN REWARDS FOR BETTER HEALTH, RIGHT FROM THE KICKOFF.**

Medica's your health and you earn the rewards. It's all yours. By choosing your Personal Health Rewards with My Health Rewards by Medica<sup>SM</sup>, you win a gift card.

Log on and enroll now at [www.medicare.com](http://www.medicare.com) and start earning your rewards.

**MEDICA**

**Text from Panel C:**

Re  
define  
Field Work

**EARN REWARDS FOR BETTER HEALTH, RIGHT FROM THE KICKOFF.**

Medica's your health and you earn the rewards. It's all yours. By choosing your Personal Health Rewards with My Health Rewards by Medica<sup>SM</sup>, you win a gift card.

Log on and enroll now at [www.medicare.com](http://www.medicare.com) and start earning your rewards.

**MEDICA**

**Text from Panel D:**

Re  
define  
Field Work

**EARN REWARDS FOR BETTER HEALTH, RIGHT FROM THE KICKOFF.**

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**MEDICA**

**Text from Panel E:**

Re  
define  
Field Work

**EARN REWARDS FOR BETTER HEALTH, RIGHT FROM THE KICKOFF.**

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Log on and enroll now at [www.medicare.com](http://www.medicare.com) and start earning your rewards.

**MEDICA**

**Text from Panel A (bottom):**

\*For customers that offer health coaching programs, please use the flier and email with coaching in the title.

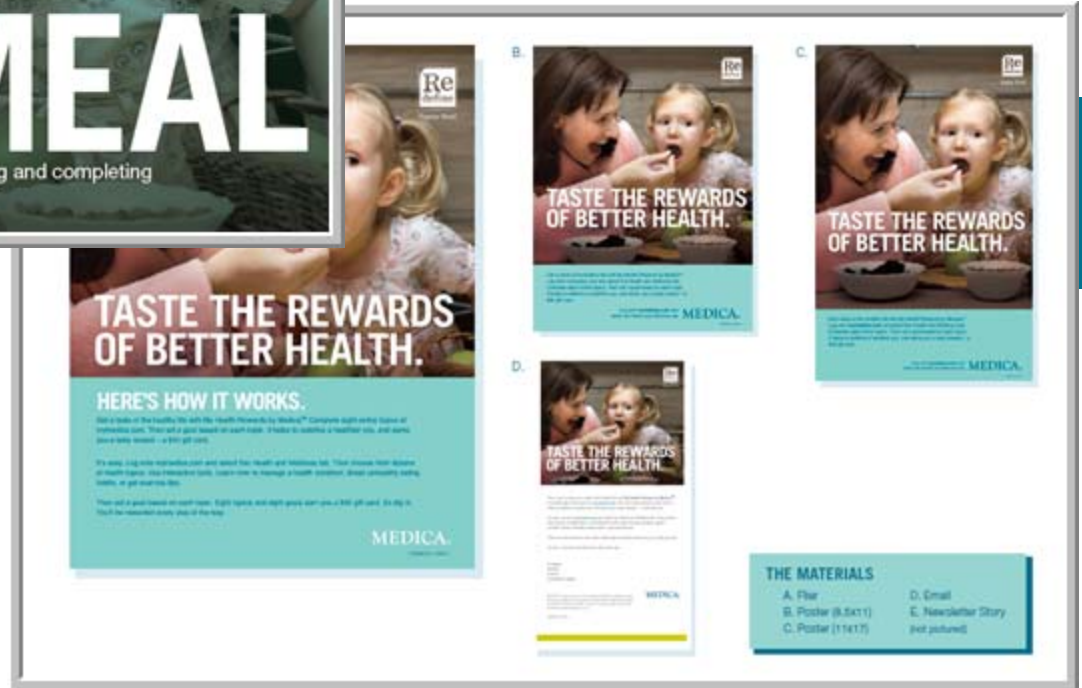
# Redefine Happy Meal



**Re define**

# HAPPY MEAL

These materials tell employees how they can earn a reward by exploring and completing eight online health topics and setting eight personal health goals.



**TASTE THE REWARDS OF BETTER HEALTH.**

**HERE'S HOW IT WORKS.**

Get a taste of the health benefits the Health Rewards by Medica™. Complete eight online topics of importance to you. Then set a goal based on each topic. It's that simple to redefine the happy meal, and earn a \$50 gift card.

To see if you're eligible, visit [medica.com](http://medica.com) and read the Health and Wellness kit. Your choice from dozens of health topics. Our interactive tools. Learn how to manage a health condition. Share community health insights. All get you one step closer to better health.

Then set a goal based on each topic. Eight topics that help guide you to a \$50 gift card. It's that simple to redefine the happy meal.

**MEDICA**

**A. Flyer**  
**B. Poster (8.5x11)**  
**C. Poster (11x17)**

**D. Email**  
**E. Newsletter Story**  
*(not pictured)*

# Redefine Happy Hour

**Re define**

# HAPPY HOUR

For companies that offer Medica health coaching, these materials generate awareness for and promote the health coaching program. This program applies to employees who have been identified as needing a health coach, or those who self-select the program. When employees work with a Medica Health Coach to achieve their goals, they'll earn a gift card reward from Medica.

## EARN REWARDS WITH EVERY STEP.

### HERE'S HOW IT WORKS.

Step up to better health when you walk. Use rewards, by phone, with a Medica Health Coach, that provides and motivation to help you set health goals. Manage stress and work with your doctor. Plus, you earn a \$25 gift card from My Health Rewards by Medica™. Now, that's rewarding. Set step up and take action.

Call 1-866-955-7420 to find out if health and wellness coaching is right for you. It's another great way to redefine your health.

**MEDICA.**

B.

## EARN REWARDS WITH EVERY STEP.

**MEDICA.**

C.

## EARN REWARDS WITH EVERY STEP.

**MEDICA.**

D.

## EARN REWARDS WITH EVERY STEP.

**MEDICA.**

#### THE MATERIALS

- A. Flyer
- B. Poster (8.5x11)
- C. Poster (11x17)
- D. Email
- E. Newsletter Story (not pictured)

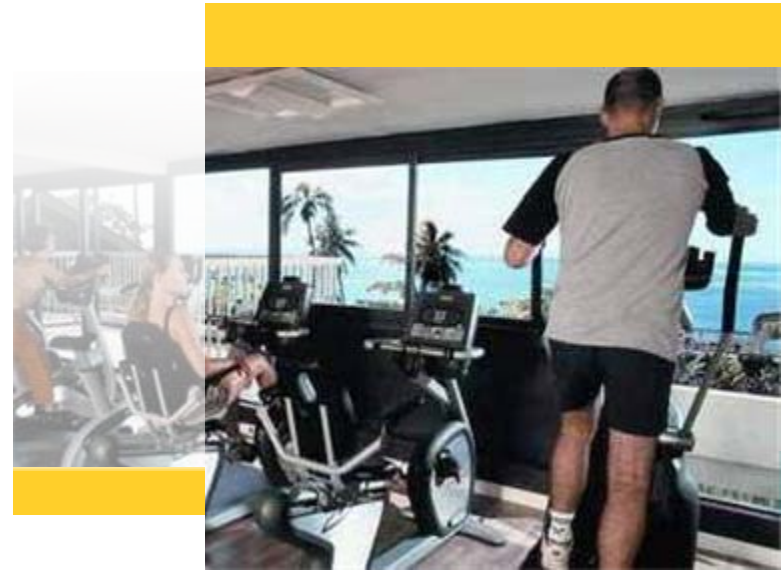


# Fit Choices<sup>SM</sup> by Medica

## Health Club Reimbursement Program

# Receive \$20 Credit Toward Monthly Dues

Exercise at participating facility 12+ days per month



Health Club Reimbursement Program

# 8,000+ Health Clubs to Choose From!

Nationwide facilities



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





## MEDICA TOBACCO CESSATION PROGRAM

# When You Enroll You'll Receive:

- Confidential coaching with specialized coaches for ages 12 to 80
- A Personalized quit plan, workbook and materials
- Help with psychological and physical aspects of nicotine dependence
- Over-the-counter NRT, if medically appropriate

**MEDICA.**  
Empower. Beautiful!

## Medica Tobacco Cessation Program

Ready to quit tobacco? Good for you! Medica has health coaches specializing in tobacco cessation. We are ready to support you on your journey to be tobacco-free. You will be able to quit with the support that you want, at a level that makes you feel comfortable.

**What can I expect from this program?**


When you enroll in the Medica Tobacco Cessation Program, you'll receive:

- Coaching services that are included in your benefit plan
- Confidential coaching sessions with coaches who specialize in tobacco cessation
- Over-the-counter nicotine replacement therapy (patch, gum, lozenge), if medically appropriate, at no additional cost
- Coaches who will work with you on the psychological and physical aspects of nicotine dependence
- A personalized quit plan and self-help materials

**What can I expect from a coach?**

Medica health coaches understand that you know yourself best and that you already have ideas about what you need to do to quit using tobacco. You can count on your coach to:

- Help you tap into your motivation
- Participate in your quit process in whatever ways you think will be helpful
- Assist you in setting goals that you design yourself
- Encourage you to carry out your goals
- Provide support, accountability, and help with problem-solving
- Cheer you on your individual journey toward becoming tobacco-free



**Call today!**

Medica Tobacco Cessation Program  
Call Medica at 1-800-934-4124.  
Translation services are available in more than 150 languages.

**When can I call?**  
Tobacco cessation coaches are available Monday through Friday from 7 a.m. to 8 p.m. (CST) and Saturday from 9 a.m. to 5 p.m. If you call when we are closed, please leave a voicemail message and we will call you back during normal business hours.

*For additional information about your nicotine replacement therapy (NRT) pharmacy benefit, please call the telephone number on the back of your ID card.*

**MEDICA.**

PO Box 9210, Minneapolis, MN 55440-9210

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# Questions



*Thank you*



**THANK YOU FOR  
ATTENDING**

Thank you for choosing Medica