



Group Administrator Training Tools for success

September 23, 2009

Welcome

MEDICA.

Joy Shelby
Director
Account Management

Agenda

- Welcome
- Group Administration
- Health and Wellness

Group Administration

MEDICA.

Jill Berg, Regional Account Manager
Trisha Deuth, Regional Account Manager

Topics

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

Enrollment procedures

MEDICA.

When can employees enroll?

Employees can enroll...	Form to use...
When newly hired	Enrollment/Change/Cancellation form
Following a change in family status, like: <ul style="list-style-type: none"> a) Loss of other coverage b) Birth c) Adoption d) Marriage e) Divorce 	
Late entrant for small group Open enrollment for large group	

Pre-Existing Condition Clause

- Definition: Illness or injury recognized or treated 6 months prior to enrollment date
- When applied: FOR SMALL GROUP ONLY
 - 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

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

Small/Large Group 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

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

Group Number: _____

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

A. EMPLOYEE INFORMATION

Enroll
 Cancel
 Change

First name _____ M.I. _____ Last name _____ Social Security Number _____ Marital Status
 Single Married

Street address _____ Apt. # _____ City _____ County _____ State _____ Zip Code _____

Home telephone _____ Work/Cellular telephone _____ Occupation/job title:
 Owner/officer? Yes No How many hours do you work per week? _____

Sex M F Birth date _____ Do you or any of your dependents speak a language other than English as your primary language?
 Yes No If "Yes," please list name and language: _____

Clinic name _____ Clinic number _____ Have you been a Medica member before? Yes 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 [®] , Medica Essential [™] or Medica Focus [™]	
								Clinic name:	Clinic number:
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change	1			<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	2			<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	3			<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	4			<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[®] 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: _____
 (only sign if you are waiving coverage)

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.

<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:
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: _____
 Employee Only Employee + Spouse Employee + Child(ren) Employee + Family

Medical Coverage Level: Employee Only Employee + Spouse Flexible Spending Account (FSA) Health Savings Account (HSA)

2) Medica Direct[®] Selection: Health Reimbursement Arrangement (HRA) 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: _____
 (only sign if you are waiving coverage)

**Custom Options by Medica®
Selection Change Form**

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): _____

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
 Child(ren)
 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.

For Minnesota residents: On behalf of myself and anyone enrolled on or added to this form ("I"), I authorize any hospital, clinic, insurance, 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 me. I understand that this information will be used for underwriting, risk rating, enrollment or eligibility for benefits. I understand that to 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 Statement and to request a copy of 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 true belief. I understand and agree that any omissions or incorrect statements knowingly made by Us on this form may void 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 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.

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 used 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 needed 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. 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: _____

© 2007 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.
ICSM058 • COM1582-1010

Continuation Eligibility

To determine eligibility:

- COBRA/Continuation laws and requirements are the responsibility of the employer (contact your legal counsel)
- For more information on MN 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 Eligibility

- To re-enroll members who have elected continuation
 1. Terminate coverage using a Small/Large Group Enrollment/Change/Cancellation Form.
 2. Notify members of continuation rights.
 3. Re-enroll using a Small/Large Group Enrollment/Change/Cancellation Form (for groups of 20 or more) or an AEI Status Request and Continuation Enrollment Form (for groups under 20).

Minnesota/North Dakota/South Dakota/Wisconsin

Assistance Eligible Individual (AEI) Status Request & Continuation Enrollment Form

This form is for use by individuals who have experienced an involuntary termination of employment and are applying for continuation coverage. Please read the important information about your rights included in the "Summary of the Continuation Coverage Premium Reduction Provisions Under the American Recovery & Reinvestment Act of 2009 (ARRA)." This summary was included in the Notice you received concerning your rights under ARRA. To apply for ARRA Premium Reduction, complete this form and return it to the employer.

Section A. Continuation Election Employee & Family Information (this section must be completed)

First Name	M.I.	Last Name	Birth Date	Social Security Number
Medica Member ID Number		Home Telephone	Work Telephone	

LIST ONLY THOSE MEMBERS ENROLLING IN CONTINUATION (please do not list employee again, if not enrolling):

Member Name (s)	Relationship to employer (spouse, domestic partner, child, grandchildren)	Social Security Number
1	Employee	
2		
3		
4		
5		

Section B. Request for Treatment as an Assistance Eligible Individual

Employee Information

Name of employee (list any dependents applying for premium assistance below)

To qualify, you must be able to check 'Yes' for all statements

1. The loss of employment was involuntary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The loss of employment occurred at some point on or after September 1, 2008 and on or before December 31, 2009.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I elected (or am electing) continuation coverage*.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I am NOT eligible for other group health plan coverage (or I was not eligible for other group health plan coverage during the period for which I am claiming a reduced premium).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I am NOT eligible for Medicare (or I was not eligible for Medicare during the period for which I am claiming a reduced premium).	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you checked NO for statement 3, you may still be eligible. See below for more information.

ADDITIONAL ELECTION PERIOD

If your continuation coverage relates to an involuntary loss of employment from September 1, 2008 through February 16, 2009 and you were eligible for, but did not elect, continuation coverage OR you elected but subsequently discontinued continuation coverage, you may have the right to an additional election period. You should receive a new notice describing your rights to continuation coverage, if you believe you should have received this additional notice but have not, contact your former employer to request it.

Dependent Information (note: only spouses & dependent children can qualify as an AEI. Individuals such as domestic partners and grandchildren will not qualify.)

Dependent Name	Relationship to Employee	I elected (or am electing) continuation coverage.	I am NOT eligible for other group health plan coverage.	I am NOT eligible for Medicare
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I make an election to exercise my right to the ARRA Premium Reduction. To the best of my knowledge and belief all of the answers I have provided on this form are true and correct. If I become eligible for other group health plan coverage or Medicare, I will notify my employer.

Employee Signature _____
Type or print name _____

Date _____

Individual Plan Options

- Great options for employees ineligible for group coverage
- For former employees, an affordable alternative to COBRA
- A wide range of plans, deductibles, and price points
- Available to Minnesota and South Dakota residents
- Online quotes and online application (both through medica.com) – click on “Individual and Family Plans”
- Final eligibility subject to health history underwriting
- For assistance, you or your employee can email medicaindividualproducts@medica.com or call 952-992-2080 or 1-800-670-5935

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

Master Group Contract

Legal contract between your company and Medica

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

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 BrokerLinkSM and 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

Billing procedures

MEDICA.

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
- 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 (000's)**
Indicates the total us of life 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 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.
- Charge 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 P#**
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 with in 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 - "Tm".
- Volume (000's)**
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[®]

MEDICA.

www.employereservices.com

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 Enrollment Inquiry web interface. At the top, there is a blue navigation bar with the following menu items: Enrollment (highlighted), ID Cards, Claims, Billing, Reports, Banking, Manage Access, Help, Training, and Tutorials. Below this, a secondary blue bar contains the following options: Add, Terminate, Reinstate, Change, Inquire, Electronic File, and a Log Out button. Underneath, there are two sub-menus: Employee and Dependent (highlighted). The main content area is a light gray box with the instruction: "Select Group from list, enter Employee Search criteria and select Search." It contains the following fields and controls:

- Select Group:** A dropdown menu showing "ABC COMPANY 99999999".
- Employee Search:** Two radio button options: "By Employee ID" (selected) and "By Last Name".
- By Employee ID:** A text input field followed by "(SSN or Alternate ID)".
- By Last Name:** A text input field followed by "First Initial" and another text input field.
- Select Enrollee:** A dropdown menu showing "JOHNSON, CHRIS (Employee) 00655000801".
- Buttons:** "Search" (blue), "Help" (gray), and "Continue" (blue).

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 a web application interface for requesting ID cards. At the top, there is a navigation bar with 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

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

MEDICA.

We keep you informed



- *Medica Indicators*®
- *Employer Update*
- www.medica.com
 - Click on Employers and Payers
- Employer events and training
- *Healthy Attitudes* member newsletter

Medica Indicators®

- Articles on various Medica programs
- Industry trends
- Business changes and opportunities to help you get a grip on your health care costs
- Distributed twice a year

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 and provide your e-mail address

www.medica.com

- Product 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 and Broker Service Center

Minneapolis/St. Paul metro

952-992-2200

Outside Minneapolis/
St. Paul metro

1-800-936-6880

Hours

- M, T, Th, F 8 a.m. – 5 p.m.
- Wednesday 9 a.m. – 5 p.m.

Employee Assistance Program

MEDICA.

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

- ½ hour consultation free (telephonic or face to face)
- 25% discount if retain services

Topic examples for consultation:

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

Financial Services

- Free unlimited telephonic sessions with Financial Professional

Topic examples for consultation:

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

Child/Parenting Information and Referral

- Assistance locating a wide range of child care options.

Examples include:

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

- Resources for all stages of parenting

Examples include:

Prenatal and childbirth classes
 Postpartum groups
 Newborn issues
 Fathers’ programs
 Resources for single parents
 Parent support groups
 “Mom’s Day Out” programs
 Relocation assistance

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> <ul style="list-style-type: none"> In-home nursing care Transportation Community resources Food/nutrition programs Travel opportunities Homemaker services <p>Resources for caregivers' concerns:</p> <ul style="list-style-type: none"> Respite care Legal assistance Caregiving support issues Disease-specific information Specialized financial planning Resources for coping with grief and loss 	<p>Life Learning</p> <ul style="list-style-type: none"> ▪ This program helps people of all ages find educational resources <p>Examples include:</p> <ul style="list-style-type: none"> School selection College searches Assistance with academic problems Finding adult education classes or community education programs Career consulting 	<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> <ul style="list-style-type: none"> Food service Support groups Advocacy Affordable housing Work related concerns Remodeling for accessibility Transportation issues 	<p>Community Resources</p> <ul style="list-style-type: none"> ▪ Pre-screened resources <p>Examples include:</p> <ul style="list-style-type: none"> Self-help groups County/State Services
---	--	--	--

EAP Management Services

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

[?] page feedback

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

SPECIAL ALERTS! Flooding in West Virginia



Welcome Medica Members!

Welcome to Medica Behavioral Health's LiveandWorkWell Web site, providing you with a wide variety of mental health and wellness services. On this site, you can find educational and support programs to help you. This is a confidential program, and Medica will not be told if you or

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"

Health and Wellness Resources

MEDICA.

Mary Alice Noel
Total Health Management Consultant

What does it mean to be “healthy”?

- Individuals having high-level energy and vitality
- It's more than just the absence of disease
- At Medica, we offer solutions for all of our members, those who are healthy and those who are coping with illness or ongoing health conditions
- No matter their current state of health, everyone can be healthier

Today's Objectives

- Engage your employees in healthier living
- Identify Medica's health and wellness tools
- Put Medica to work for you and your employees

Create a Culture of Health and Wellness

Healthy lifestyle practices are learned through a supportive culture, wherever we are:

- At work
- At home
- In the community

Where do I start?

**Build a supportive
culture of health
into your business plan**

Online health and wellness center

MEDICA.

My Health Manager from MedicaSM

My Health Manager from Medica

- First Step: Log on at **www.medica.com/myhealthmanager**
- Second Step: Complete Health Assessment

Know your score

My HEALTH MANAGER
from MEDICA

HI LORII 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) completed Monday, August 04, 2008	Wellness Score: 99
Wellness Assessment (Health Assessment Jan 1 through June 30, 2008) completed Tuesday, February 12, 2008	Wellness Score: 96
Wellness Assessment (Medica Wellness Assessment (July - December 2007)) completed Wednesday, November 07, 2007	Wellness Score: 97
Wellness Assessment (Medica Wellness Assessment (Jan - June 2007)) completed Tuesday, June 05, 2007	Wellness Score: 96

Home | Terms of Use

© 2008 Matria Health Enhancement Company All Rights Reserved.

My HEALTH MANAGER
from MEDICA

HI LORII 10/1/2008

Home | Search | Help | Edit Profile | Logout

TAKE ACTION

- My Health
- My Wellness Score
- Wellness Priorities
- Risk Factors
- Clinical Measures
- Health History
- Medical Care
- Self Care
- Disease Risk
- Mental Health
- Behavioral Details
- Alcohol Use
- Recreation
- Fitness
- Safety
- Fallpm
- Stress Management
- Inhalers Use
- Weight Management

OTHER ASSESSMENTS

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

GET REWARDED

- PERSONALIZED TOOLS
- FITNESS & NUTRITION
- HEALTH & MEDICAL

PRINT ENTIRE REPORT

CHOOSE LANGUAGE: English

SEARCH THIS SITE [GO]

Your Wellness Score is 99

VERY HIGH RISK | HIGH RISK | MODERATE RISK | 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 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	Re-reported or May Need Attention
Weight			Family History
Tobacco Use			
Alcohol Use			
Physical Activity	✓		
Dietary Fat	✓		
Fruit/Vegetable Intake	✓		
Stress/Coping	✓		
Seat Belt Use	✓		

Medical Risk Factors	Diagnosed Under Control	Not At Risk	Needs Attention	Re-reported or May Need Attention
Overweight/Underweight				
Blood Pressure/Hypertension		✓		
Cholesterol		✓		
Triplicinides	✓			
Blood Sugar/Diabetes				✓

Home | Terms of Use

© 2008 Matria Health Enhancement Company All Rights Reserved.

The information and materials available on this web site are for information purposes only and are not intended to be a substitute for professional medical advice. Diagnosis or treatment should never delay in seeking professional medical advice because of something you have read on this web site. If you have any medical concerns, seek the advice of your health care provider. For any serious medical problem or emergency, call your doctor immediately. IN NO EVENT SHALL THE WEB SITE PROVIDER BE RESPONSIBLE FOR ANY DAMAGES OR CLAIMS ARISING OUT OF YOUR RELIANCE ON ANY INFORMATION FOUND ON THIS SITE. HOW DO WE OBTAIN INFORMATION ON THIS SITE: Your reliance on any information found on this site is at your sole risk. Please read the Terms of Use posted on this web site for additional information and further definition of terms used in this section.

Simple tools to promote healthier living

EMPLOYER TOOLS & TIPS MEDICA
Employer Resources Member Resources

Help your employees look and feel their best.

Let us help. We've prepared easy tools for you to promote our engaging online health management and incentive program.

Whether your employees want to adopt a more balanced diet, control their blood pressure, manage stress or work some exercise into their daily routine, **My Health Manager from Medica™** makes it easy to get results. Employees can also earn wellness credits towards valuable gift cards in the process.

[Learn more about My Health Manager from Medica.](#)

How to get started
Promoting My Health Manager from Medica at your worksite is a snap with these ready-to-use materials:

- **Wellness News** - a newsletter that you can distribute in an email or post in your high traffic areas. [Download Wellness News.](#)
- **Brief Message** - a message that you can include in an all-employee email or publish in your own company newsletter. This messaging also works as a payroll staffer. [Download message.](#)
- **Gift card retailer list** - print out or email the list of retailers where employees can redeem their wellness credits. [Download retailer list.](#)
- **Flyer** - 8.5x11 information flyer that you can display throughout your work area or email to your employees. A large size poster in PDF form is also available upon request. Please contact your Account Manager to request a CD. [Download 8.5x11 flyer.](#)

Feel free to use the content of these materials in your internal publications or on your company's Intranet site at any time.

Take Action... Get Rewarded!

How would you like to get paid for getting healthier? Now you can with Medica's new online health and wellness resource center. Whether you want to improve your diet, control your blood pressure, manage your stress, or add some exercise to your daily routine, My Health Manager from Medica™ can help you get there.

Start use My Health Manager from Medica™ today!

Get paid for getting healthier with Medica's online health and wellness resource center.

- To get started, go to Medica.com and log on to My Health Manager from Medica.
- Once you're registered, take 10 minutes to complete the Health Assessment - you'll earn wellness credits that can be redeemed for a \$25 gift card.
- Participate in our Health Challenges and Healthy Living Programs and earn up to \$100 in additional gift cards.

Get paid for getting healthier with Medica's online health and wellness resource center.

- To get started, go to Medica.com and log on to My Health Manager from Medica.
- Once you're registered, take 10 minutes to complete the Health Assessment - you'll earn wellness credits that can be redeemed for a \$25 gift card.
- Participate in our Health Challenges and Healthy Living Programs and earn up to \$100 in additional gift cards.

WellnessNews MEDICA

Take charge of your health and get rewarded!

No one is in a better position than you to take charge of your health. My Health Manager from Medica™ helps you do just that, with news you can use and fun and rewarding activities designed to make a positive difference in your health.

- Earn up to \$125 in gift cards each year.
- Receive a \$25 a gift card just for completing a health assessment.
- Redeem wellness credits immediately - gift cards are shipped within one business day or save up wellness credits to use whenever desired.
- Choose from more than 300 retail outlets to redeem wellness credits.

The good news is that making even a few small changes can help you make a difference in your health. Get started today by logging on to My Health Manager from Medica at Medica.com.

Are you ready to get started on your workout?

Physical activity is a great way to increase your energy level and improve your health. To help you get started with your own exercise program for support what you're already doing, My Health Manager from Medica puts a wealth of exercise advice and information at your fingertips. You'll also find a Personal Exercise Log, complete with monthly calendars, to track your exercise activities. Having a written record of your progress will motivate you to continue and you'll earn wellness credits too!

- Start slowly and set small goals. Remember, you're building a habit that will last a lifetime.
- Let your family and friends know about your commitment to improving your health. They can be a big source of encouragement.
- Find a workout partner. Working with a friend will seem more like fun than exercise.
- Schedule your workout time just like any other appointment on your calendar.
- Use the Personal Exercise Log on My Health Manager from Medica to track your activities.

Remember, the road to better health starts with taking just one step!

What is My Health Manager from Medica?

- It's a Web site that...
- All about you - with personalized content that fits your health situation and interests
- Packed with information, interactive tools and resources that help you get the results you want
- Available 24/7, whenever it's convenient for you

www.medica.com>employers>health and wellness

Health and Wellness Coaching

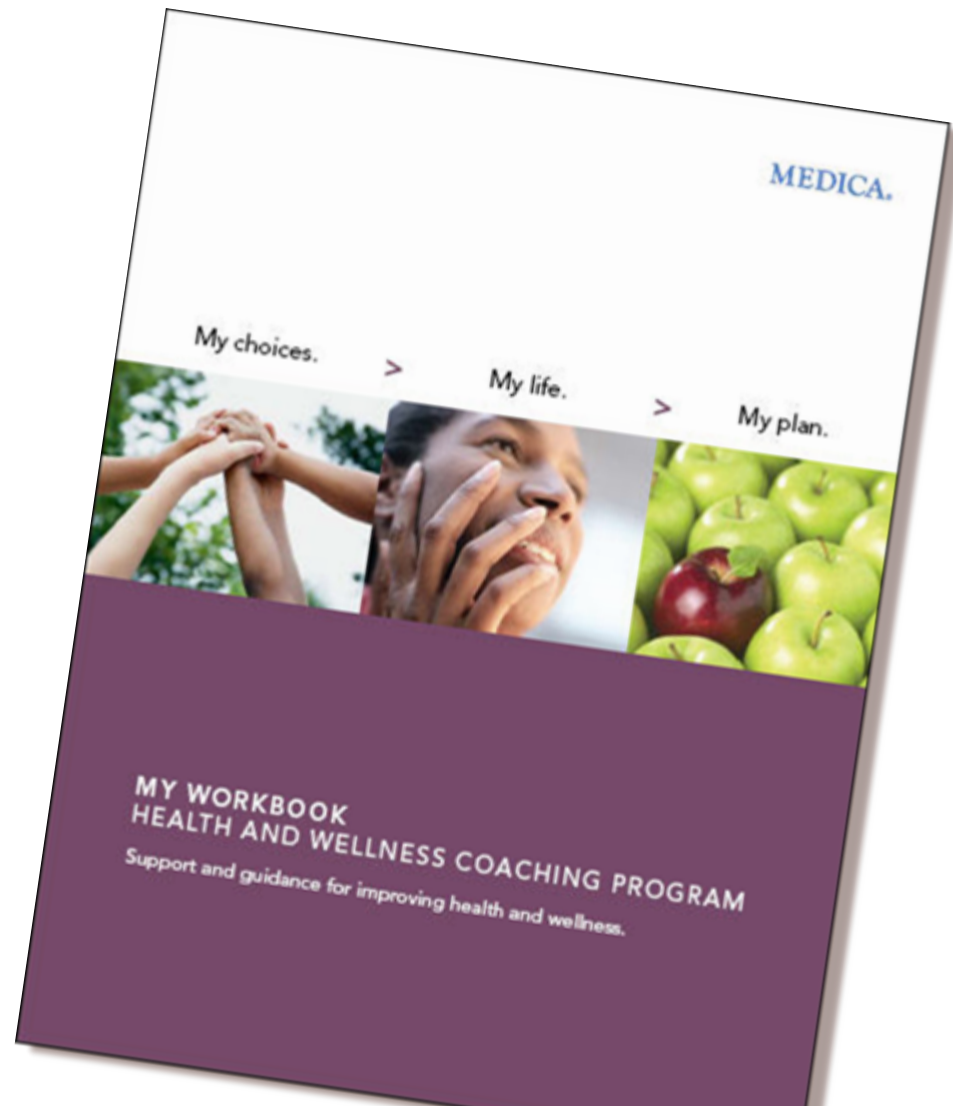
MEDICA.

Health and wellness coaching:

Tailored based on the member's needs

- Based on member's interest in improving their lifestyle behaviors
- Self-directed program – set your own goals
- Voluntary program
- Workbook and targeted educational materials
- Awards for change

Personal workbook for members



Health club reimbursement program

MEDICA.

Fit ChoicesSM by Medica

**Receive \$20 credit toward monthly dues.
Exercise at participating facility 8+ days per month.**



**Health club
reimbursement
program**

Fit ChoicesSM by Medica

Over 8,000 health clubs to choose from!

Nationwide facilities



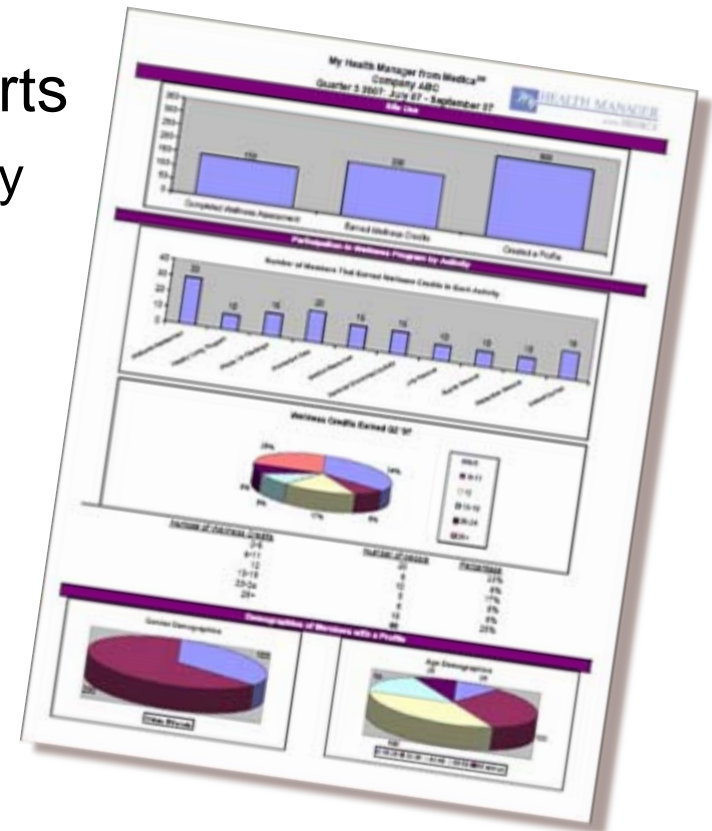
Medica Service Area (MN, WI, ND & SD)



Comprehensive reports

- Health Assessment aggregate reports
 - Cohort population & Population summary
- My Health Manager from MedicaSM
 - Site use reports
- Fit Choices^M by Medica
 - Utilization reports

Contact your Broker or Account Manager



Flu clinics

MEDICA.

Help keep your workforce healthy and productive

Worksite Flu Shot Program

- Schedule a worksite flu clinic
- Single best way to prevent flu – Get vaccinated
- Encourage your employees to practice healthy habits during flu season and beyond
- For updates: [medica.com/Employers/Worksite Flu Clinics](http://medica.com/Employers/Worksite_Flu_Clinics)
- Important to promote both the seasonal flu shot and H1N1 (swine flu) when available
- Keep checking Medica.com for the most recent information



Online resources for employers

MEDICA.

Medica.com/Employers

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 care promptly
 - Expert help in selecting appropriate and high-quality care
- Get good results
 - Proven resources you can rely on to achieve the best possible result

Ready When You Are

Support your health with these valuable resources from Medica®. Whether you're looking for information about setting goals for getting fit, improving your health, or making wise health care decisions, Medica has a wealth of programs and services to help you.*

DEVELOP HEALTHY HABITS

Health and wellness coaching*
If you are looking for support in making health behavior changes or managing health conditions, we have personal health and wellness coaches available to provide you with the support and information you need to help you set and achieve your personal health goals. The program also helps you access the programs and services you may need to manage your own health. Call the coaching hotline at 1-866-905-7430.

Health club reimbursement program*
A commitment to fitness pays health dividends when physical activity is regular and sustained over time. It pays even more for Medica members – we'll give you up to a \$20 credit toward your monthly dues, up to \$240 per year, when you work out at least eight days per month at any network fitness center. That's just two workouts a week, for money in your pocket. View the complete list of Fit Choices™ by Medica network fitness centers at medica.com/fitchoices.

Online health and wellness center* (My Health Manager from Medica®)
Here's a Web site that's all about you – your well-being, your interests, your time. Whether you want to adopt a more balanced diet, control your blood pressure, manage stress or work some exercise into your daily routine, it's easy to get the results you want. **My Health Manager from Medica®** rewards your progress with wellness credits you can redeem for up to \$125 in gift cards. You will need to register for the first time you visit the site. Visit medica.com/myhealthmanager for more information.

Online health information center
At HealthForum.com, you can learn more about your health, with the latest news and information about more than 1,000 health topics, plus interactive tools and resources.

PREVENT HEALTH PROBLEMS

Preventive health reminders
Depending on your family's health history, Medica may send you a handy checklist each year that lists reminders for recommended immunizations, cancer screenings, preventive health exams and general safety recommendations. You also receive appointment reminder stickers personalized with your name.

Fit tips and clinics
A visit is recommended each year, even as late as January. If you have heart disease, asthma, chronic lung disease, diabetes, kidney or liver disease, or a weak immune system, it's especially important. Medica also encourages employers to set up flu clinics at work – check with your employer to see if an on-site clinic is planned for your workplace.

Tobacco cessation
Quitting tobacco is one of the most beneficial things you can do for your health. Medica will support you with coverage for nicotine replacement therapy, help from our health care providers and even one-on-one telephone counseling. Research shows that one-on-one counseling more than doubles your chances of quitting for good. Call Customer Service to learn how Medica can help you leave tobacco behind. Visit medica.com/tobacco or call the Medica quit line at 1-800-934-6824.

MEDICA

Healthy pregnancy program

Early prenatal care provides the best chance for healthy babies. Medica provides a voluntary, confidential program that puts you in touch with an experienced nurse who keeps tabs on your pregnancy as it progresses, and provides information and advice along the way. We can help you find prenatal classes, too. If you are interested, please call 1-888-992-3875, or register online at medica.com/managemyhealth. We can enroll you into this program when you're up to 32 weeks pregnant.

GET THE RIGHT CARE AT THE RIGHT TIME

Find a doctor

Help us quickly locate a primary care physician, specialist, clinic, hospital or other care provider in your health plan's network, based on the type of coverage you have with Medica. Find it on medica.com.

24-hour nurse line* (Medica® CallLink®)

Call our toll-free number to speak to an experienced nurse for information and advice about general health issues, self-care for minor injuries and illnesses, or choosing appropriate care for your situation. There's also a referral specialist who can help you find a network provider. You'll even find an audio library with recorded messages on more than 1,000 health topics. The **Medica® CallLink®** nurse line is open all day, every day. Contact a nurse at 1-800-962-9099.

Employee assistance program* (EAP)

When something's going wrong in one part of your life, it's hard to stay on track with the rest. Medica offers a toll-free hotline – open 24 hours a day, 365 days a year – with professional counselors who can help you resolve personal and work concerns, family problems and financial difficulties. Our counselors can help you identify, understand, cope with and solve problems so you can get back on track. Call 1-800-626-7944.

Online cost and quality information

At mainstreetmedica.com, you are able to see at-a-glance cost and quality ratings for more than 130 procedures and conditions at hundreds of facilities. This online resource can help you make wise decisions about which provider to use by simplifying the health care shopping experience.

Mental health and substance abuse programs

If you have behavioral health needs, our highly experienced team is available to help deliver personalized case management to you. For confidential assistance, you can call 1-800-818-8327,

or use the Medica Behavioral Health Web site, www.confidentialhelp.com, where you'll find a wide variety of educational and support programs to help you. Your employer will not be told if you or someone in your family uses this benefit.

Treatment decision support*

If you or a family member have a specific medical condition for which there are several treatment options, our skilled nurse case managers will reach out to you to help you understand your treatment alternatives and provide additional information and support through the decision-making process. If you choose to have surgery, our case managers also provide admission counseling to help you prepare for your treatment and follow-up care.

GET GOOD RESULTS WHEN YOU GET CARE

Pharmacy

Getting to the pharmacy can be one more thing to do during your already busy day. Medica's pharmacy program gives you safe, effective and affordable medications while helping you manage the rising cost of prescription drugs. You can visit any Medica network pharmacy to fill your prescriptions, or use our mail order or ChoiceRx™ options to save time and money on medications you take regularly.

Medication check – If you use multiple medications, you should seek an annual medication review with your regular doctor. This program helps keep you safer by helping your doctor identify potentially harmful, duplicative or unnecessary medication use.

Online member service center

Manage your benefits – any time, from any computer – on our secure, members-only Web site, myMedica.com. Once you register using your ID card, you can refer to your policy, search for a provider in your network, check your deductibles and copays, view your claims and check payment status. You can even "chat" – live – with a nurse for convenient answers to your health questions.

Care management

If you have complex health needs, including hospitalization, discharge planning and post-discharge outpatient care, we have highly skilled medical professionals available to guide you. They are also available to assist you if you require a transplant or bariatric surgery, resulting in fewer complications and safer, healthier conditions. For more information, call Medica Customer Service at the number on the back of your ID card.

No Web access? For information on any of these programs, you may always call Medica Customer Service at the number on the back of your Medica ID card.

MEDICA