

MEDICA®

Medica ChoiceSM Open Access Plans



Customer Service:
1-800-228-1403

Hearing-impaired (TTY):
1-800-841-6753

Medica CallLink®
24-hour nurse line:
1-800-962-9497

www.mymedica.com



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WELCOME TO MEDICA

At Medica, we serve members and employers by offering a broad range of health plans with many sought-after features, including:

- choice in selecting doctors and other health care providers,
- exceptional customer service,
- easy access to health care,
- a quality-first, member-first focus,
- innovative preventive care programs, and more.

No wonder our members consistently give us high marks in satisfaction. But we are more than just an organization that offers a variety of health plans.

We provide access to caring and dedicated health care professionals – including the primary care doctors who make sure you and your family are up to date on all of your immunizations, mammograms, allergy shots and other preventive care check-ups.

Registered nurses are available 24 hours a day via Medica CallLink®. The nurses can help you decide in the middle of the night whether you should take your feverish, coughing child to the emergency room or treat your child at home. They can answer many other health-related questions and provide referrals to doctors, clinics and hospitals.

Medica customer service representatives are available by phone during regular business hours. They can answer your questions about a claim or coverage, or give you advice on how to get a prescription refilled when you're out of town.

Medica's Web site brings you health *and* health plan information 24 hours a day. Log on to www.myMedica.com for access to general health and wellness information as well as a searchable health reference area. You can review Medica's drug formulary (list of preferred drugs) or send a message to Customer Service. Register to create a personalized home page for access to your personal health plan benefits and claims information.

We know you want the very best health care for yourself and your family.

At Medica, we'll do our best to make sure you receive high-quality care — and that you have all the information and support you need to make wise decisions for you and your family. We know that being a wise health care consumer includes understanding your health plan. With that in mind, we've developed this material to introduce you to Medica Choice.

Welcome to the family.

Medica is a family of not-for-profit and for-profit businesses: Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company (MIC), Medica Self-Insured (MSI), Medica Holding Company, and Medica Foundation. Medica Choice is available through Medica Health Plans, MSI, Medica Health Plans of Wisconsin and MIC.

We are pleased to be able to serve you and more than one million other members with broad access to quality care and a host of value-added services. Once again, welcome to Medica.

FEATURES OF ALL MEDICA CHOICE PLANS INCLUDE:



You choose your own doctor. With Medica Choice, you can go to any doctor who is part of your plan network of providers and be covered for eligible services.

You choose your own specialist without a referral. With Medica Choice, you can see any specialist within your plan network without getting a referral from your primary care doctor.

You choose your own hospital. Whether for emergency care or scheduled surgery, you can go to any hospital within your plan network. Working with your doctor, you can choose the one that is closest to home or work, or that best meets your specific needs.

No claim forms to file, no bills to organize. Simply show your ID card to your doctor each time you receive care and we'll handle the rest. Medica Choice members visiting providers who are not part of their plan network will need to complete claim forms. But we can help you with that, too.

Preventive check-ups are covered. At Medica, keeping you healthy is our primary goal. We cover a wide range of preventive care services, when care is given by a network provider. Check your Summary of Benefits for a list of these services.

Prescription costs are covered. When you fill or refill a prescription at a network pharmacy, you are responsible only for the "copay" — the member's contribution toward the total cost of the

drug. The rest of the cost is covered. Several national drugstore chains are network pharmacies, so you can be assured of getting coverage for prescription refills even when you're away from home. For convenience, members can choose to use a mail-order pharmacy program. This service is especially useful to members with long-term health conditions who need the same medicine on an ongoing basis.

Emergency medical costs are covered — no matter where you travel. When you receive emergency medical services from a network urgent care center or emergency room, you're covered. You're also covered for emergency care received from non-network providers or hospitals anywhere in the world. Just carry your Medica ID card with you and travel with confidence.

Great customer service. You'll find that whenever you have a question — whether it's about benefits, service or any other aspect of your health care coverage — you'll get prompt, helpful and courteous answers from Customer Service. We are very proud that our customer satisfaction rates are consistently high.

Commitment to quality recognized. Medica has received "excellent" accreditation from the National Committee for Quality Assurance (NCQA), the nation's leading source for evaluating the quality of managed care plans. Medica's excellent status is the NCQA's highest rating. It means that Medica meets strict NCQA standards and has exceptional programs for continuous quality improvement.

QUESTIONS & ANSWERS ABOUT MEDICA CHOICE PLANS

Do I have to select a primary care doctor or clinic when I enroll in Medica Choice?

No. You are not required to select a doctor or clinic when you enroll, but Medica does encourage you to have a long-term relationship with a doctor whom you trust.

Do I need to call Medica before receiving services?

Generally, no. However, to assure that you receive appropriate care, a limited number of services, prescription medications and medical supplies require that you obtain authorization from Medica before receiving them. For a complete list you may call Customer Service.

Can I see non-network providers?

You are covered for emergency care provided by non-network doctors or hospitals anywhere in the world.

If your doctor refers you to a specialist who is not in the Medica network, contact Customer Service prior to seeing the specialist to learn how your care will be covered.

Medica Choice members may choose to receive non-emergency care from non-network providers; your coverage is determined by your plan.

Check the Summary of Benefits for your plan to get additional information on covered services and applicable co-pays.



CHOOSING A PRIMARY CARE DOCTOR

Medica encourages you to develop a long-term relationship with one doctor for routine care. That doctor will become familiar with your health, family and treatment history, which is very helpful when providing care. And you will likely feel more comfortable seeing the same doctor over time, instead of having a new doctor at each visit.



Here are the three most common types of primary care doctors:

Family practice doctors. These doctors specialize in taking care of the general health needs of people of all ages, from infancy through adulthood. They are trained in six broad areas of medicine: pediatrics, internal medicine, surgery, obstetrics and gynecology, psychiatry and community medicine.

Internists. These doctors specialize in the diagnosis and treatment of diseases in adults. They do not perform surgery, deliver babies or treat children.

Pediatricians. These doctors specialize in taking care of the general health needs of children, from birth through about age 16.

In addition, some women choose an obstetrician-gynecologist as their primary care doctor. These doctors specialize in pregnancy and childbirth, and in the diseases and routine physical care related to a woman's reproductive system.

Some things to consider when choosing a primary care doctor:

The doctor's training and experience. You want to be comfortable in the knowledge that your doctor has the kind of training and experience that is right for you. Ask about his or her experience with areas of medicine that may be of special concern to you or your family.

The doctor's accessibility. You want your doctor to be available when needed. Find out the office hours and how long it takes to schedule a routine visit. Ask who covers for the doctor when he or she is out of town.

The doctor's approach to preventive medicine.

You want a doctor who emphasizes staying healthy. Note whether the doctor asks you about your food choices, exercise habits, smoking and alcohol intake, as well as about any health risks you may be exposed to on the job or at home. Also, does the doctor answer your questions about how you can make healthy improvements in your lifestyle?

If you want help in choosing a primary care doctor, call Medica CallLink, Medica's nurse line service. A referral specialist will help you find the doctor who best meets your needs.

MEDICA CallLink 24-hour Nurse Line Answers Your Health Questions

One of Medica's most popular features is our nurse line service, Medica CallLink. This 24-hours-a-day, 365-days-a-year service is staffed by registered nurses who are ready and willing to answer your questions on a variety of medical topics and situations.

Medica CallLink nurses answer thousands of calls each year from Medica members. They give advice on a wide range of concerns, from how to find a health-related support group to how to treat a minor burn or a child's stuffy nose.

With Medica CallLink, you'll find that quick, sound medical guidance is only a phone call away.

Medica CallLink
1-800-962-9497

Hearing-impaired callers:
1-800-234-8319

OUR GOAL IS TO HELP OUR MEMBERS STAY HEALTHY

At Medica, our goal is helping you stay healthy. To that end, we offer members a wide variety of health education information as well as personalized assistance for members with certain chronic diseases. We encourage you to become an informed consumer of health care services and to take full advantage of covered preventive care services.

HEALTH EDUCATION INFORMATION

Medica Health Handbook. This award-winning self-care health manual helps you take a more active role in your health. It covers common health topics, such as allergies, back pain, ear infections and rashes, and many other health conditions and symptoms. Under each topic, you'll find detailed information on home treatments and prevention, as well as information about when to call a health care professional.

Member publication, *Healthy Attitudes*. Medica members are mailed a quarterly publication called *Healthy Attitudes*. It contains useful health education information, preventive care reminders, benefits information and more.

24-hour nurse line. Medica CallLink is a nurse line service available to members 24 hours a day by telephone.

Health Topics and Tools. Go to www.myMedica.com to stay informed about the issues that affect your health. Browse a rich variety of general health and wellness information, including the most up-to-date overview of common diseases and conditions. A searchable health reference area includes a user-friendly medical encyclopedia.



PREVENTIVE CARE

Medica strongly believes that appropriate health screenings and immunizations are vital ways to maintain your health.

We work with you and your doctor to inform you about recommended timelines and ages for health screenings. Likewise, we encourage you to work with your doctor to stay current with screenings and immunizations.



CARE MANAGEMENT SERVICES

“Care management” is a group of services Medica provides to make sure you obtain appropriate care and to assist in coordinating benefits and services. Care management is an important component of promoting wellness and includes the following:

- Prior authorization of certain services, medications and medical supplies.
- Utilization management.
- Case management for individuals with complex and catastrophic health problems.
- Disease management for members with diabetes, asthma and other chronic illnesses.
- Discharge planning.

Notification. Notification is a review of a limited number of services, medications or medical supplies conducted in advance of providing the service or treatment. It is intended to make sure that the care requested is needed and appropriate, and will be delivered in the proper setting for the optimal length of time. The review also ensures that the services are covered under your plan benefits. You may appeal a decision that you or your doctor disagrees with. See an outline of the appeals process in materials that accompany this brochure or call Customer Service for additional information.

Utilization management. Utilization management is a clinical review process used with a small number of complex medical conditions. The process checks

on the appropriateness of health care services and treatment plans. This review is conducted as the services are being performed. You may appeal a decision that you or your doctor disagrees with. See an outline of the appeals process in materials that accompany this brochure or call Customer Service for additional information.

Case management. Nurse case managers provide assistance, education and guidance to members and their families who are going through major acute, complex and chronic long-term health problems. The nurse case manager works closely with members, their doctors and community resources to coordinate the care being provided.

Disease management. Disease management coordinates and improves services provided to a member for a given disease or condition, such as diabetes or asthma, throughout the course of treatment. This includes providing members with educational resources to help them understand and manage their condition. Disease management encourages preventive care and promotes improved member satisfaction with the health care delivery system.

Discharge planning. Discharge planning is the evaluation of a member’s medical needs in order to arrange appropriate care after the member is discharged from an inpatient setting (hospital or long-term-care facility). Discharge planning promotes continuity and coordination of care.



HOW TO ENROLL

Here are the three simple steps you should take to complete your enrollment.

1. **Check the provider directory** (available online at www.myMedica.com) to see if your current doctors are listed. Call Customer Service if you have any questions.
2. **If you are selecting a new doctor or clinic, call to make sure the doctor or clinic is accepting new patients.** Also, request a transfer of your medical records from your previous doctor to your new one. (Your previous doctor's clinic may charge you a small fee to cover the paperwork and time involved in the transfer.)
3. **Complete all enrollment materials.** Please be sure to include the Social Security number on the enrollment form and date of birth for yourself and each of your family members desiring coverage.

If you are declining enrollment for yourself or your family members because of other health insurance coverage, you may, in the future, be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days of your other coverage ending. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Medica Customer Service

Have questions? Just give us a call.

1-800-228-1403

Hearing-impaired (TTY):

1-800-841-6753

You will be asked to enter your group number when you call. Your group number is found on your Medica ID card under the word "ACCOUNT." If you do not have an ID card and don't know your group number, simply stay on the line after the recorded message and a representative will help you.

MEDICA®

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