

EMPLOYER UPDATES

FORMS | eSERVICES | MY HEALTH REWARDS BY MEDICA | MEMBER MATERIALS

New enhancements to the My Health Rewards program

Beginning Jan. 1 2019 and available upon renewal, My Health Rewards by Medica®* will offer members two new ways to earn points with the addition of Monj and virtual care education.

- **Monj.** In partnership with RedBrick Health, Monj offers skills-based curriculum that focuses on people’s relationship to food. Medica members have access to helpful tools and resources on cooking, food and the connection to health. Members will earn 25 points for completing a profile and up to 200 points annually for completion of daily Monj Missions. **Watch the Monj overview video** to learn more.
- **Virtual Care Education.** Members can earn 25 points when they simply learn about virtual care options. Members can go to a virtual care education page from the My Health Rewards home page.

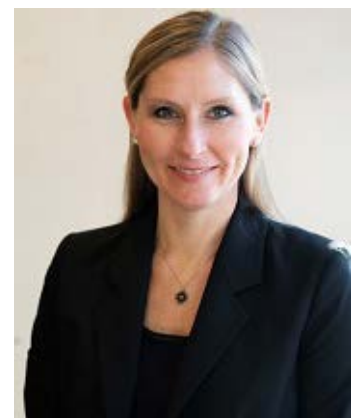


In addition, new member engagement campaign materials are ready to use for promotion of the program. Use our updated posters to raise awareness of the program and encourage your employees to get involved. Posters are available to **download and print on Medica.com** (Click the *Promote the Program* tab).

* My Health Rewards is included with fully insured plans and is a standard offering for self-insured plans.

Introducing Christina Weliver, director of strategic accounts

Christina Weliver joined Medica in October as director of strategic accounts and will lead a team serving Medica’s largest Commercial customers. Christina most recently worked at Magellan Health as director of client management and has extensive experience leading teams focused on delivering health and well-being solutions to large employer groups. “I’m excited for the opportunity to lead a team that helps impact so many Medica clients and members,” said Christina.



UPDATE: Important diabetic product coverage changes going into effect in 2019

On Nov. 2 we shared information with you about a change that will impact members who use blood glucose meters and diabetic testing supplies. Starting Jan. 1, 2019, Accu-Chek® blood glucose meters and compatible testing supplies (test strips, lancets and control solution) will be the new preferred option for Commercial and Individual and Family plan members. Small group members will need to replace their current meter with an Accu-Chek blood glucose meter starting Jan. 1, and large group members will have until Feb. 1. A new meter will be available to existing and new members at no cost.*

Commercial Small Group and Individual and Family plan members impacted by this change received a letter on Nov. 1 with instruction on how to obtain a new meter and prescription for testing supplies. Commercial Large Group members impacted by this change will receive their communication by the end of November.

Please contact your Medica representative if you have any questions.

** Blood glucose meters are provided and funded by the manufacturer. Choice of meters is subject to change. Members may be eligible for one no-cost blood glucose meter every 365 days. Other requirements or limits may apply.*

Reporting requirements for employer-sponsored health insurance

The Affordable Care Act (ACA) requires large fully insured employers (with 50 or more full-time equivalent employees) and self-insured employers to provide an annual statement to employees regarding the health insurance coverage they were offered during the preceding calendar year. The ACA also requires applicable large employers to file an annual information return with the Internal Revenue Service.

These reporting requirements, outlined in IRS Section 6056, are effective for coverage offered in 2018, to be reported in 2019 and are applicable to both fully and self-insured employers.

Employers must file their 1094-C transmittal file with the IRS no later than Feb. 28 (April 1, if filing electronically). Additionally, applicable large employers must provide each full-time employee with Form 1095-C by Jan. 31. Employers may choose to hire a vendor to handle this process for them.

Medica can provide reporting to assist with completion of Parts I and III of Form 1095-C. Upon request, Medica will provide data in a standard Excel file format. A sample file is attached. The annual report will be available in mid-January 2019. For more information, please visit this topic on www.irs.gov.

[View sample file.](#)

Deadline for submitting open enrollment changes

For new and renewing fully insured groups, all open enrollment changes need to be submitted to Medica by Monday, Dec. 3, in order for them to receive an accurate January invoice. Invoices for January are generated on Dec. 11.

If open enrollment changes are not submitted in time and your January invoice doesn't reflect any changes made, please pay your invoice as billed. Adjustments will appear on your February invoice.

Please contact your Medica representative if you are unable to submit open enrollment changes by Dec. 3 or if you have any questions.

Reminder for ordering member open enrollment materials

As a reminder, fulfillment of open enrollment material orders takes 5-7 business days*. Please send Medica open enrollment material requests as soon as possible in order to have them ready for open enrollment meetings.

Please contact your Medica representative if you have any questions or need assistance with requesting materials.

**Materials such as open enrollment kits may take longer than 5-7 business days.*

SSNs requested from all fully insured members

Medica is required to request Social Security numbers (SSNs) or Tax Identification Numbers (TINs) from all individuals covered under a fully insured Medica health plan. The Affordable Care Act requires Medica to report this information to the Internal Revenue Service (IRS) along with coverage information, so that the IRS can administer compliance with the individual mandate.

Medica will contact subscribers directly in December if we haven't received a SSN or TIN for them or any of their dependents. The letter will direct subscribers to contact their employer to provide their SSN or TIN. Employers must update their records and provide this information to Medica. If employers conduct eligibility through electronic means, they should update their file for all members enrolled under the plan. Please contact the Medica Service Center at 952-992-2200 or 800-936-6880, if you have any questions.

Save time and connect with a provider online

If members are traveling, can't find time to get to their doctor's office or need care after hours, virtual care can help. Virtual care, also known as online care or e-visit, is a quick and easy way to get care for common conditions such as cold and cough, flu, sinus infections and pink eye.

Members can access virtual care through providers in their plan's network. Options may include clinics that offer online services, Amwell and virtuwell.

Amwell is a 24/7 online virtual care clinic available in all states. With Amwell, members have a video visit with a board-certified doctor or nurse practitioner using the web or mobile app. Members can also get behavioral health care services* including therapy and psychiatry through Amwell.

Virtuwell is a 24/7 online clinic available in select states. With virtuwell, members complete an online interview. A nurse practitioner reviews their case and provides a personalized treatment plan.

Learn more.

Members can find the virtual care options available in their plan's network at [medica.com/findadoctor](https://www.medica.com/findadoctor).

** Cost per visit varies by type of service. Eligible services are covered as a behavioral health office visit.*

Member mailing reminding members to get a mammogram

In late October, Medica mailed reminders to women who have not had a mammogram recently, but should. We encourage women who are at risk to call their primary care clinic to schedule their mammogram.



It is estimated that one in eight women will develop breast cancer in their lifetime. Early detection through mammogram screening reduces the risk of dying from breast cancer by up to 30%. The earlier breast cancer is found, the better the survival rate.

Medica Employee Assistance Program (EAP) member mailing in November

Many Medica Commercial members will receive a Medica EAP awareness postcard in mid-November. The postcard is intended to remind members of some of the valuable resources the EAP programs offers, especially concerning stress, anxiety and/or depression. A list of sample offerings is included on the postcard, including covered counseling sessions and financial advice.



[View Medica EAP member mailing.](#)

Member topic of the month: Preventive care

Every month we feature ready-made promotional materials for one of our member programs or services. Print the flier or email it to your employees, whichever you prefer!

The topic this month is preventive care. The attached flier outlines the services that Medica typically covers under preventive benefits.

[View preventive care tip sheet.](#)



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