

Patient-driven care coordination



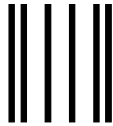
Medica AccessAbility SolutionSM

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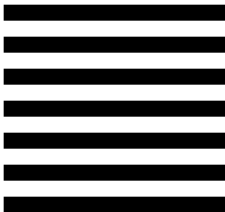
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Medica AccessAbility SolutionSM for Special Needs

You make your health care decisions.

Our care coordinators work with you to build and maintain your independent and healthy life. We find the resources you need, organize them and keep everyone informed about what is going on with your care.

- **Control.** We give you the information and options you need to make decisions about your health care.
- **Coordination.** We organize and manage your medical providers and support needs to make sure you get what you need when you need it without hassles.
- **Planning.** We offer preventive and creative health care to support your long-term health. We start with a complete health assessment to understand your needs.
- **Education.** Our care coordinators work one on one with you to build a strong health partnership. Your active participation in your health care decision-making is important to your long-term health.
- **Ease of use.** We get the resources you need from Medicare and the State of Minnesota. We help you figure out how they should all work together.
- **Longevity.** We support you now and in the future by finding, organizing and building your network of health care support. You can focus on your life, not your disability.

For more information on this program, call Medica's Center for Healthy AgingSM:

Toll-free **1-800-266-2157** or TTY users can call **1-800-234-8819**.

Hours of operation are 8 a.m. to 8 p.m. CST, seven days a week. Please note that access to representatives may be limited on weekends/holidays during certain times of the year. If you call during off hours, your voice message will be returned the next business day.

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For more information about Medica AccessAbility Solution, please complete, detach and mail this reply card:

Medica AccessAbility SolutionSM

Your name:

Address:

City:

State:

Zip:

Phone:

Clinic or primary doctor:

Do you need a language translator? Yes No
If Yes, what language?

OPTIONAL

Would you like to include someone else in your decision? Yes No

Their name:

Phone:

Address:

City:

State:

Zip: