



ANOKA-HENNEPIN
SCHOOLS
A future without limit

2012-2013

OPEN ENROLLMENT BENEFIT OPTIONS

HIGHLIGHTS FOR 2012-2013 INSURANCE YEAR OPEN ENROLLMENT:

- 1** No increase in health or dental premiums.
- 2** Health Care Reform Mandated Changes include: Women's Health, Smoking Cessation, Some Preventative Medications – See detailed list at www.anoka.k12.mn.us/Insurance
- 3** Remember, you must re-enroll each year in Flex Health Care and Dependent Care (daycare) Elections.
- 4** Supplemental Life enrollment WILL NOT be open this year.

Manage Your Benefits

Use our secure SmartBen Electronic Enrollment System to change your healthcare and benefit choices.

Log on to www.smartben.com and enter your:

- **User name** – Social Security number, no dashes
Example 123456789
- **Password** – eight digit date of birth, no slashes
Example 06101964

Don't forget to print a confirmation page for your records when you are done making your changes in **SmartBen!** All changes are pended until the Insurance Staff accepts them.

To access a
SmartBen Annual
Open Enrollment
Instruction Booklet
Go to
[www.anoka.k12.mn.us/
Insurance](http://www.anoka.k12.mn.us/Insurance)



***Anoka-Hennepin
Independent School District No. 11***

To: Anoka-Hennepin Benefit Eligible Employees

*From: Brandon Nelson, Director of Labor Relations & Benefits
Colleen Sewall, Insurance Benefits Supervisor*

Re: 2012-2013 Anoka-Hennepin Employee Benefits

The Anoka-Hennepin School District strives to provide a quality and comprehensive benefit package which is available to employees in the district based on bargaining unit labor agreements or employee policy groups.

We are pleased this year to continue offering the Medica Choice Select and the Medica Elect and Medica Essential network plans to Anoka-Hennepin employees at the same premium rate as the past three years. Anoka-Hennepin has a self-insured health & hospitalization plan. This means that the District pays each claim that comes through for employees and their dependents. Being good consumers of health care and living healthy helps control premiums. Medica offers many resources for health & wellness in addition to cost comparisons of medical services on their myMedica website. Visit www.myMedica.com today and take your personal health assessment.

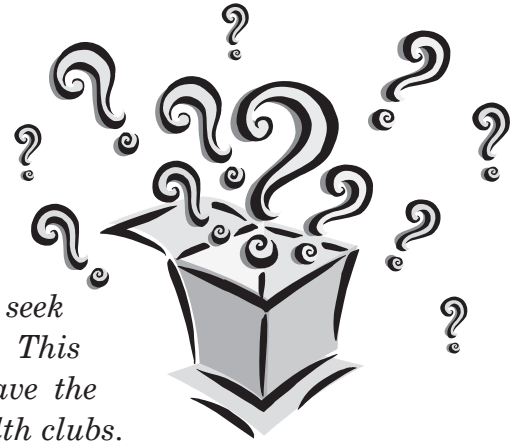
We are mandated by health care reform to make certain benefit changes to our plan. A detailed list of those changes can be found at www.anoka.k12.mn.us/Insurance.

YOU MUST ENROLL IN THE FLEXIBLE SPENDING PLANS EACH YEAR DURING OPEN ENROLLMENT.

Remember to use the SmartBen electronic enrollment system to make any changes to your insurance. Call the Insurance Department at 506-1080 to reach an Insurance Department staff member who will be available to help you with any questions or concerns.

Frequently Asked Questions

What is the difference between the Choice, Elect and Essential Network Plans?



Basically the difference is provider networks.

Medica Choice is a large open-access network. Members may seek services from any Medica network provider without referrals. This plan includes the on-line myMedica benefit, but does not have the added benefit of a \$20 monthly membership credit at local health clubs.

Medica Elect or Medica Essential are care system networks. Members must choose a primary care clinic (clinic lists are available on the SmartBen website) and obtain referrals to access specialists that are not in their care system. The Elect network has Allina as a primary care system and the Essential network offers Fairview as a care system choice. The Elect or Essential network plans include the on-line myMedica benefit and also have an added benefit of a \$20 monthly membership credit at local health clubs for employees who exercise 12 times per month. Because costs are contained with this type of health care plan, the premium is less and employees benefit with lower premium costs if they carry family coverage.

Why isn't the Supplemental Life enrollment open every year?

We offer enrollment for supplemental life insurance every 4 or 5 years. Each time we open the life insurance to enrollment, we are risking a rate increase for everyone enrolled. Supplemental life is offered to all new employees.

How can I change my primary care clinic if I am on the Elect or Essential network plan?

You can change primary care clinics, within the network plan you have chosen, once a month by calling the Insurance Department at 506-1080.

Have you taken your Medica health assessment yet? Earn \$20 in ten minutes!!

A quick 10 -minute online health assessment is a great way to learn more about your current health status. It's also the first step toward earning rewards through the

My Health Rewards by Medica program. You receive personalized feedback with easy steps you can take to improve your health and a \$20 gift card to the vendor of your choice!! To get started go to myMedica.com and click on the Health and Wellness tab. Have your Medica ID card handy if you haven't signed on before.

yourself
^
Give the gift of
HEALTH

MEDICA SELF-INSURED CHOICE SUMMARY OF BENEFITS

Medica Choice is an Open Access network plan. Members may access any Medica provider without a referral from a primary care physician.

Partial Listing of Covered Services	MSI Choice In-Network Benefits	Out-of-Network Benefits*
Annual Deductible	Not applicable Not applicable	\$250/covered person \$500/family
Annual Out-of-Pocket Maximum	\$4,000/combined per covered person	
Lifetime Maximum	Unlimited	
	When you receive covered services, the Plan pays:	When you receive covered services after deductible has been met, the Plan pays:
Preventive Care		
• Routine Physical Exams	100%	80%
• Immunizations	100%	80%
• Well Child Care	100%	80%
• Mammograms	100%	80%
• Pap Smears	100%	80%
• Allergy Shots	100%	80%
• Routine Eye Exams	100%	80%
Office Visits		
• Illness or Injury	100% after \$20 copayment per visit	80%
• Lab, X-ray, and Pathology	100%	80%
• Enhanced Radiology (PET,CT,MRI)	100% after \$50 copayment per visit	80%
• Anesthesiologist	100% after \$50 copayment per visit	80%
• Chiropractic Care	100% after \$20 copayment per visit <i>Limited to 15 visits per covered person, per year.</i>	80% <i>Limited to 15 visits per covered person, per year.</i>
• Physical, Occupational & Speech Therapy	100% after \$20 copayment per visit	80%
• Mental Health and Substance Abuse	100% after \$20 copayment for individual therapy or group therapy.	80% <i>The deductible does not apply.</i>
• Urgent Care Visits	100% after \$20 copayment per visit	80% <i>The deductible does not apply.</i>
• Convenience Care Visits	100% after \$10 copayment per visit	80%
Prescription Drugs Received at Pharmacy <i>Up to a 31-day supply per prescription</i>	Tier 1: 100% after \$10 copayment Tier 2: 100% after \$25 copayment Tier 3: 100% after \$50 copayment	80%
Prescription Drugs Received from Mail Order <i>Up to a 93-day supply per prescription received at Medica's designated mail order vendor</i>	Tier 1: 100% after \$20 copayment Tier 2: 100% after \$50 copayment Tier 3: 100% after \$100 copayment	Not applicable
Specialty Prescription Drugs <i>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.</i>	See Plan Document for details.	No Coverage

MEDICA SELF-INSURED ELECT AND MEDICA SELF-INSURED ESSENTIAL SUMMARY OF BENEFITS

Medica Elect & Medica Essential are network plans that require members to designate and access care through a primary care clinic and access specialists under the referral process or requirements of the care system.

Partial Listing of Covered Services	MSI Elect and MSI Essential In-Network Benefits	Out-of-Network Benefits*
Annual Deductible	Not applicable Not applicable	\$250/covered person \$500/family
Annual Out-of-Pocket Maximum	\$4,000/combined per covered person	
Lifetime Maximum	Unlimited	
	When you receive covered services, the Plan pays:	When you receive covered services after deductible has been met, the Plan pays:
Preventive Care		
• Routine Physical	100%	80%
• Immunizations	100%	80%
• Well Child Care	100%	80%
• Mammograms	100%	80%
• Pap Smears	100%	80%
• Allergy Shots	100%	80%
• Routine Eye Exams	100%	80%
Office Visits		
• Illness or Injury	100% after \$20 copayment per visit	80%
• Lab, X-ray, and Pathology	100%	80%
• Enhanced Radiology (PET,CT,MRI)	100% after \$50 copayment per visit	80%
• Anesthesiologist	100% after \$50 copayment per visit	80%
• Chiropractic Care	100% after \$20 copayment <i>Limited to 15 visits per covered person, per year.</i>	80% <i>Limited to 15 visits per covered person, per year.</i>
• Physical, Occupational & Speech Therapy	100% after \$20 copayment per visit	80%
• Mental Health and Substance Abuse	100% after \$20 copayment for individual therapy or group therapy.	80% <i>The deductible does not apply.</i>
• Urgent Care Visits	100% after \$20 copayment per visit	80% <i>The deductible does not apply.</i>
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Specialty Prescription Drugs <i>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.</i>	See Plan Document for details.	No Coverage

Services Received in a Hospital or Surgicenter <ul style="list-style-type: none"> • Inpatient Hospital <ul style="list-style-type: none"> Facility 100% after \$100 copayment per admission 80% Physician 100% 80% Anesthesiologist 100% after \$50 copayment per visit 80% Mental Health and Substance Abuse 100% after \$100 copayment per admission 80% • Outpatient Hospital <ul style="list-style-type: none"> Facility 100% 80% Physician 100% 80% Anesthesiologist 100% after \$50 copayment per visit 80% • Lab, X-ray, and Pathology 100% 80% • Enhanced Radiology (PET,CT,MRI) 100% after \$50 copayment per visit 80% • Surgical Services 100% after \$50 copayment per visit 80% 	
Urgent or Emergency Care <ul style="list-style-type: none"> • Urgent Care Center 100% after \$20 copayment per visit 80% • Hospital Emergency Room 100% after \$100 copayment per visit 80% • Emergency Ambulance 80% 80% 	<i>The deductible does not apply to these services.</i>
Durable Medical Equipment and Prosthetics	80%
Home Health Care	80%

Fitness Program

- myMedica.com Available at no cost to employee.
- Fitness Center **Not offered.**

Out-of-Network Coverage

- * Coverage is limited to the non-network provider reimbursement amount (as defined in your Plan Document) after deductible is met.
- * If you decide to utilize your Out-of-Network Benefits, you may pay more than you would for In-Network Benefits. The amount you pay could include a percentage coinsurance, a fixed dollar copayment and/or deductible amount. In addition, if the amount that your non-network provider bills you is more than the non-network provider reimbursement amount (as defined in your Plan Document) **you are responsible for paying the difference**, and such difference will not be applied toward the Out-of-Pocket Maximum.
- * Members traveling outside the Medica Service area may access UnitedHealthcare Options PPO network and receive in-network benefits. To locate a UnitedHealthcare Options PPO network provider, go to www.medica.com and click on Find a Doctor and Travel Network.

Exclusions and Limitations to Coverage

Please see the Plan Document or call Medica Customer Service for specific information about excluded services or supplies.

Medica Contact Phone Numbers

- Medica Customer Service (Mpls./St. Paul) – 952-945-8000; outside metro 1-800-952-3455**
- Optum Employee Assistance Program – 1-800-626-7944**
- CallLink Nurseline – 1-800-962-9497**
- Medica Behavioral Health - 1-800-848-8327**
- Medica Health Coaching Program – 1-866-905-7430**

If you haven't checked out your Medica member website, now's the time! **myMedica.com** is your one-stop resource for all kinds of information to help you manage your health plan benefits and improve your health. A few things you can do on **myMedica.com** is order another set of ID cards, track your claims, search for providers, find which drugs are on Medica's preferred drug list, and learn about and participate in fun and effective health and wellness programs.

This health care plan may not cover all your health care expenses; read your Plan Document carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Plan Document, the Plan Document will take precedence in determining your benefits.

Plan Documents are available on Anoka Hennepin website or by calling Medica Customer Service at 952-945-8000.

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Durable Medical Equipment and Prosthetics	80% 80%
Home Health Care	80% 80%

Fitness Program

- myMedica.com
- Fitness Center

Available at no cost to employee.
 Receive a \$20 monthly membership credit when you attend **12 times** or more per month.
Limited to one \$20 credit per month per fitness membership. Check medica.com for list of participating fitness centers.

Out-of-Network Coverage

- * Coverage is limited to the non-network provider reimbursement amount (as defined in your Plan Document) after deductible is met.
- * If you decide to utilize your Out-of-Network Benefits, you may pay more than you would for In-Network Benefits. The amount you pay could include a percentage coinsurance, a fixed dollar copayment and/or deductible amount. In addition, if the amount that your non-network provider bills you is more than the non-network provider reimbursement amount (as defined in your Plan Document) you are responsible for paying the difference, and such difference will not be applied toward the Out-of-Pocket Maximum.
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September 1, 2012 – August 31, 2013 Health & Hospitalization Rates

Employee Groups	Monthly District Contribution			Monthly Employee Contribution					Over 20 Pay Periods Per Payday Employee Contribution		
	Health & Hospitalization		Dental	Choice Select		Elect/Essential		Dental	ChoiceSelect	Elect/Essential	Dental
	Single	Family		Single	Family	Single	Family				
Teachers	\$538.00	\$932.00	\$74.00	0	\$566.00	0	\$348.00	\$0.00	\$339.60	\$208.80	\$0.00
Comm. Schl. Coord.	\$538.00	\$894.00	\$74.00	0	\$604.00	0	\$386.00	\$0.00	\$362.40	\$231.60	\$0.00
Interpreters	\$538.00	\$894.00	\$74.00	0	\$604.00	0	\$386.00	\$0.00	\$362.40	\$231.60	\$0.00
*Ed Support Prof	\$538.00	\$894.00	\$74.00	0	\$604.00	0	\$386.00	\$0.00	\$362.40	\$231.60	\$0.00
*Secretary/Clerical	\$538.00	\$894.00	\$74.00	0	\$604.00	0	\$386.00	\$0.00	\$362.40	\$231.60	\$0.00
*Paraeducators	\$538.00	\$894.00	\$72.00	0	\$604.00	0	\$386.00	\$2.00	\$362.40	\$231.60	\$1.20
Child Nutrition Assist.	\$538.00	\$920.00	\$66.00	0	\$578.00	0	\$360.00	\$8.00	\$346.80	\$216.00	\$4.80
Child Nutr. Site Supv.	\$538.00	\$920.00	\$74.00	0	\$578.00	0	\$360.00	\$0.00	\$346.80	\$216.00	\$0.00
Custodians/ Maintenance	\$538.00	\$894.00	\$74.00	0	\$604.00	0	\$386.00	\$0.00	\$362.40	\$231.60	\$0.00
Technical Specialists	\$538.00	\$894.00	\$74.00	0	\$604.00	0	\$386.00	\$0.00	\$362.40	\$231.60	\$0.00

Community Education Misc.
E-12 Miscellaneous

See Wage and Benefit Guidelines
See Letters of Agreement

Admin./Supv.
Bldg. Supv.
*Confidentials
Principals
Spec. Ed. Prog./Supv.

SEE
YOUR
FLEX
PLAN

For employees with fixed flex accounts, if the insurance premiums exceed the account amount, the employee contribution will be deducted pre-tax over 20 pay days.

* District contribution may change as a result of contract negotiations or policy change.
Refer to your contract, Working Agreement, or School Board Policy for eligibility and District contribution.

TOTAL INSURANCE PREMIUMS

	SINGLE		FAMILY		RETIREE FAMILY Single plus Spouse	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Health & Hospitalization Insurance						
Medica Choice Select	\$538.00	\$6,456.00	\$1,498.00	\$17,976.00	\$1,188.00	\$14,256.00
Medica Elect/Medica Essential	\$458.00	\$5,496.00	\$1,280.00	\$15,360.00	\$1,010.00	\$12,120.00
Dental			\$74.00	\$888.00		

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 15, 2012 WITH AN EFFECTIVE DATE OF SEPT. 1, 2012.