

2015-2016 OPEN ENROLLMENT BENEFIT OPTIONS

HIGHLIGHTS FOR 2015-2016 INSURANCE YEAR OPEN ENROLLMENT:

- 1 The Anoka-Hennepin School Board has approved, for the 2015-16 insurance plan year, an additional \$750 single/\$500 family health reimbursement incentive amount for qualified active employees who choose to move to or remain enrolled in the Medica high deductible plan.
- 2 Remember 2014-15 health care flexible spending account balances up to \$500, automatically rollover to the 2015-16 plan year. You must re-enroll each year in Flex Health Care and Dependent Care (daycare) Elections.
- 3 Health Care Reform requires a standardized benefit summary – Employees can access at www.anoka.k12.mn.us/Insurance
- 4 Supplemental Life enrollment **WILL** be open this year.

USERNAME & PASSWORD FOR SMARTBEN ENROLLMENT SYSTEM

Changes will again be made using our secure SmartBen Electronic Enrollment System.

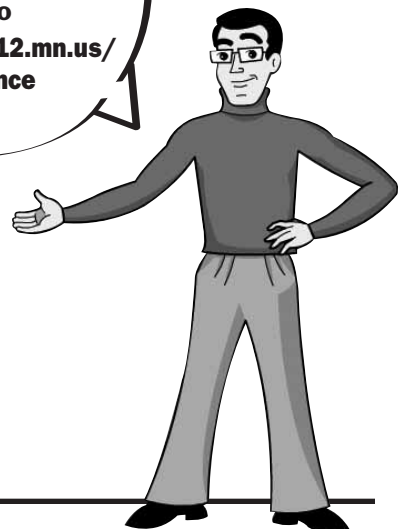
Log on to www.smartben.com and enter your:

- **Username – 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)



September 1, 2015 – August 31, 2016 Health & Hospitalization Rates

Employee Groups	Monthly District Contribution			Monthly Employee Contribution						Per 20 Pay Periods - Employee Contribution					
	Health & Hospitalization Single	Family	Dental	Choice Passport Single	Family	Elec/Essential Single	Family	High Deductible Single	Family	Dental	Single Coverage Choice Passport Single	Family	Elec/Essential Choice Passport Family	High Deductible Family	Dental Family
*Teachers	\$606.00	\$1,084.00	\$76.00	\$94.00	\$912.00	\$0.00	\$554.00	\$0.00	\$294.00	\$9.00	\$56.40	\$547.20	\$332.40	\$176.40	\$5.40
Secretary/Clerical	\$636.00	\$1,074.00	\$78.00	\$64.00	\$922.00	\$0.00	\$564.00	\$0.00	\$304.00	\$7.00	\$38.40	\$553.20	\$338.40	\$182.40	\$4.20
Paraeducators	\$636.00	\$1,074.00	\$78.00	\$64.00	\$922.00	\$0.00	\$564.00	\$0.00	\$304.00	\$7.00	\$38.40	\$553.20	\$338.40	\$182.40	\$4.20
Custodians/Maintenance	\$636.00	\$1,074.00	\$78.00	\$64.00	\$922.00	\$0.00	\$564.00	\$0.00	\$304.00	\$7.00	\$38.40	\$553.20	\$338.40	\$182.40	\$4.20
Child Nutrition Assis	\$636.00	\$1,074.00	\$78.00	\$64.00	\$922.00	\$0.00	\$564.00	\$0.00	\$304.00	\$7.00	\$38.40	\$553.20	\$338.40	\$182.40	\$4.20
Comm. School Coord.	\$636.00	\$1,074.00	\$78.00	\$64.00	\$922.00	\$0.00	\$564.00	\$0.00	\$304.00	\$7.00	\$38.40	\$553.20	\$338.40	\$182.40	\$4.20
*Child Nutrition Site Supvs	\$648.00	\$1,030.00	\$76.00	\$52.00	\$966.00	\$0.00	\$608.00	\$0.00	\$348.00	\$9.00	\$31.20	\$579.60	\$364.80	\$208.80	\$5.40
Technical Specialists	\$636.00	\$1,074.00	\$78.00	\$64.00	\$922.00	\$0.00	\$564.00	\$0.00	\$304.00	\$7.00	\$38.40	\$553.20	\$338.40	\$182.40	\$4.20
*Ed Support Prof	\$700.00	\$1,056.00	\$76.00	\$0.00	\$940.00	\$0.00	\$582.00	\$0.00	\$322.00	\$9.00	\$0.00	\$564.00	\$349.20	\$193.20	\$5.40

* District contribution being determined at time of printing.

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.

REFER
TO 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 paydays.

Refer to your Contract, Working Agreement, or School Board Policy for eligibility and District contribution.

TOTAL INSURANCE RATES

Health & Hospitalization Insurance	SINGLE		FAMILY		RETIREE FAMILY Single plus Spouse	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Medica Choice Passport	\$700	\$8,400	\$1,996	\$23,952	\$1,796	\$21,552
Medica Elec/ Medica Essential	\$588	\$7,056	\$1,638	\$19,656	\$1,438	\$17,256
Medica High Deductible Health Plan	\$494	\$5,928	\$1,378	\$16,536	\$1,178	\$14,136
Dental Insurance			\$85	\$1,020		

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 12, 2015 WITH AN EFFECTIVE DATE OF SEPT. 1, 2015.

To: Anoka-Hennepin Benefit Eligible Employees

From: Jim Gilligan, Director of Labor Relations & Benefits
Colleen Sewall, Insurance Benefits Supervisor

Re: 2015-16 Anoka-Hennepin Employee Benefits

The Anoka-Hennepin School District strives to provide an affordable, high quality comprehensive benefits package to all qualifying employees, dependents and retirees of the District. For the 2015-16 insurance year, Anoka-Hennepin will continue to offer health insurance choices to its employees including the Medica High Deductible Health Plan with a health reimbursement account (HRA), Medica Choice Passport, and Medica Elect & Medica Essential network plans.

Currently, escalating health care costs and requirements of the Affordable Care Act are driving employers, including Anoka-Hennepin School District, to change the way health benefits are provided to employees. In response to these obligations, the District currently offers a high deductible plan with a health reimbursement account as a lower cost option for employees. As provided for last year, the School Board has again approved allocating an ADDITIONAL HRA INCENTIVE PAYMENT for those employees in qualified groups that choose to move to or remain on the high deductible health plan. This additional incentive payment, \$750 for single or \$500 for family, combined with the ongoing annual HRA District contribution of \$750 for single and \$1500 for family, will cover the entire deductible amount for a single policy holder or two-thirds of the deductible amount for a family policy holder. By managing the plans offered and educating plan users on how to best use the plans, including taking advantage of flexible spending accounts, the School Board will continue its push to provide high quality, reasonably priced health care for Anoka-Hennepin School District employees, dependents and retirees.

Anoka-Hennepin is self-insured which means that the District pays each claim that comes through for employees and their dependents. Medica offers many resources for health and wellness in addition to cost comparisons of medical services on their MyMedica website.

Please read the enclosed information to make the best choices for you and your family for the 2015-16 insurance year. Feel free to call the Insurance Department at 763-506-1080 with questions.

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

MEDICA HIGH DEDUCTIBLE HEALTH PLAN

Anoka-Hennepin will again offer a high deductible health plan option along with our Medica Choice Passport and Medica Elect/Essential health plans. The Medica high deductible plan is paired with a District funded health reimbursement account (HRA) of \$750 single and \$1500 family for active employee groups. These HRA funds will be deposited over 20 pay periods.

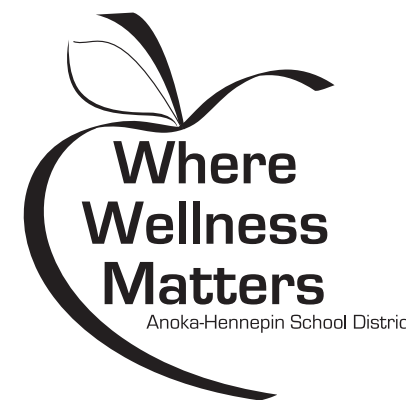
The high deductible plan gives employees a lower premium cost and an open access to all Medica providers which has also appealed to many of our early retirees.

The Anoka-Hennepin School Board has approved, for the 2015-16 insurance plan year an additional HRA incentive amount for most active employee groups of \$750 single and \$500 family.



HEALTH CARE FLEXIBLE SPENDING ACCOUNT ROLLOVER

In the 2014-15 insurance plan year, Anoka-Hennepin changed the Health Care Flexible Spending Account to allow up to \$500 of unclaimed funds remaining at the end of the plan year (8-31-15) to be rolled over and be used for qualified medical expenses incurred in the following year. As you make your election for the 2015-16 plan year, take into account that any dollars up to \$500 you have left in your Health Care Flexible Spending Account after August 31, 2015 will automatically be rolled into your Health Care Flexible Spending Account for the 2015-16 plan year. The carryover does not affect the maximum amount of salary reduction contribution of \$2,500 you are permitted to make.



The Anoka-Hennepin employee wellness program, now in its third year, continues to grow. Our benefit eligible employees are encouraged to use all of the tools our Medica health insurance offers, including the NEW My Health Rewards program.

Anoka-Hennepin is committed to bringing wellness initiatives to all of our staff. In addition to offering wellness mini grants in the amount of \$500 per building per year and awarding Medals of Wellness to buildings who achieve defined goals, the wellness steering committee also hosted the first District-wide staff basketball tournament in March. The event was such a success that plans for adding additional District-wide wellness related events are already underway.

To find out more about the Employee Wellness Program please visit us at www.anoka.k12.mn.us/wellness

MEDICA SELF-INSURED HIGH DEDUCTIBLE PLAN SUMMARY OF BENEFITS

Anoka-Hennepin School District
September 1, 2015

HRA - District contribution for active policy holder \$750 single / \$1,500 family

HRA District incentive for bargaining units Additional
agreeing to lower insurance caps: \$750 single / \$500 family *(for 2015-16 only)*

High Deductible plan 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 In-Network Benefits	Out-of-Network Benefits*
Annual Deductible <i>(contract / plan year)</i>	\$1,500 single/\$3,000 family Medical only embedded	\$1,500 single/\$3,000 family Medical only embedded
Annual Out-of-Pocket Maximum	\$3,000 single/\$6,000 family	\$3,000 single/\$6,000 family
Lifetime Maximum	Unlimited	
	When you receive covered services, after the deductible has been met, the Plan pays:	When you receive covered services after deductible has been met, the Plan pays:
Preventive Care • Routine Physical Exams • Immunizations • Well Child Care • Mammograms • Pap Smears • Allergy Shots • Routine Eye Exams	No deductible 100% 100% 100% 100% 100% 100% 100%	After deductible the plan pays 60% 60% 100% <i>The deductible does not apply.</i> 60% 60% 60% 60%
Office Visits • Illness or Injury • Surgical Services • Lab, X-ray, and Pathology • Enhanced Radiology (PET,CT,MRI) • Anesthesiologist • Chiropractic Care • Physical, Occupational & Speech Therapy • Mental Health and Substance Abuse • Urgent Care Visits • Convenience Care Visits	After deductible the plan pays 80% 80% 80% 80% 80% <i>Limited to 15 visits per covered person, per year.</i> 80% 80% 80% 80%	After deductible the plan pays 60% 60% 60% 60% 60% <i>Limited to 15 visits per covered person, per year.</i> 60% 60% Covered as in network benefit 60%
Prescription Drugs Received at Pharmacy <i>Up to a 31-day supply per prescription</i>	No deductible Tier 1: 100% after \$10 copayment Tier 2: 100% after \$25 copayment Tier 3: 100% after \$50 copayment	After deductible the plan pays 60%
Prescription Drugs Received from Mail Order <i>Up to a 93-day supply per prescription received at Medica's designated mail order vendor</i>	No Deductible Tier 1: 100% after \$20 copayment Tier 2: 100% after \$50 copayment Tier 3: 100% after \$100 copayment	Not applicable

MEDICA SELF-INSURED CHOICE PASSPORT, ELECT AND ESSENTIAL SUMMARY OF BENEFITS

Anoka-Hennepin School District
September 1, 2015

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

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	In-Network Benefits	Out-of-Network Benefits*
Annual Deductible <i>(calendar year)</i>	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 • Immunizations • Well Child Care • Mammograms • Pap Smears • Allergy Shots • Routine Eye Exams	No deductible 100% 100% 100% 100% 100% 100% 100%	After deductible the plan pays 80% 80% 100% <i>The deductible does not apply.</i> 80% 80% 80% 80%
Office Visits • Illness or Injury • Surgical Services • Lab, X-ray, and Pathology • Enhanced Radiology (PET,CT,MRI) • Anesthesiologist • Chiropractic Care • Physical, Occupational & Speech Therapy • Mental Health and Substance Abuse • Urgent Care Visits • Convenience Care Visits	No deductible 100% after \$20 copayment per visit 100% after \$50 copayment per visit 100% 100% after \$50 copayment per visit 100% after \$50 copayment per visit 100% after \$20 copayment <i>Limited to 15 visits per covered person, per year.</i> 100% after \$20 copayment per visit 100% after \$20 copayment for individual therapy or group therapy. 100% after \$20 copayment per visit 100% after \$10 copayment per visit	After deductible the plan pays 80% 80% 80% 80% 80% 80% <i>Limited to 15 visits per covered person, per year.</i> 80% 80% <i>The deductible does not apply.</i> Covered as in network benefit 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	After deductible the plan pays 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
Services Received in a Hospital or Surgicenter	After deductible the plan pays	After deductible the plan pays
<ul style="list-style-type: none"> Inpatient Hospital <ul style="list-style-type: none"> Facility 80% Physician 80% Anesthesiologist 80% Mental Health and Substance Abuse 80% Outpatient Hospital <ul style="list-style-type: none"> Facility 80% Physician 80% Anesthesiologist 80% Lab, X-ray, and Pathology 80% Enhanced Radiology (PET,CT,MRI) 80% Surgical Services 80% 		<ul style="list-style-type: none"> 60% 60% 60% 60% 60% 60% 60% 60% 60%
Urgent or Emergency Care	After deductible the plan pays	
<ul style="list-style-type: none"> Urgent Care Center 80% Hospital Emergency Room 80% Emergency Ambulance 80% 		<ul style="list-style-type: none"> Covered as in network benefit Covered as in network benefit Covered as in network benefit
Durable Medical Equipment and Prosthetics	After deductible the plan pays 80%	After deductible the plan pays 60%
Home Health Care	After deductible the plan pays 80%	After deductible the plan pays 60%
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. <i>Limited to one \$20 credit per month per fitness membership. Check medica.com for list of participating fitness centers.</i>	

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 Physician 100% Anesthesiologist 100% after \$50 copayment per visit Mental Health and Substance Abuse 100% after \$100 copayment per admission Outpatient Hospital <ul style="list-style-type: none"> Facility 100% Physician 100% Anesthesiologist 100% after \$50 copayment per visit Lab, X-ray, and Pathology 100% Enhanced Radiology (PET,CT,MRI) 100% after \$50 copayment per visit Surgical Services 100% after \$50 copayment per visit 		<ul style="list-style-type: none"> 80% 80% 80% 80% 80% 80% 80% 80% 80%
Urgent or Emergency Care		
<ul style="list-style-type: none"> Urgent Care Center 100% after \$20 copayment per visit Hospital Emergency Room 100% after \$100 copayment per visit Emergency Ambulance 80% 		<ul style="list-style-type: none"> Covered as in network benefit Covered as in network benefit Covered as in network benefit
Durable Medical Equipment and Prosthetics	80%	80%
Home Health Care	80%	80%
Fitness Program -myMedica.com -Fitness Center	Available at no cost to employee enrolled in Elect or Essential Receive a \$20 monthly membership credit when you attend 12 times or more per month. <i>Limited to one \$20 credit per month per fitness membership. Check medica.com for list of participating fitness centers.</i>	

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 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

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 where you can earn up to \$100 in gift card rewards.

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.**

Looking for more details?

Also included with the enrollment materials is a longer description of your coverage in a new, federally-required format called a Summary of Benefits and Coverage. If you decide to review it, please note that the "coverage examples" are only hypothetical and are not based on your actual costs under the Anoka-Hennepin benefit plan. Go to anoka.k12.mn.us/Insurance to access the new, federally-required summary of Benefits and Coverage.