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.

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.

Health Care Reform requires a standardized benefit summary – Employees can access at www.anoka.k12.mn.us/Insurance

Supplemental Life enrollment WILL be open this year.

**USERNAME & PASSWORD FOR SMARTBEN ENROLLMENT SYSTEM**

Don't forget to print a confirmation page for your records when you are done making your changes in SmartBen!

To access a SmartBen Annual Open Enrollment Instruction Booklet go to www.anoka.k12.mn.us/Insurance

**TOTAL INSURANCE RATES**

**September 1, 2015 – August 31, 2016**

<table>
<thead>
<tr>
<th>Paid Insurance</th>
<th>Lump sum reduction in costs or contributions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Hospitalization Insurance Monthly District Contribution</td>
<td>$85, $1,020</td>
</tr>
<tr>
<td>Health &amp; Hospitalization Insurance Monthly Employee Contribution</td>
<td>$700, $8,400</td>
</tr>
<tr>
<td>Health &amp; Hospitalization Insurance Monthly Family Contribution</td>
<td>$1,996, $23,952</td>
</tr>
<tr>
<td>Health &amp; Hospitalization Insurance Monthly Single Contribution</td>
<td>$1,796, $21,552</td>
</tr>
<tr>
<td>Health &amp; Hospitalization Insurance Monthly Single plus Spouse</td>
<td>$1,378, $16,536</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>$85, $1,020</td>
</tr>
</tbody>
</table>

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

All changes are pending until the Insurance Staff accepts them.
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.

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 SELF-INSURED HIGH DEDUCTIBLE PLAN**

**SUMMARY OF BENEFITS**

| HRA - District contribution for active policy holder | $750 single / $1,500 family |
| HRA District incentive for bargaining units agreeing to lower insurance caps: | Additional $750 single / $500 family (for 2015-16 only) |

**Out-of-Network Benefits**

- Members may access any Medica provider without a referral from a primary care physician.

**From Mail Order Prescription Drugs Received**

- Up to a 31-day supply per prescription at Pharmacy

**Convenience Care Visits**

- **Office Visits**
  - Preventive Care:
    - Routine Physical Exams: 100%
    - Immunizations: 100%
    - Well Child Care: 100%
    - Mammograms: 100%
    - Pap Smears: 100%
    - Allergy Shots: 100%
    - Routine Eye Exams: 100%

- **Prescription Drugs Received at Pharmacy**
  - No deductible
  - Tier 1: 100% after $10 copayment
  - Tier 2: 100% after $25 copayment
  - Tier 3: 100% after $50 copayment

- **Prescription Drugs Received from Mail Order**
  - Up to a 31-day supply per prescription received at Medica's designated mail order vendor.
  - No Deductible
  - Tier 1: 100% after $20 copayment
  - Tier 2: 100% after $50 copayment
  - Tier 3: 100% after $100 copayment

**Medica Choice Passport**

- 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**

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Office Visits</th>
<th>Prescription Drugs Received at Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Physical Exams</td>
<td>After deductible the plan pays 80%</td>
<td>Tier 1: 100% after $10 copayment</td>
</tr>
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**In-Network Benefits**

- Preventive Care:
  - Routine Physical
  - Immunizations
  - Well Child Care
  - Mammograms
  - Pap Smears
  - Allergy Shots
  - Routine Eye Exams

**Out-of-Network Benefits**

- Preventive Care:
  - Routine Physical
  - Immunizations
  - Well Child Care
  - Mammograms
  - Pap Smears
  - Allergy Shots
  - Routine Eye Exams

**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.

**MSI In-Network Benefits**

<table>
<thead>
<tr>
<th>Tier</th>
<th>100% after $20 copayment per visit</th>
</tr>
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<tbody>
<tr>
<td>Tier 1</td>
<td>100% after $50 copayment per visit</td>
</tr>
<tr>
<td>Tier 2</td>
<td>100% after $80 copayment per visit</td>
</tr>
<tr>
<td>Tier 3</td>
<td>100% after $100 copayment per visit</td>
</tr>
</tbody>
</table>

**Preventive Care**

- No deductible
- 100% covered as in network benefit

**Office Visits**

- Limited to 15 visits per covered person, per year.
- Limited to 1 visits per covered person, per year.

**Prescription Drugs Received at Pharmacy**

- Up to a 31-day supply per prescription received at Medica's designated mail order vendor.
- Tier 1: 100% after $10 copayment
- Tier 2: 100% after $25 copayment
- Tier 3: 100% after $50 copayment

**Lifetime Maximum**

- Unlimited

**Annual Deductible**

- $3,000 single / $6,000 family

**Annual Out-of-Pocket Maximum**

- $4,000 / combined per covered person

**Medica Choice Passport**

- 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.

**SUMMARY OF BENEFITS**

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**In-Network Benefits**

- Preventive Care:
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  - Routine Eye Exams

**Out-of-Network Benefits**

- Preventive Care:
  - Routine Physical
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**In-Network Benefits**

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**Out-of-Network Benefits**

- Preventive Care:
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**In-Network Benefits**

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**Out-of-Network Benefits**

- Preventive Care:
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**In-Network Benefits**

- Preventive Care:
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  - Immunizations
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**Out-of-Network Benefits**

- Preventive Care:
  - Routine Physical
  - Immunizations
  - Well Child Care
  - Mammograms
  - Pap Smears
  - Allergy Shots
  - Routine Eye Exams
Specialty Prescription Drugs
Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.

<table>
<thead>
<tr>
<th>Services Received in a Hospital or Surgicenter</th>
<th>See Plan Document for details.</th>
<th>No Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>After deductible the plan pays</td>
<td>After deductible the plan pays</td>
</tr>
<tr>
<td>Facility</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Physician</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Outpatient Hospital</strong></td>
<td>After deductible the plan pays</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td>Facility</td>
<td>80%</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td>Physician</td>
<td>80%</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>80%</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td><strong>Lab, X-ray, and Pathology</strong></td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Enhanced Radiology (PET/CT/MRI)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>After deductible the plan pays</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td>Urgent or Emergency Care</td>
<td>80%</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>After deductible the plan pays</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>80%</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td><strong>Emergency Ambulance</strong></td>
<td>After deductible the plan pays</td>
<td>Covered as in network benefit</td>
</tr>
<tr>
<td>Durable Medical Equipment and Prosthetics</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>After deductible the plan pays</td>
<td>After deductible the plan pays</td>
</tr>
<tr>
<td>Fitness Program -myMedica.com -Fitness Center</td>
<td>Available at no cost to employee.</td>
<td>Available at no cost to employee.</td>
</tr>
</tbody>
</table>

Fitness Program -myMedica.com -Fitness Center
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.
- 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.