2014-2015 OPEN ENROLLMENT BENEFIT OPTIONS

HIGHLIGHTS FOR 2014-2015 INSURANCE YEAR OPEN ENROLLMENT:

1. New high deductible health plan is being offered this year, along with the Medica Choice Passport and Medica Elect/Essential plans. For actively employed policyholders, the High Deductible Health Plan includes a Health Reimbursement Account.

2. Change in the Health Care Flexible Spending Account will allow $500 rollover to next plan year.

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

4. Remember, you must re-enroll each year in Flex Health Care and Dependent Care (daycare) Elections

5. Supplemental Life enrollment **WILL NOT** be open this year

USERNAME & PASSWORD FOR SMARTBEN ENROLLMENT SYSTEM

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

Log on to 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’re done making changes in SmartBen!

All changes are pending until the Insurance staff accepts them.
Anoka-Hennepin has had a successful second year of our wellness program. Staff throughout the District are getting healthy using the tools provided by our Medica health insurance and participating in healthy activities in their buildings. There were 33 buildings that accessed their $500 in grant money and are having a great time working on wellness with new pedometers, exercise DVDs, exercise equipment and classes.

To see the wellness contact list and more, go to the wellness tab on the Anoka-Hennepin website at anoka.k12.mn.us/wellness

**NEW HIGH DEDUCTIBLE HEALTH PLAN OFFERED**

Anoka-Hennepin is pleased to offer a new health plan option along with our Medica Choice Passport and Medica Elect/Essential health plans. The new plan is a high deductible plan with a District funded health reimbursement account for actively employed policy holders. This new plan will offer employees a lower premium cost option and includes an open access to all Medica providers. To learn more go to http://bit.ly/AH-HD-InsPlanVideo to view a video with more details about this plan.

**BE A COMPARISON HEALTH CARE SHOPPER**

The more you know about cost and quality, the better prepared you will be to discuss care recommendations with your physician. Medica provides information to members on cost and quality for procedures and medical services. Go to mainstreetmedica.com to learn more.

**HEALTH CARE FLEXIBLE SPENDING ACCOUNT ROLLOVER**

For the 2014-15 Insurance year, Anoka-Hennepin will change our Health Care Flexible Spending Account to allow up to $500 of unused dollars remaining at the end of the plan year (8-31-15) to be rolled over to the next plan year. The fund can be used for qualified medical expenses incurred in the following year. The carryover does not affect the maximum amount of salary reduction contribution of $2,500 you are permitted to make.

Anoka-Hennepin School District needed to find a way to balance benefits with the realities of escalating healthcare costs. The new optional High Deductible Health Plan (HDHP) offers a reasonable solution with potential employee tax savings. The new HDHP has a $1500 single deductible and a $3000 family deductible. For actively employed policy holders the District will contribute an amount equal to half the deductible into a new HRA account.

The differences between the HDHP compared to the current co-pay health plans (Medica Choice and Medica Elect/Essential)

- Lower premium costs
- Higher deductible
- Coinsurances (20% in network; 40% out of network) after the deductible
- HRA account for active employees

Anoka-Hennepin's HDHP:

- Preventative care is 100% covered and NOT subject to the deductible
- Prescription coverage continues with the same copays by Tier
- In-Network covered medical costs are 80% paid after the deductible is met; Out-of-Network is 60% paid after the deductible is met.
- Medica network provider discounts are always applied
- For the family deductible of $3,000, the plan pays 80% after a combined total of $3,000 is met, however, each family member need only meet an individual deductible of $1,500 before the plan covers that member.
- The total out of pocket for eligible usual and customary claims are $3,000 for single and $6,000 for family

Anoka-Hennepin's Health Reimbursement Arrangement (HRA):

- HRA is a tax-exempt account used to pay for your eligible medical expenses
- HRA is an account controlled by the policyholder
- Unused funds roll over from year to year and are not forfeited at the end of the year
- Funds grow tax-free and reimbursements are tax-free
- Account balances go with the policyholder wherever
- Account balances earn interest tax-free

HRA funds may be used for:

- Deductibles
- Coinsurances
- Dental eligible uninsured expenses
- Prescription drug copays
- Eyeglasses
- Laser eye surgery
- Long-Term Care insurance
- Nursing home care
- All eligible IRS 213(d) medical expenses
- After retirement, former employees may use the funds for medical expenses and/or premiums.

All active Employees now have three health plan options to choose from including the HDHP and the current two copay plans, Medica Choice and Medica Elect/Essential. Active employees may continue to use the Flexible Benefit Plan.
**High Deductible plan is an Open Access network plan.**

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

<table>
<thead>
<tr>
<th>Partial Listing of Covered Services</th>
<th>MSI In-Network Benefits</th>
<th>Out-of-Network Benefits*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$1,500 single/$3,000 family</td>
<td>$1,500 single/$3,000 family</td>
</tr>
<tr>
<td>Medical only embedded</td>
<td></td>
<td>Medical only embedded</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$3,000 single/$6,000 family</td>
<td>$3,000 single/$6,000 family</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

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

- **Office Visits**
  - Illness or Injury: 80%
  - Surgical Services: 80%
  - Lab, X-ray, and Pathology: 80%
  - Enhanced Radiology (PET, CT, MRI): 80%
  - Anesthesiologist: 80%
  - Chiropractic Care: 80%
  - Physical, Occupational & Speech Therapy: 80%
  - Mental Health and Substance Abuse: 80%
  - Urgent Care Visits: 80%
  - Convenience Care Visits: 80%

- **Prescription Drugs Received at Pharmacy**
  - Up to a 31-day supply per prescription
  - No copayment: 80%
  - Tier 1: $10 copayment: 80%
  - Tier 2: $25 copayment: 80%
  - Tier 3: $50 copayment: 80%

- **Prescription Drugs Received from Mail Order**
  - Up to a 31-day supply per prescription received at Medica’s designated mail order vendor
  - Not applicable

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**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.

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<th>In-Network Benefits</th>
<th>Out-of-Network Benefits*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>Not applicable</td>
<td>$250/covered person</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$4,000/combined per covered person</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

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**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 2014-15 only)

**HRA - District contribution for active policy holder**

- $750 single / $1,500 family

Anoka-Hennepin School District

September 1, 2014

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

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**SUMMARY OF BENEFITS**

- Preventive Care: 100% after deductible has been met, the Plan pays:
  - Routine Physical Exams: 100%
  - Immunizations: 100%
  - Well Child Care: 100%
  - Mammograms: 100%
  - Pap Smears: 100%
  - Allergy Shots: 100%
  - Routine Eye Exams: 100%

- Office Visits: 100% after deductible has been met, the Plan pays:
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  - Tier 3: $50 copayment: 100%

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  - Tier 2: $25 copayment: 100%
  - Tier 3: $50 copayment: 100%
### Services Received in a Hospital or Surgicenter

<table>
<thead>
<tr>
<th>Service</th>
<th>Inpatient Hospital</th>
<th>Outpatient Hospital</th>
<th>Lab, X-ray, and Pathology</th>
<th>Enhanced Radiology</th>
<th>Surgical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Physician</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**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-net-work 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 Plan Document for specific information about excluded services or supplies.

### Fitness Program

- **Fitness Program -myMedica.com**
- **-myMedica.com**

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 myMedica.com for list of participating fitness centers.

- **-Fitness Center**

### Durable Medical Equipment and Prosthetics

<table>
<thead>
<tr>
<th>Service</th>
<th>At home</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Physician</td>
<td>80%</td>
<td>80%</td>
</tr>
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<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Enhanced Radiology (PET, CT, MRI)</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**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. Limited to one $20 credit per month per fitness membership. Check myMedica.com for list of participating fitness centers.

### Exclusions and Limitations to Coverage

Please see 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**
- **Tobacco Cessation Program – 1-800-934-4824**
- **Medica Behavioral Health – 1-800-848-8327**
- **Medica Health Coaching Program – 1-866-905-7430**
- **Healthy Pregnancy Program – 1-888-992-3875**

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.