



# 2019-2020 OPEN ENROLLMENT BENEFIT OPTIONS

## SMARTBEN ELECTRONIC ENROLLMENT SYSTEM

Changes are made using our secure SmartBen Electronic Enrollment System.

Log on to [www.smartben.com](http://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 pending until the Insurance Staff accepts them.
- To access a smartben annual open enrollment instruction booklet, go to: [ahschools.us/insurance](http://ahschools.us/insurance).

### HIGHLIGHTS FOR 2019-2020

- Open Enrollment is the only time to change insurance plans.
- **Introducing two new health plans - VantagePlus CoPay Plan and Elect 80/20 Deductible Plan.**
- You must re-enroll each year in health care and dependent care (daycare) flex elections. This year's maximum election for health care flex is **\$2,700**. For those with health care flex account balances, up to \$500 will rollover to the 2019-2020 plan year.
- You can change your Elect primary care clinic monthly. Simply call the Insurance Department at 763-506-1080. **Medica cannot change PCC's.**
- For name changes in health insurance plans - contact the Insurance Department.
- **Open Enrollment is May 28 – June 13, with changes effective September 1, 2019.**



To: Anoka-Hennepin Benefit Eligible Employees  
From: Todd Mensink, Director of Labor Relations & Benefits  
Re: 2019-20 Anoka-Hennepin Employee Benefits

The Anoka-Hennepin School District strives to provide an affordable and comprehensive benefits package to all qualified employees, dependents, and retirees. The Labor Relations & Benefits department works together with our Insurance Advisory Committee to continually monitor our health and dental benefits. Being self-insured gives us added control over the designs of our healthcare plans so that we can ensure that they provide the benefits that best serve our employees and their families.

In recent years, we have worked to provide more affordable health plan options and expand coverage to more employees and this year is no exception. In order to better serve our members, we have made several improvements, including: introducing two new health plans, eliminating two others, and renaming those that remain to more clearly reflect the networks and plan structures that they utilize.

Please take some time to read the information in this document so that you can make the best choice for yourself and your family. If you find yourself needing more help deciding which plan might be best for you, please do not hesitate to attend one of our open enrollment meetings or reach out directly to our Insurance Department at 763-506-1080. We know just how important your open enrollment decision is, and take pride in helping our employees understand their benefit options.

### ***The Insurance Department Staff are here to assist you.***

- We can help employees with Medica or Delta Dental troubleshooting.
- We will process your life event such as newborns, marriage, divorce, or spouse employment changes.
- We can look up your health care or dependent care (daycare) flex balances at any time.
- We provide identity theft assistance for our employees at no cost. Call Madison National Identity Theft Assistance toll-free 24/7 at 855-860-3727.
- The District Insurance website is a great resource or call the Insurance Department at 763-506-1080.

## Your Plan Your Way... What will meet your needs for health insurance?

Are you looking for a CoPay plan? *Elect CoPay or VantagePlus CoPay Plans may work for you.*

Are you looking for an open access network? *Choice 80/20 or Choice 90/10 Deductible Plans are options.*

Do you want to take advantage of our district funded HRA? *Elect 80/20, Choice 80/20, or Choice 90/10 are great options.*

Do you choose your plan based on the monthly premium cost? *See back of brochure.*

Do you choose your plan based on your doctor or hospital? *Go to [ahschools.us/insurance](https://ahschools.us/insurance).*

## ANOKA-HENNEPIN 2019-2020 HEALTH PLANS COMPARISON (In Network)

### SINGLE PLANS

	Elect 80/20 Deductible	Choice 80/20 Deductible	Choice 90/10 Deductible	VantagePlus CoPay	Elect CoPay
<b>NETWORKS</b>	Care System - Must choose a primary care clinic; Referrals required	Open Access Networks	Open Access Networks	Accountable Care Org - medical care within the network and hospitals	Care System - Must choose a primary care clinic; Referrals required
<b>Deductible</b>	\$1,500	\$1,500	\$500	\$0	\$0
<b>CoPays or Coinsurance</b> for Non-Preventative	20% Coinsurance (after deductible)	20% Coinsurance (after deductible)	10% Coinsurance (after deductible)	\$20 - \$100 CoPays	\$20 - \$100 CoPays
<b>Out-Of-Pocket Max</b> (excluding premiums)	\$3,000	\$3,000	\$1,500	\$4,000	\$4,000
<b>HRA Contribution</b>	\$750	\$750	\$250	\$0	\$0

### FAMILY PLANS

	Elect 80/20 Deductible	Choice 80/20 Deductible	Choice 90/10 Deductible	VantagePlus CoPay	Elect CoPay
<b>NETWORKS</b>	Care System - Must choose a primary care clinic; Referrals required	Open Access Networks	Open Access Networks	Accountable Care Org - medical care within the network and hospitals	Care System - Must choose a primary care clinic; Referrals required
<b>Deductible</b>	\$3,000	\$3,000	\$1,000	\$0	\$0
<b>CoPays or Coinsurance</b> for Non-Preventative	20% Coinsurance (after deductible)	20% Coinsurance (after deductible)	10% Coinsurance (after deductible)	\$20 - \$100 CoPays	\$20 - \$100 CoPays
<b>Out-Of-Pocket Max</b> (excluding premiums)	\$6,000	\$6,000	\$3,000	\$13,700	\$13,700
<b>HRA Contribution</b>	\$1,500	\$1,500	\$500	\$0	\$0

\*Comparisons reflect in network benefits.

# Elect 80/20 Deductible Plan

## NEW Plan

**Elect 80/20 Deductible plan is a network plan that requires 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*
<b>Annual Deductible</b> <i>(contract/plan year)</i>	\$1,500 single/\$3,000 family Medical only embedded	\$1,500 single/\$3,000 family Medical only embedded
<b>Annual Out-of-Pocket Maximum</b>	\$3,000 per person / \$6,000 per family combined	
<b>Lifetime Maximum</b>	Unlimited	
	<b>When you receive covered services, after the deductible has been met, the Plan pays:</b>	<b>When you receive covered services, after the deductible has been met, the Plan pays:</b>
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Routine Physical Exams</li> <li>• Immunizations</li> <li>• Well Child Care</li> <li>• Mammograms</li> <li>• Pap Smears</li> <li>• Allergy Shots</li> <li>• Routine Eye Exams</li> </ul>	No deductible 100% 100% 100% 100% 100% 100% 100%	After deductible the plan pays: 60% 60% 100% The deductible does not apply. 60% 60% 60% 60%
<b>Office Visits</b> <ul style="list-style-type: none"> <li>• Illness or Injury</li> <li>• Surgical Services</li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Anesthesiologist</li> <li>• Chiropractic Care</li> <li>• Physical, Occupational &amp; Speech Therapy</li> <li>• Mental Health and Substance Abuse</li> <li>• Urgent Care Visits</li> <li>• Convenience Care Visits</li> </ul>	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% 80%	After deductible the plan pays: 60% 60% 60% 60% 60% <i>Limited to 15 visits per covered person, per year.</i> 60% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i> 60% Covered as in network benefit 60%
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible Generic: \$10 Preferred: \$25 Non-preferred: \$50	After deductible the plan pays: 60%
<b>Prescription Drugs Received from Mail Order</b> <i>Up to a 93-day supply per prescription received at Medica's designated mail order vendor</i>	No deductible Generic: \$20 Preferred: \$50 Non-preferred: \$100	Not applicable
<b>Specialty Prescription Drugs</b> <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
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li>• Inpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> <li>• Mental Health and Substance Abuse</li> </ul> </li> <li>• Outpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> </ul> </li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Surgical Services</li> </ul>	After deductible the plan pays: 80% 80% 80% 80% 80% 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60% 60% 60% 60%
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care Center</li> <li>• Hospital Emergency Room</li> <li>• Emergency Ambulance</li> </ul>	After deductible the plan pays: 80% 80% 80%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
<b>Durable Medical Equipment and Prosthetics</b>	After deductible the plan pays 80%	After deductible the plan pays 60%
<b>Home Health Care</b>	After deductible the plan pays 80%	After deductible the plan pays 60%
<b>Fitness Program</b> <ul style="list-style-type: none"> <li>-myMedica.com</li> <li>-Fitness Center</li> </ul>	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend <b>12 times</b> 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>	

# Choice 80/20 Deductible Plan

Formerly High Deductible Plan

**Choice 80/20 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	In-Network Benefits	Out-of-Network Benefits*
<b>Annual Deductible</b> <i>(contract/plan year)</i>	\$1,500 single/\$3,000 family Medical only embedded	\$1,500 single/\$3,000 family Medical only embedded
<b>Annual Out-of-Pocket Maximum</b>	\$3,000 per person / \$6,000 per family combined	
<b>Lifetime Maximum</b>	Unlimited	
	<b>When you receive covered services, after the deductible has been met, the Plan pays:</b>	<b>When you receive covered services, after the deductible has been met, the Plan pays:</b>
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Routine Physical Exams</li> <li>• Immunizations</li> <li>• Well Child Care</li> <li>• Mammograms</li> <li>• Pap Smears</li> <li>• Allergy Shots</li> <li>• Routine Eye Exams</li> </ul>	No deductible 100% 100% 100% 100% 100% 100% 100%	After deductible the plan pays: 60% 60% 100% The deductible does not apply. 60% 60% 60% 60%
<b>Office Visits</b> <ul style="list-style-type: none"> <li>• Illness or Injury</li> <li>• Surgical Services</li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Anesthesiologist</li> <li>• Chiropractic Care</li> <li>• Physical, Occupational &amp; Speech Therapy</li> <li>• Mental Health and Substance Abuse</li> <li>• Urgent Care Visits</li> <li>• Convenience Care Visits</li> </ul>	After deductible the plan pays: 80% 80% 80% 80% 80% Limited to 15 visits per covered person, per year. 80% 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60% Limited to 15 visits per covered person, per year. 60% OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year. 60% Covered as in network benefit 60%
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible Preferred: \$25 Generic: \$10 Non-preferred: \$50	After deductible the plan pays: 60%
<b>Prescription Drugs Received from Mail Order</b> <i>Up to a 93-day supply per prescription received at Medica's designated mail order vendor</i>	No deductible Preferred: \$50 Generic: \$20 Non-preferred: \$100	Not applicable
<b>Specialty Prescription Drugs</b> <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
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li>• Inpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> <li>• Mental Health and Substance Abuse</li> </ul> </li> <li>• Outpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> </ul> </li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Surgical Services</li> </ul>	After deductible the plan pays: 80% 80% 80% 80% 80% 80% 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60% 60% 60% 60%
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care Center</li> <li>• Hospital Emergency Room</li> <li>• Emergency Ambulance</li> </ul>	After deductible the plan pays: 80% 80% 80%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
<b>Durable Medical Equipment and Prosthetics</b>	After deductible the plan pays 80%	After deductible the plan pays 60%
<b>Home Health Care</b>	After deductible the plan pays 80%	After deductible the plan pays 60%
<b>Fitness Program</b> -myMedica.com -Fitness Center	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend <b>12 times</b> or more per month. Limited to one \$20 credit per month per fitness membership. Check medica.com for list of participating fitness centers.	

# Choice 90/10 Deductible Plan

Formerly Low Deductible Plan

**Choice 90/10 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	In-Network Benefits	Out-of-Network Benefits*
<b>Annual Deductible</b> <i>(contract/plan year)</i>	\$500 single/\$1,000 family Medical only embedded	\$500 single/\$1,000 family Medical only embedded
<b>Annual Out-of-Pocket Maximum</b>	\$1,500 per person / \$3,000 per family combined	
<b>Lifetime Maximum</b>	Unlimited	
	<b>When you receive covered services, after the deductible has been met, the Plan pays:</b>	<b>When you receive covered services, after the deductible has been met, the Plan pays:</b>
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Routine Physical Exams</li> <li>• Immunizations</li> <li>• Well Child Care</li> <li>• Mammograms</li> <li>• Pap Smears</li> <li>• Allergy Shots</li> <li>• Routine Eye Exams</li> </ul>	No deductible 100% 100% 100% 100% 100% 100% 100%	After deductible the plan pays: 60% 60% 100% The deductible does not apply. 60% 60% 60% 60%
<b>Office Visits</b> <ul style="list-style-type: none"> <li>• Illness or Injury</li> <li>• Surgical Services</li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Anesthesiologist</li> <li>• Chiropractic Care</li> <li>• Physical, Occupational &amp; Speech Therapy</li> <li>• Mental Health and Substance Abuse</li> <li>• Urgent Care Visits</li> <li>• Convenience Care Visits</li> </ul>	After deductible the plan pays 90% 90% 90% 90% 90% 90% <i>Limited to 15 visits per covered person, per year.</i> 90% 90% 90% 90%	After deductible the plan pays: 60% 60% 60% 60% 60% 60% <i>Limited to 15 visits per covered person, per year.</i> 60% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i> 60% Covered as in network benefit 60%
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible Generic: \$10 Preferred: \$25 Non-preferred: \$50	After deductible the plan pays: 60%
<b>Prescription Drugs Received from Mail Order</b> <i>Up to a 93-day supply per prescription received at Medica's designated mail order vendor</i>	No deductible Generic: \$20 Preferred: \$50 Non-preferred: \$100	Not applicable
<b>Specialty Prescription Drugs</b> <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
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li>• Inpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> <li>• Mental Health and Substance Abuse</li> </ul> </li> <li>• Outpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> </ul> </li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Surgical Services</li> </ul>	After deductible the plan pays: 90% 90% 90% 90% 90% 90% 90% 90% 90% 90%	After deductible the plan pays: 60% 60% 60% 60% 60% 60% 60% 60%
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care Center</li> <li>• Hospital Emergency Room</li> <li>• Emergency Ambulance</li> </ul>	After deductible the plan pays: 90% 90% 90%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
<b>Durable Medical Equipment and Prosthetics</b>	After deductible the plan pays 90%	After deductible the plan pays 60%
<b>Home Health Care</b>	After deductible the plan pays 90%	After deductible the plan pays 60%
<b>Fitness Program</b> <ul style="list-style-type: none"> <li>-myMedica.com</li> <li>-Fitness Center</li> </ul>	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend <b>12 times</b> 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>	

# VantagePlus CoPay Plan

## NEW Plan

VantagePlus CoPay plan provides access to the physicians from Fairview, HealthEast, North Memorial and many independent clinics as part of an ACO network.

Partial Listing of Covered Services	In-Network Benefits	Out-of-Network Benefits*	
<b>Annual Deductible</b> <i>(plan year)</i>	Not applicable Not applicable	\$250/covered person \$500/family	
<b>Annual Out-of-Pocket Maximum</b>	\$4,000 per person / \$13,700 per family combined		
<b>Lifetime Maximum</b>	Unlimited		
	<b>When you receive covered services, the Plan pays:</b>	<b>When you receive covered services after deductible has been met, the Plan pays:</b>	
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Routine Physical Exams</li> <li>• Immunizations</li> <li>• Well Child Care</li> <li>• Mammograms</li> <li>• Pap Smears</li> <li>• Allergy Shots</li> <li>• Routine Eye Exams</li> </ul>	No deductible 100% 100% 100% 100% 100% 100% 100%	After deductible the plan pays: 80% 80% 100% The deductible does not apply. 80% 80% 80% 80%	
<b>Office Visits</b> <ul style="list-style-type: none"> <li>• Illness or Injury</li> <li>• Surgical Services</li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Anesthesiologist</li> <li>• Chiropractic Care</li> <li>• Physical, Occupational &amp; Speech Therapy</li> <li>• Mental Health and Substance Abuse</li> <li>• Urgent Care Visits</li> <li>• Convenience Care Visits</li> </ul>	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 per visit <i>Limited to 15 visits per covered person, per year.</i> 100% after \$20 copayment <i>For individual therapy or group therapy.</i> 100% after \$20 copayment per visit 100% after \$50 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% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i> 80% <i>The deductible does not apply.</i> Covered as in network benefit 80%	
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible Generic: \$10	Preferred: \$25 Non-preferred: \$50	After deductible the plan pays: 80%
<b>Prescription Drugs Received from Mail Order</b> <i>Up to a 93-day supply per prescription received at Medica's designated mail order vendor</i>	No deductible Generic: \$20	Preferred: \$50 Non-preferred: \$100	Not applicable
<b>Specialty Prescription Drugs</b> <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
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li>• Inpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> <li>• Mental Health and Substance Abuse</li> </ul> </li> <li>• Outpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Surgical Services</li> </ul> </li> </ul>	100% after \$100 copayment per admission 100% 100% after \$50 copayment per admission 100% after \$100 copayment per admission  100% 100% 100% after \$50 copayment per admission 100% 100% after \$50 copayment per admission 100% after \$50 copayment per admission	80% 80% 80% 80%  80% 80% 80% 80% 80% 80%	
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care Center</li> <li>• Hospital Emergency Room</li> <li>• Emergency Ambulance</li> </ul>	100% after \$50 copayment per admission 100% after \$100 copayment per admission 80%	Covered as in-network benefit Covered as in-network benefit 80%	
<b>Durable Medical Equipment and Prosthetics</b>	80%		80%
<b>Home Health Care</b>	80%		80%
<b>Fitness Program</b> -myMedica.com -Fitness Center	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend <b>12 times</b> 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>		



# Elect CoPay Plan

*Formerly Elect Plan*

Elect CoPay plan is a network plan that requires members to designate and access care through a primary care clinic and access specialists under the referral process or requirements of the care system. (For a list of providers go to [ahschools.us/insurance](http://ahschools.us/insurance).)

Partial Listing of Covered Services	In-Network Benefits	Out-of-Network Benefits*	
<b>Annual Deductible</b> <i>(calendar year)</i>	Not applicable Not applicable	\$250/covered person \$500/family	
<b>Annual Out-of-Pocket Maximum</b>	\$4,000 per person / \$13,700 per family combined		
<b>Lifetime Maximum</b>	Unlimited		
	<b>When you receive covered services, the Plan pays:</b>	<b>When you receive covered services after deductible has been met, the Plan pays:</b>	
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Routine Physical Exams</li> <li>• Immunizations</li> <li>• Well Child Care</li> <li>• Mammograms</li> <li>• Pap Smears</li> <li>• Allergy Shots</li> <li>• Routine Eye Exams</li> </ul>	No deductible 100% 100% 100% 100% 100% 100% 100%	After deductible the plan pays: 80% 80% 100% The deductible does not apply. 80% 80% 80% 80%	
<b>Office Visits</b> <ul style="list-style-type: none"> <li>• Illness or Injury</li> <li>• Surgical Services</li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Anesthesiologist</li> <li>• Chiropractic Care</li>   <li>• Physical, Occupational &amp; Speech Therapy</li> <li>• Mental Health and Substance Abuse</li> <li>• Urgent Care Visits</li> <li>• Convenience Care Visits</li> </ul>	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 per visit <i>Limited to 15 visits per covered person, per year.</i> 100% after \$20 copayment <i>For individual therapy or group therapy.</i> 100% after \$20 copayment per visit 100% after \$50 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% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i> 80% <i>The deductible does not apply.</i> Covered as in network benefit 80%	
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible Generic: \$10	Preferred: \$25 Non-preferred: \$50	After deductible the plan pays: 80%
<b>Prescription Drugs Received from Mail Order</b> <i>Up to a 93-day supply per prescription received at Medica's designated mail order vendor</i>	No deductible Generic: \$20	Preferred: \$50 Non-preferred: \$100	Not applicable
<b>Specialty Prescription Drugs</b> <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
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li>• Inpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> <li>• Mental Health and Substance Abuse</li> </ul> </li> <li>• Outpatient Hospital <ul style="list-style-type: none"> <li>• Facility</li> <li>• Physician</li> <li>• Anesthesiologist</li> </ul> </li> <li>• Lab, X-ray, and Pathology</li> <li>• Enhanced Radiology (PET,CT,MRI)</li> <li>• Surgical Services</li> </ul>	100% after \$100 copayment per admission 100% 100% after \$50 copayment per admission 100% after \$100 copayment per admission  100% 100% 100% after \$50 copayment per admission 100% 100% after \$50 copayment per admission 100% after \$50 copayment per admission	80% 80% 80% 80%  80% 80% 80% 80% 80%	
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>• Urgent Care Center</li> <li>• Hospital Emergency Room</li> <li>• Emergency Ambulance</li> </ul>	100% after \$50 copayment per admission 100% after \$100 copayment per admission 80%	Covered as in-network benefit Covered as in-network benefit 80%	
<b>Durable Medical Equipment and Prosthetics</b>	80%	80%	
<b>Home Health Care</b>	80%	80%	
<b>Fitness Program</b> -myMedica.com -Fitness Center	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend <b>12 times</b> or more per month. <i>Limited to one \$20 credit per month per fitness membership. Check <a href="http://medica.com">medica.com</a> for list of participating fitness centers.</i>		

# **GENERAL AND CONTACT INFORMATION**

## **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**

**VantagePlus Customer Service – 1-866-882-8493**

**Optum Employee Assistance Program – 1-800-626-7944**

**CallLink Nurseline – 1-800-962-9497**

**Medica Behavioral Health – 1-800-848-8327**

**Mid America Customer Service – 855-329-0095**

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.

The health care plans 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 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 [ahschools.us/Insurance](http://ahschools.us/Insurance) to access the federally-required Summary of Benefits and Coverage.

## ***Important Definitions to understand when choosing your health insurance***

**ACO-Accountable Care Organization-** networks or teams of health care providers (doctors, clinics, hospitals, etc) that collaborate with Medica to make health care more efficient.

**Care Systems-** A group of providers, including primary care physicians, that coordinate the delivery of health services. Examples of care systems are Allina, Health Partners, Park Nicollet, Fairview.

**Coinsurance-** A percentage amount you must pay to the provider for health services received.

**CoPay-** A fixed dollar amount you must pay to the provider for health services received.

**Deductible-** A fixed dollar amount you must pay for eligible services or supplies before health claims are paid on your behalf.

**Embedded Deductible-** A single member of a family doesn't have to meet the full family deductible for after-deductible benefits to commence.

**Employee Premium-** The amount you owe from your paycheck for your health insurance, varies by plan and will change from last plan year.

### **HRA Contributions (Health Reimbursement Account)-**

The District provides additional money in an HRA account to help pay out-of-pocket costs on the deductible plans.

**Network Access-** 90/10 Choice and 80/20 Choice Plans are open-access, allowing you to see any specialist you want in the Choice network without a referral. Elect and VantagePlus Plans have smaller networks with managed access to specialists.

**Network-** A provider (such as a hospital or physician) that has entered into a written agreement with Medica.

**Out of Network-** A provider not under contract as a network provider.

**Out-of-Pocket Costs-** Generally speaking, plans with higher out-of-pocket costs will have lower premiums. As premiums gradually increase, you may find it makes sense to move to a plan with more out-of-pocket costs.

**Out-of-Pocket Max-** The most you have to pay for covered services in a plan year. (Not including premiums.)

## ANNUAL NOTICE OF UNIVERSAL AVAILABILITY - 403(b)

Anoka-Hennepin School District offers our employees the opportunity to save for retirement by participating in the Anoka-Hennepin 403(b) Plan. You can participate in this plan by making pre-tax contributions. You are eligible to voluntarily participate in this plan even if you are not eligible for a District match.

### Not yet contributing to the 403(b) Plan?

To start your contributions to the 403(b) Plan, you will need to establish an account with one of our four approved vendors. They will help you complete a Salary Reduction Agreement and return it to the Anoka-Hennepin Payroll Department. You can find vendor information, instruction information, and the Salary Reduction Agreement on the District website: <http://bit.ly/A-H403b>

**Already contributing to the 403(b) Plan? Great news! You have an opportunity to increase your contributions to the 403(b) Plan.**

If you are currently contributing to the 403(b) Plan, you may be able to increase your pre-tax contributions at any time. To change your contributions, complete and return a Salary Reduction Agreement to Anoka-Hennepin Payroll Department.

Of course, you can keep your contributions at the current level. In the alternative, if your current financial situation means that you need to lower what you are saving for retirement, you can change your

contribution amount by completing and returning a Salary Reduction Agreement as described above.

You can start, stop, or change your pre-tax deductions at any time during the year. You do not have to wait for open enrollment or wait to become eligible for the match.

### How much can I contribute?

In 2019, employees can contribute up to \$19,000 in regular contributions. This amount may be adjusted annually based on IRS regulations. Also, if you are at least 50 years old, you may also contribute up to an additional \$6,000 in catch up contributions.

This Notice is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products under the Plan can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.

### Additional Resources:

IRS Website – <https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-topics-403b-contribution-limits>

Anoka Hennepin 403(b) Information & Salary Reduction Forms Website – <http://bit.ly/A-H403b>

### Questions?

Contact the Labor Relations & Benefits Department at 763-506-1108.

## Did you know that Anoka-Hennepin Schools has an award winning staff wellness program available to all employees?



Here are a few of the program offers:

- \$10 off Community Education Adult Learning wellness related classes
- FREE financial education classes
- Reimbursement rates through our YMCA corporate partnership
- Building mini grants
- District staff tournaments

In addition to the above benefits, Medica insured employees have access to My Health Rewards by Medica, Healthy Savings, and health club usage reimbursements.

If you have any questions about our staff wellness program, please email Jen Gilbert, Wellness Specialist, at [jennifer.gilbert@ahschools.us](mailto:jennifer.gilbert@ahschools.us)

# Health & Hospitalization and Dental Rates

September 1, 2019 –  
August 31, 2020

		Teachers Secretaries* Paraeducators* Custodian/Maintenance Community School Coord. Child Nutrition Supvs.	Technical Specialists Ed. Support Professionals School Readiness/Kdg Readiness Misc. E-12* Misc. Community Ed.
		Monthly	Per 20 Pay Days*
District Contribution	Health & Hospitalization	Single \$654.00	\$392.40
	Family	\$1,150.00	\$690.00
	Dental	\$80.00	\$48.00
Employee Single Contribution	Elect 80/20	\$0.00	\$0.00
	Choice 80/20	\$0.00	\$0.00
	Choice 90/10	\$83.00	\$49.80
	VantagePlus CoPay	\$83.00	\$49.80
	Elect CoPay	\$83.00	\$49.80
Employee Family Contribution	Elect 80/20	\$390.00	\$234.00
	Choice 80/20	\$485.00	\$291.00
	Choice 90/10	\$900.00	\$540.00
	VantagePlus CoPay	\$900.00	\$540.00
	Elect CoPay	\$900.00	\$540.00
Employee Dental Contribution		\$5.00	\$3.00

\*Per Pay Day Amount Not Applicable to: Child Nutrition Assistants, 9-month secretaries, CAPE staff, Bus Paras

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

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

## Total Insurance Rates September 1, 2019 – August 31, 2020

Health & Hospitalization Insurance	SINGLE		FAMILY		ANNUAL HRA Active Employees Only	
	Monthly	Annual	Monthly	Annual	Single	Family
Elect 80/20 - \$1,500/\$3,000 Deductible	\$554	\$6,648	\$1,540	\$18,480	\$750	\$1,500
Choice 80/20 - \$1,500/\$3,000 Deductible	\$586	\$7,032	\$1,635	\$19,620	\$750	\$1,500
Choice 90/10 - \$500/\$1,000 Deductible	\$737	\$8,844	\$2,050	\$24,600	\$250	\$500
VantagePlus CoPay Plan	\$737	\$8,844	\$2,050	\$24,600		
Elect CoPay Plan	\$737	\$8,844	\$2,050	\$24,600		
Dental Insurance	\$85	\$1,020	\$85	\$1,020		

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 13, 2019 WITH AN EFFECTIVE DATE OF SEPTEMBER 1, 2019.