



2017-2018 OPEN ENROLLMENT BENEFIT OPTIONS

INSURANCE YEAR OPEN ENROLLMENT MAY 30-JUNE 15, 2017 HIGHLIGHTS FOR 2017-2018

- Health care flex will increase to \$2,600.00.
- Remember your 2016-17 health care flexible spending account balances (up to \$500) automatically rollover to the 2017-18 plan year for active employees. You must re-enroll each year in health care and dependent care flex (daycare) elections.
- For active employees enrolled in the High Deductible health plan, there is an additional employer contribution incentive to your HRA (health reimbursement arrangement) of \$750 single or \$500 family.
- Health Care Reform requires a standardized benefit summary — Employees can access it at ahschools.us/insurance.
- Call the Insurance Department to change your primary care clinic.
- Supplemental Life enrollment **WILL NOT** be open this year.

SMARTBEN ELECTRONIC ENROLLMENT SYSTEM

Changes are 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 pending until the Insurance Staff accepts them.

To access a smartben annual open enrollment instruction booklet, go to: ahschools.us/insurance

MARK YOUR CALENDAR – OPEN ENROLLMENT 2017-2018

Anoka-Hennepin continues to offer high-quality, reasonably priced benefit options for district employees, dependents and retirees. **Open enrollment is your opportunity to review or change your benefits: May 30th – June 15th.** Even if you are satisfied with your current enrollment, it's always good practice to review and confirm that you've signed up for the right plan for you and your family. It's wise to review your out-of-pocket medical costs and copays to determine which plan is best for you and the amount to elect for your health care flexible spending account. It's also a good time to check the dependents on your health and dental plans and the beneficiaries on your group term life insurance plan.

Anoka-Hennepin provides a very generous benefits package to employees. The Insurance Department administers all employee benefits: health and hospitalization, dental, group term life, long term disability, health care and dependent care flex spending accounts, supplemental term life and worker's compensation. We also assist in the 403(b) retirement plan, sick leave, and retirement benefits. Our wellness program and employee assistance program are other benefits offered to help our 8,000 employees manage their lives.

For the 17-18 insurance plan year, Anoka-Hennepin will continue to offer the four health plan options: Medica Choice Passport, Medica Elect/Essential network plan, the Medica Low Deductible 90/10 health plan with HRA, and the Medica High Deductible 80/20 plan with HRA. The High Deductible and Low Deductible Plans will continue to have the debit card to access their HRA account funds. The School Board has again approved allocating an additional HRA incentive payment to active employees that enroll in 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 \$1,500 for family, will cover the entire deductible amount for a single policy holder or two-thirds of the deductible amount for a family policyholder.

The Insurance Department takes pride in providing excellent customer service to our employees and retirees. We are the team that ensures that your benefit issues are handled quickly and efficiently. You can count on us to answer questions and provide assistance regarding your insurance needs. Call the Insurance Department at **763-506-1080**.

Did you know...

...that we process ALL clinic changes for the Elect/Essential plans?

...that we can help employees with Medica or Delta troubleshooting?

...that we will process your life event, such as newborns, marriages, divorces, spouse employment change?

...that we can look up your health care or dependent care flex balances at any time?

...that the district insurance website is a great resource?



At Anoka-Hennepin, your personal wellness matters to us. As a Medica insured employee you have exclusive wellness benefits, such as the Healthy Savings program which saves you money on common groceries at local supermarkets. You also have access to Medica's My Health Rewards program, an online resource that includes a health assessment and support programs to help you make positive changes in a variety of areas. Not only do you receive a plan and online support, you can also earn up to \$100 in gift cards every year.

There are also many benefits all Anoka-Hennepin employees have access to, including our corporate partnership with the YMCA, \$10 off adult Community Education classes, building wellness programs, mini grants, and staff-only athletic tournaments.

Our employee wellness program has earned awards from both the American Heart Association and the American Diabetes Association. We are committed to growing our employee wellness program by offering new and exciting wellness initiatives to help you meet your personal wellness goals.

In addition to our previous program offerings, new this year were the staff dodgeball tournament as well as the American Heart Association Heart Walk. We look forward to bringing you even more opportunities during the 2017-18 school year!

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, whether or not you are actively contributing to it, 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 2017, employees can contribute up to \$18,000 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 – [http://www.irs.gov/Retirement-Plans/IRC-403\(b\)-Tax-Sheltered-Annuity-Plans](http://www.irs.gov/Retirement-Plans/IRC-403(b)-Tax-Sheltered-Annuity-Plans)

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.



IDENTITY THEFT -- DO YOU KNOW THE SIGNS?

Identity theft is nothing new, but the threat is more prevalent and the scams are more sophisticated than ever. Anoka Hennepin employees covered under the Madison National Life Insurance policy are now offered a new service: Identity Theft Assistance. You and your family members are protected against this crime at no cost and no need to sign up.

Just call the phone number below if you ever find yourself a victim of identity theft. If you suspect credit card fraud or if your personal or financial information were to become compromised, we've got you covered. We hope you never have to use this service, but we hope you will feel more secure knowing that there's a dedicated person to assist you if you should ever have the need.

Identity Theft Assistance: Call toll-free 24/7 at 855-860-3727

MEDICA SELF-INSURED HIGH DEDUCTIBLE PLAN SUMMARY OF BENEFITS

Anoka-Hennepin School District September 1, 2017

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

HRA District incentive:
Additional \$750 single / \$500 family

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	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 Medical & Rx	\$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	No deductible	After deductible the plan pays
• Routine Physical Exams	100%	60%
• Immunizations	100%	60%
• Well Child Care	100%	100% The deductible does not apply.
• Mammograms	100%	60%
• Pap Smears	100%	60%
• Allergy Shots	100%	60%
• Routine Eye Exams	100%	60%
Office Visits	After deductible the plan pays	After deductible the plan pays
• Illness or Injury	80%	60%
• Surgical Services	80%	60%
• Lab, X-ray, and Pathology	80%	60%
• Enhanced Radiology (PET,CT,MRI)	80%	60%
• Anesthesiologist	80%	60%
• Chiropractic Care	80% <i>Limited to 15 visits per covered person, per year.</i>	60% <i>Limited to 15 visits per covered person, per year.</i>
• Physical, Occupational & Speech Therapy	80%	60% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i>
• Mental Health and Substance Abuse	80%	
• Urgent Care Visits	80%	Covered as in network benefit
• Convenience Care Visits	80%	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 LOW DEDUCTIBLE PLAN SUMMARY OF BENEFITS

Anoka-Hennepin School District September 1, 2017

HRA - District contribution for active policy holder
\$250 single / \$500 family

Incentive not available.

Low 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*
Annual Deductible <i>(contract / plan year)</i>	\$500 single/\$1,000 family Medical only embedded	\$500 single/\$1,000 family Medical only embedded
Annual Out-of-Pocket Maximum	\$1,500 single/\$3,000 family Medical & Rx	\$1,500 single/ \$3,000 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	No deductible	After deductible the plan pays
• Routine Physical Exams	100%	60%
• Immunizations	100%	60%
• Well Child Care	100%	100% The deductible does not apply.
• Mammograms	100%	60%
• Pap Smears	100%	60%
• Allergy Shots	100%	60%
• Routine Eye Exams	100%	60%
Office Visits	After deductible the plan pays	After deductible the plan pays
• Illness or Injury	90%	60%
• Surgical Services	90%	60%
• Lab, X-ray, and Pathology	90%	60%
• Enhanced Radiology (PET,CT,MRI)	90%	60%
• Anesthesiologist	90%	60%
• Chiropractic Care	90% <i>Limited to 15 visits per covered person, per year.</i>	60% <i>Limited to 15 visits per covered person, per year.</i>
• Physical, Occupational & Speech Therapy	90%	60% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i>
• Mental Health and Substance Abuse	90%	
• Urgent Care Visits	90%	Covered as in network benefit
• Convenience Care Visits	90%	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 SUMMARY OF BENEFITS

Anoka-Hennepin School District September 1, 2017

Medica Choice Passport 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*
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	No deductible	After deductible the plan pays
• Routine Physical Exams	100%	80%
• Immunizations	100%	80%
• Well Child Care	100%	100% The deductible does not apply.
• Mammograms	100%	80%
• Pap Smears	100%	80%
• Allergy Shots	100%	80%
• Routine Eye Exams	100%	80%
Office Visits	No deductible	After deductible the plan pays
• Illness or Injury	100% after \$20 copayment per visit	80%
• Surgical Services	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%
• 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 for individual therapy or group therapy.	80% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i>
• Mental Health and Substance Abuse	100% after \$20 copayment per visit	80% The deductible does not apply.
• Urgent Care Visits	100% after \$20 copayment per visit	Covered as in network benefit
• 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>	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 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>	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 ELECT AND ESSENTIAL SUMMARY OF BENEFITS

Anoka-Hennepin School District September 1, 2017

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	No deductible	After deductible the plan pays
• Routine Physical Exams	100%	80%
• Immunizations	100%	80%
• Well Child Care	100%	100% The deductible does not apply.
• Mammograms	100%	80%
• Pap Smears	100%	80%
• Allergy Shots	100%	80%
• Routine Eye Exams	100%	80%
Office Visits	No deductible	After deductible the plan pays
• Illness or Injury	100% after \$20 copayment per visit	80%
• Surgical Services	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%
• 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 for individual therapy or group therapy.	80% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i>
• Mental Health and Substance Abuse	100% after \$20 copayment per visit	80% The deductible does not apply.
• Urgent Care Visits	100% after \$20 copayment per visit	Covered as in network benefit
• 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>	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 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>	No deductible 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
• Inpatient Hospital		
Facility	80%	60%
Physician	80%	60%
Anesthesiologist	80%	60%
Mental Health and Substance Abuse	80%	60%
• Outpatient Hospital		
Facility	80%	60%
Physician	80%	60%
Anesthesiologist	80%	60%
• Lab, X-ray, and Pathology	80%	60%
• Enhanced Radiology (PET,CT,MRI)	80%	60%
• Surgical Services	80%	
Urgent or Emergency Care	After deductible the plan pays	
• Urgent Care Center	80%	Covered as in network benefit
• Hospital Emergency Room	80%	Covered as in network benefit
• Emergency Ambulance	80%	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	After deductible the plan pays	After deductible the plan pays
• Inpatient Hospital		
Facility	90%	60%
Physician	90%	60%
Anesthesiologist	90%	60%
Mental Health and Substance Abuse	90%	60%
• Outpatient Hospital		
Facility	90%	60%
Physician	90%	60%
Anesthesiologist	90%	60%
• Lab, X-ray, and Pathology	90%	60%
• Enhanced Radiology (PET,CT,MRI)	90%	60%
• Surgical Services	90%	
Urgent or Emergency Care	After deductible the plan pays	
• Urgent Care Center	90%	Covered as in network benefit
• Hospital Emergency Room	90%	Covered as in network benefit
• Emergency Ambulance	90%	Covered as in network benefit
Durable Medical Equipment and Prosthetics	After deductible the plan pays 90%	After deductible the plan pays 60%
Home Health Care	After deductible the plan pays 90%	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>	

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 on non-network provider bills you is more than the non-network provider reimbursement amount (as defined in your Plan Document) **you** are responsible for.
- * Members traveling outside the Medica Service area may access UnitedHealthcare Options PPO network and receive in-network benefits.

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 – 1-800-962-7373

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. You can view your plan details, 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 various programs.

This health care plan may not cover all your health care expenses; read your Plan Document carefully to determine which expenses are covered. In the Plan Document summary and your Plan Document, the Plan Document will take precedence in determining your benefits. **Plan Documents are available** on myMedica.com.

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. For more information on your actual costs under the Anoka-Hennepin benefit plan. Go to anoka.k12.mn.us/Insurance to access the new, federally-required summary.

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		
• Inpatient Hospital		
Facility	100% after \$100 copayment per admission	80%
Physician	100%	80%
Anesthesiologist	100% after \$50 copayment per admission	80%
Mental Health and Substance Abuse	100% after \$100 copayment per admission	80%
• Outpatient Hospital		
Facility	100%	80%
Physician	100%	80%
Anesthesiologist	100% after \$50 copayment per admission	80%
• Lab, X-ray, and Pathology	100%	80%
• Enhanced Radiology (PET,CT,MRI)	100% after \$50 copayment per admission	80%
• Surgical Services	100% after \$50 copayment per admission	80%
Urgent or Emergency Care		
• Urgent Care Center	100% after \$20 copayment per admission	Covered as in network benefit
• Hospital Emergency Room	100% after \$100 copayment per admission	Covered as in network benefit
• Emergency Ambulance	80%	Covered as in network benefit
Durable Medical Equipment and Prosthetics	80%	80%
Home Health Care	80%	80%
Fitness Program		
-myMedica.com		
-Fitness Center		

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		
• Inpatient Hospital		
Facility	100% after \$100 copayment per admission	80%
Physician	100%	80%
Anesthesiologist	100% after \$50 copayment per admission	80%
Mental Health and Substance Abuse	100% after \$100 copayment per admission	80%
• Outpatient Hospital		
Facility	100%	80%
Physician	100%	80%
Anesthesiologist	100% after \$50 copayment per admission	80%
• Lab, X-ray, and Pathology	100%	80%
• Enhanced Radiology (PET,CT,MRI)	100% after \$50 copayment per admission	80%
• Surgical Services	100% after \$50 copayment per admission	80%
Urgent or Emergency Care		
• Urgent Care Center	100% after \$20 copayment per admission	Covered as in network benefit
• Hospital Emergency Room	100% after \$100 copayment per admission	Covered as in network benefit
• Emergency Ambulance	80%	Covered as in network benefit
Durable Medical Equipment and Prosthetics	80%	80%
Home Health Care	80%	80%
Fitness Program		
-myMedica.com	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend 12 times or more per month.	
-Fitness Center	<i>Limited to one \$20 credit per month per fitness membership. Check medica.com for list of participating fitness centers.</i>	

ould include a percentage coinsurance, a fixed dollar copayment and/or deductible amount. In addition, if the amount that your are responsible for paying the difference, and such difference will not be applied toward the Out-of-Pocket Maximum.

To locate a UnitedHealthcare Options PPO network provider, go to medica.com and click on Find a Doctor and Travel Network.

-9497

Medica Behavioral Health - 1-800-848-8327

to help you manage your health plan benefits and improve your health. A few things you can do on **myMedica.com** is order another e in fun and effective health and wellness programs where you can earn up to \$100 in gift card rewards.

ered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this e on **Anoka-Hennepin website or by calling Medica Customer Service at 952-945-8000.**

of Benefits and Coverage. If you decide to review it, please note that the “coverage examples” are only hypothetical and are not based on of Benefits and Coverage.

September 1, 2017 – August 31, 2018 Health & Hospitalization and Dental Rates

Employee Groups	Monthly District Contribution				Monthly Employee Contribution												Per 20 Pay Periods - Employee Contribution											
	Health & Hospitalization		Dental		Choice Passport			Elect/Essential		Low Deductible		High Deductible		Choice Passport		Elect/Essential		Low Deductible		High Deductible		Dental						
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family				
Teachers	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Secretary/Clerical	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Paraeducators	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Custodians/Maintenance	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Child Nutrition Assis	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Comm. School Coord.	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Child Nutrition Site Supvs	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Technical Specialists	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Ed Support Prof	\$636.00	\$1,114.00	\$78.00	\$78.00	\$396.00	\$1,830.00	\$19.00	\$711.00	\$0.00	\$624.00	\$0.00	\$394.00	\$0.00	\$394.00	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$237.60	\$1098.00	\$11.40	\$426.60	\$374.40	\$374.40	\$4.20	\$4.20
Sch Readiness/K Readiness	\$636.00	\$1,074.00	\$78.00	\$78.00	\$396.00	\$1,870.00	\$19.00	\$751.00	\$0.00	\$664.00	\$0.00	\$434.00	\$0.00	\$434.00	\$237.60	\$1122.00	\$11.40	\$450.60	\$398.40	\$398.40	\$237.60	\$1122.00	\$11.40	\$450.60	\$398.40	\$398.40	\$4.20	\$4.20

Community Education Misc.

E-12 Miscellaneous

See Wage and Benefit Guidelines

See Letters of Agreement

Admin./Supvs

Bldg. Supvs

Confidentials

Principals

SPED Supvs

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

	SINGLE		FAMILY		RETIREE FAMILY	
	Monthly	Annual	Monthly	Annual	Single plus Spouse Monthly	Spouse Annual
Health & Hospitalization Insurance	\$1,032	\$12,384	\$2,944	\$35,328		
Medica Choice Passport	\$655	\$7,860	\$1,825	\$21,900		
Medica Elect/ Medica Essential	\$624	\$7,488	\$1,738	\$20,856		
Medica Low Deductible 90/10 Health Plan	\$540	\$6,480	\$1,508	\$18,096	\$1,308	\$15,696
Medica High Deductible 80/20 Health Plan			\$85	\$1,020		
Dental Insurance						

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 15, 2017 WITH AN EFFECTIVE DATE OF SEPT. 1, 2017.