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
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.

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**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?

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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!
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

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:**

- 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.
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>In-Network Benefits</th>
<th>Out-of-Network Benefits*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (contract/plan year)</td>
<td>$1,500 single/$3,000 family Medical only embedded</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$3,000 single/$6,000 family Medical &amp; Rx</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

- When you receive covered services, after the deductible has been met, the Plan pays:
  - Preventive Care
    - Routine Physical Exams: No deductible, 100%
    - Immunizations: 100%
    - Well Child Care: 100%
    - Mammograms: 100%
    - Pap Smears: 100%
    - Allergy Shots: 100%
    - Routine Eye Exams: 100%
  - Office Visits: After deductible the plan pays
    - 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: 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: No deductible
    - Tier 1: 100% after $20 copayment
    - Tier 2: 100% after $50 copayment
    - Tier 3: 100% after $100 copayment

- When you receive covered services after deductible has been met, the Plan pays:
  - Preventive Care
    - Routine Physical Exams: After deductible the plan pays 60%
    - Immunizations: 60%
    - Well Child Care: 60%
    - Mammograms: 60%
    - Pap Smears: 60%
    - Allergy Shots: 60%
    - Routine Eye Exams: 60%
  - Office Visits: After deductible the plan pays
    - Illness or Injury: 60%
    - Surgical Services: 60%
    - Lab, X-ray, and Pathology: 60%
    - Enhanced Radiology (PET, CT, MRI): 60%
    - Anesthesiologist: 60%
    - Chiropractic Care: 60%
    - Physical, Occupational & Speech Therapy: 60%
    - Mental Health and Substance Abuse: 60%
    - Urgent Care Visits: 60%
    - Convenience Care Visits: 60%
  - Prescription Drugs Received at Pharmacy: After deductible the plan pays 60%
    - Tier 1: 60%
    - Tier 2: 60%
    - Tier 3: 60%
  - Prescription Drugs Received from Mail Order: Not applicable

## Low 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>In-Network Benefits</th>
<th>Out-of-Network Benefits*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (contract/plan year)</td>
<td>$500 single/$1,000 family Medical only embedded</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$1,500 single/$3,000 family Medical &amp; Rx</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

- When you receive covered services, after the deductible has been met, the Plan pays:
  - Preventive Care
    - Routine Physical Exams: No deductible
    - Immunizations: 100%
    - Well Child Care: 100%
    - Mammograms: 100%
    - Pap Smears: 100%
    - Allergy Shots: 100%
    - Routine Eye Exams: 100%
  - Office Visits: After deductible the plan pays
    - Illness or Injury: 90%
    - Surgical Services: 90%
    - Lab, X-ray, and Pathology: 90%
    - Enhanced Radiology (PET, CT, MRI): 90%
    - Anesthesiologist: 90%
    - Chiropractic Care: 90%
    - Physical, Occupational & Speech Therapy: 90%
    - Mental Health and Substance Abuse: 90%
    - Urgent Care Visits: 90%
    - Convenience Care Visits: 90%
  - 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: After deductible the plan pays 60%
    - Tier 1: 60%
    - Tier 2: 60%
    - Tier 3: 60%

- When you receive covered services after deductible has been met, the Plan pays:
  - Preventive Care
    - Routine Physical Exams: After deductible the plan pays 60%
    - Immunizations: 60%
    - Well Child Care: 60%
    - Mammograms: 60%
    - Pap Smears: 60%
    - Allergy Shots: 60%
    - Routine Eye Exams: 60%
  - Office Visits: After deductible the plan pays
    - Illness or Injury: 60%
    - Surgical Services: 60%
    - Lab, X-ray, and Pathology: 60%
    - Enhanced Radiology (PET, CT, MRI): 60%
    - Anesthesiologist: 60%
    - Chiropractic Care: 60%
    - Physical, Occupational & Speech Therapy: 60%
    - Mental Health and Substance Abuse: 60%
    - Urgent Care Visits: 60%
    - Convenience Care Visits: 60%
  - Prescription Drugs Received at Pharmacy: After deductible the plan pays 60%
    - Tier 1: 60%
    - Tier 2: 60%
    - Tier 3: 60%
  - Prescription Drugs Received from Mail Order: Not applicable
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

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<tr>
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<tbody>
<tr>
<td>Annual Deductible (calendar year)</td>
<td>Not applicable</td>
<td>$250/covered person $500/family</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$4,000/combo. per covered person</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td></td>
</tr>
</tbody>
</table>

When you receive covered services, the Plan pays:
- Preventive Care: No deductible 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: No deductible after deductible has been met, the Plan pays:
  - 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: No deductible after deductible has been met, the Plan pays:
  - Tier 1: 100% after $10 copayment
  - Tier 2: 100% after $20 copayment
  - Tier 3: 100% after $50 copayment
- Prescription Drugs Received from Mail Order: 100% after deductible has been met, the Plan pays:
  - Tier 1: 100% after $10 copayment
  - Tier 2: 100% after $20 copayment
  - Tier 3: 100% after $50 copayment

### Medica Elect & Medica Essential

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

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<td>Lifetime Maximum</td>
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<td></td>
</tr>
</tbody>
</table>

When you receive covered services, the Plan pays:
- Preventive Care: No deductible after deductible has been met, the Plan pays:
  - Routine Physical Exams: 80%
  - Immunizations: 80%
  - Well Child Care: 80%
  - Mammograms: 80%
  - Pap Smears: 80%
  - Allergy Shots: 80%
  - Routine Eye Exams: 80%
- Office Visits: No deductible after deductible has been met, the Plan pays:
  - Illness or Injury: 100% after $10 copayment per visit
  - Surgical Services: 100% after $20 copayment per visit
  - Lab, X-ray, and Pathology: 100% after $50 copayment per visit
- Enhanced Radiology (PET, CT, MRI): 100% after $50 copayment per visit
- Anesthesiologist: 100% after $50 copayment per visit
- Chiropractic Care: 100% after $20 copayment per visit
- Physical, Occupational & Speech Therapy: 100% after $20 copayment per visit
- Mental Health and Substance Abuse: 100% after $20 copayment per visit
- Urgent Care Visits: 100% after $20 copayment per visit
- Convenience Care Visits: 100% after $20 copayment per visit
- Prescription Drugs Received at Pharmacy: No deductible after deductible has been met, the Plan pays:
  - Tier 1: 100% after $10 copayment
  - Tier 2: 100% after $20 copayment
  - Tier 3: 100% after $50 copayment
- Prescription Drugs Received from Mail Order: 100% after deductible has been met, the Plan pays:
  - Tier 1: 100% after $10 copayment
  - Tier 2: 100% after $20 copayment
  - Tier 3: 100% after $50 copayment

*Not applicable*
### Specialty Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>See Plan Document for details</th>
<th>No Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Prescription Drugs</td>
<td>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.</td>
<td></td>
</tr>
</tbody>
</table>

### Services Received in a Hospital or Surgicenter

<table>
<thead>
<tr>
<th></th>
<th>After deductible the plan pays</th>
<th>After deductible the plan pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td></td>
<td></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></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Hospital</strong></td>
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<td></td>
</tr>
<tr>
<td>Facility</td>
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</tr>
<tr>
<td>Anesthesiologist</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Lab, X-ray, and Pathology</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Enhanced Radiology</td>
<td>(PET,CT,MRI)</td>
<td>80%</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>80%</td>
<td></td>
</tr>
</tbody>
</table>

### Urgent or Emergency Care

<table>
<thead>
<tr>
<th></th>
<th>After deductible the plan pays</th>
<th>Covered as in network benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Center</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Emergency Ambulance</td>
<td>80%</td>
<td></td>
</tr>
</tbody>
</table>

### Durable Medical Equipment and Prosthetics

<table>
<thead>
<tr>
<th></th>
<th>After deductible the plan pays</th>
<th>After deductible the plan pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Care</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### Fitness Program

<table>
<thead>
<tr>
<th></th>
<th>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 medica.com for list of participating fitness centers.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fitness Program</strong></td>
<td></td>
</tr>
<tr>
<td>-<a href="#">myMedica.com</a></td>
<td></td>
</tr>
<tr>
<td>-Fitness Center</td>
<td></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 for 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

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: 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.

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

**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. To find out 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
Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.

<table>
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<th>Services Received in a Hospital or Surgicenter</th>
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<tr>
<td><strong>Inpatient Hospital</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>100% after $100 copayment per admission</td>
<td>80%</td>
</tr>
<tr>
<td>Physician</td>
<td>100% after $50 copayment per admission</td>
<td>80%</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>100% after $100 copayment per admission</td>
<td>80%</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>100% after $100 copayment per admission</td>
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<td>Lab, X-ray, and Pathology</td>
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<tr>
<td>Surgical Services</td>
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<td>80%</td>
</tr>
<tr>
<td><strong>Urgent or Emergency Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>100% after $20 copayment per admission</td>
<td>Covered as in network benefit</td>
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<tr>
<td>Durable Medical Equipment and Prosthetics</td>
<td>80%</td>
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<tr>
<td>Home Health Care</td>
<td>80%</td>
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</table>

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

- **Durable Medical Equipment and Prosthetics**
  - 80%

- **Urgent or Emergency Care**
  - Urgent Care Center
  - Hospital Emergency Room
  - Emergency Ambulance

- **Durable Medical Equipment and Prosthetics**
  - 80%

- **Home Health Care**
  - 80%

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

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

A service to help you manage your health plan benefits and improve your health. A few things you can do on myMedica.com is order another prescription for a medication, participate in fun and effective health and wellness programs where you can earn up to $100 in gift card rewards.

Would include a percentage coinsurance, a fixed dollar copayment and/or deductible amount. In addition, if the amount that your plan requires you to pay 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.

- **Due to**.

- **To**.

- **For**.

- **Coverage**.

- **Medica**.

- **Benefits**.

- **Coverage**.

- **Behavioral Health**.

- **Medica**.

- **Customer Service**.

- **952-945-8000**.

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

- **Medica**.

- **Benefits**.

- **Coverage**.

- **Medica**.

- **Customer Service**.

- **952-945-8000**.
# September 1, 2017 – August 31, 2018
## Health & Hospitalization and Dental Rates

<table>
<thead>
<tr>
<th>Employee Groups</th>
<th>Monthly District Contribution</th>
<th>Monthly Employee Contribution</th>
<th>Per 20 Pay Periods - Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health &amp; Hospitalization</td>
<td>Choice Passport</td>
<td>Elect/Essential</td>
</tr>
<tr>
<td>Teachers</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Secretary/Clerical</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Paraeducators</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Custodians/Maintenance</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Child Nutrition Asts</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Comm. School Coord.</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Child Nutrition Site Supvs</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Technical Specialists</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Ed Support Prof</td>
<td>$636.00</td>
<td>$1,114.00</td>
<td>$78.00</td>
</tr>
<tr>
<td>Sch Readiness/K Readiness</td>
<td>$636.00</td>
<td>$1,074.00</td>
<td>$78.00</td>
</tr>
</tbody>
</table>

| Employee Groups               | Monthly District Contribution | Monthly Employee Contribution | Per 20 Pay Periods - Employee Contribution |
|                               | Dental |        | Dental |        |        |        |
|                               | Single | Family | Single  | Family | Single | Family |
| Teachers                      | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Secretary/Clerical            | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Paraeducators                | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Custodians/Maintenance        | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Child Nutrition Asts          | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Comm. School Coord.           | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Child Nutrition Site Supvs    | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Technical Specialists         | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Ed Support Prof               | $636.00 | $1,114.00 | $78.00 | $396.00 | $1,830.00 | $19.00 | $711.00 | $0.00  | $624.00 | $0.00  | $394.00 | $7.00  |
| Sch Readiness/K Readiness     | $636.00 | $1,074.00 | $78.00 | $396.00 | $1,870.00 | $19.00 | $751.00 | $0.00  | $664.00 | $0.00  | $434.00 | $7.00  |

### Community Education Misc.
- Refer to your Contract, Working Agreement, or School Board Policy for eligibility and District contribution.

### E-12 Miscellaneous
- 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.

### TOTAL INSURANCE RATES

<table>
<thead>
<tr>
<th>Health &amp; Hospitalization Insurance</th>
<th>Monthly District Contribution</th>
<th>Monthly Employee Contribution</th>
<th>Per 20 Pay Periods - Employee Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health &amp; Hospitalization</td>
<td>Choice Passport</td>
<td>Elect/Essential</td>
</tr>
<tr>
<td>Medica Choice Passport</td>
<td>$1,032</td>
<td>$12,384</td>
<td>$2,944</td>
</tr>
<tr>
<td>Medica Elect/ Medica Essential</td>
<td>$655</td>
<td>$7,860</td>
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</tr>
<tr>
<td>Medica Low Deductible 90/10 Health Plan</td>
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<tr>
<td>Medica High Deductible 80/20 Health Plan</td>
<td>$540</td>
<td>$6,480</td>
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</tr>
<tr>
<td>Dental Insurance</td>
<td>$85</td>
<td>$1,020</td>
<td>$1,308</td>
</tr>
</tbody>
</table>

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