



ANOKA-HENNEPIN
SCHOOLS
A future without limit

2013-2014

OPEN ENROLLMENT BENEFIT OPTIONS

HIGHLIGHTS FOR 2013-2014 INSURANCE YEAR OPEN ENROLLMENT:

- 1 Health Care Reform requires a standardized benefit summary – Employees can access this at www.anoka.k12.mn.us/Insurance
- 2 Medica Choice Select is changing to Medica Choice Passport (new name, same plan)
- 3 No change in health or dental plan design
- 4 Remember, you must re-enroll each year in Flex Health Care and Dependent Care (daycare) Elections
- 5 Supplemental Life enrollment **WILL NOT** be open this year
- 6 To access Notice of Privacy Practices for Protected Health Information (HIPAA) go to www.anoka.k12.mn.us/Insurance

USER NAME & PASSWORD FOR SMARTBEN ENROLLMENT SYSTEM

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

Log on to www.smartben.com and enter your:

- **User name – 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
[www.anoka.k12.mn.us/
Insurance](http://www.anoka.k12.mn.us/Insurance)



Anoka-Hennepin School District

To: Anoka-Hennepin Benefit Eligible Employees

*From: Brandon Nelson, Director of Labor Relations & Benefits
Colleen Sewall, Insurance Benefits Supervisor*

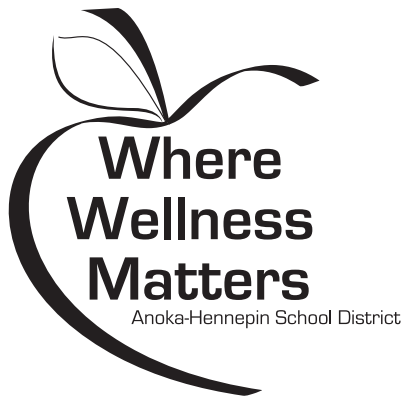
Re: 2013-2014 Anoka-Hennepin Employee Benefits

Anoka-Hennepin has a self-insured health & hospitalization plan. This means that the District pays each claim that comes through for employees and their dependents. In years when our claims are low we reap the benefit as we have for three years with no increase in premium costs. The past year we did have a number of very high claims, medical trend costs continue to rise, and more dependents have been added to the Anoka-Hennepin plan. All these factors contributed to a large increase in premiums this year. We continue to look for ways to control costs in the Anoka-Hennepin plan including promoting good health with our Wellness Program and looking at different plan designs to offer in the future.

For the 2013/14 insurance year, we will continue offering the Medica Choice Passport (new name, same plan) and the Medica Elect and Medica Essential network plans to Anoka-Hennepin employees.

Remember to use the SmartBen electronic enrollment system to make any changes to your insurance. Call the Insurance Department at 506-1080 to reach an Insurance Department staff member who will be available to help you with any questions or concerns.

YOU MUST ENROLL IN THE FLEXIBLE SPENDING PLANS EACH YEAR DURING OPEN ENROLLMENT.



Anoka-Hennepin was pleased to offer a Staff Wellness program called Where Wellness Matters this past year. Staff throughout the District are getting or staying healthy using the tools provided by our Medica health insurance and participating in healthy activities in their buildings. Using grant money provided by Medica, the Wellness Steering committee was able to establish a wellness contact person at each site and offer up to \$500 grants for wellness supplies or activities for each. Many buildings have taken advantage of this and are having a great time working on wellness with new pedometers, exercise DVDs, exercise equipment and classes. Being healthy and happy is something that all Anoka-Hennepin employees and their families deserve.

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

CHOICE SELECT TO CHOICE PASSPORT (new name, same plan)

Those employees enrolled in the Medica Choice plan will notice a name change starting September 1, 2013. Presently our Choice plan is called Medica Choice Select. It will change to **Medica Choice Passport**. Employees will continue to have open access to all Medica providers and there will be no changes to the plan itself. The only difference will be in how employees access providers outside of Minnesota. Effective September 1, 2013 those providers will be integrated into the Choice Passport network.

Employees on Elect or Essential will continue to access nationwide network providers using the Travel Program. For more information on accessing providers outside of Minnesota call the Insurance Department at 763-506-1080.

TERM LIFE INSURANCE

The amount of Basic Life, Basic AD&D and Supplemental Life Insurance reduces to 65% of the original face amount on the first of the month on/following your attainment of age 70, reduces to 45% of the original face amount on the first of the month on/following your attainment of age 75 and will terminate at the end of the month in which eligibility ends.

FREQUENTLY ASKED QUESTIONS

Because space is limited and the questions are many – the insurance department has provided the answers to the following frequently asked questions on the Insurance website at www.anoka.k12.mn.us/Insurance:



- 1. What is the difference between the Choice, Elect and Essential health plans?**
- 2. How can I change my primary care clinic if I am on the Elect or Essential plan?**
- 3. Why isn't supplemental term life insurance enrollment open every year?**
- 4. Why do I need to re-enroll in flex healthcare and/or daycare each year?**
- 5. How do I change my beneficiary on my term life insurance?**

MEDICA CHOICE PASSPORT SUMMARY OF BENEFITS

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	MSI Choice In-Network Benefits	Out-of-Network Benefits*
Annual Deductible	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		
• Routine Physical Exams	100%	80%
• Immunizations	100%	80%
• Well Child Care	100%	80%
• Mammograms	100%	80%
• Pap Smears	100%	80%
• Allergy Shots	100%	80%
• Routine Eye Exams	100%	80%
Office Visits		
• Illness or Injury	100% after \$20 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 per visit <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 per visit	80%
• Mental Health and Substance Abuse	100% after \$20 copayment for individual therapy or group therapy.	80% <i>The deductible does not apply.</i>
• Urgent Care Visits	100% after \$20 copayment per visit	80% <i>The deductible does not apply.</i>
• 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>	Tier 1: 100% after \$10 copayment Tier 2: 100% after \$25 copayment Tier 3: 100% after \$50 copayment	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>	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 <ul style="list-style-type: none"> • Inpatient Hospital <ul style="list-style-type: none"> Facility 100% after \$100 copayment per admission 80% Physician 100% 80% Anesthesiologist 100% after \$50 copayment per visit 80% Mental Health and Substance Abuse 100% after \$100 copayment per admission 80% • Outpatient Hospital <ul style="list-style-type: none"> Facility 100% 80% Physician 100% 80% Anesthesiologist 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% • Surgical Services 100% after \$50 copayment per visit 80% 	
Urgent or Emergency Care <ul style="list-style-type: none"> • Urgent Care Center 100% after \$20 copayment per visit 80% • Hospital Emergency Room 100% after \$100 copayment per visit 80% • Emergency Ambulance 80% 80% 	<i>The deductible does not apply to these services.</i>
Durable Medical Equipment and Prosthetics	80% 80%
Home Health Care	80% 80%

Fitness Program
-**myMedica.com** Available at no cost to employee.
-**Fitness Center** **Not offered.**

Out-of-Network Coverage

- * Coverage is limited to the non-network provider reimbursement amount (as defined in your Plan Document) after deductible is met.
- * If you decide to utilize your Out-of-Network Benefits, you may pay more than you would for In-Network Benefits. The amount you pay could include a percentage coinsurance, a fixed dollar copayment and/or deductible amount. In addition, if the amount that your non-network provider bills you is more than the non-network provider reimbursement amount (as defined in your Plan Document) **you are responsible for paying the difference**, and such difference will not be applied toward the Out-of-Pocket Maximum.
- * Members traveling outside the Medica Service area may access UnitedHealthcare Options PPO network and receive in-network benefits. To locate a UnitedHealthcare Options PPO network provider, go to www.medica.com and click on Find a Doctor and Travel Network.

Exclusions and Limitations to Coverage

Please see the Plan Document or call Medica Customer Service for specific information about excluded services or supplies.

Medica Contact Phone Numbers

Medica Customer Service (Mpls./St. Paul) – 952-945-8000; outside metro 1-800-952-3455

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

CallLink Nurseline – 1-800-962-9497

Medica Behavioral Health - 1-800-848-8327

Medica Health Coaching Program – 1-866-905-7430

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.

This health care plan may not cover all your health care expenses; read your Plan Document carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Plan Document, the Plan Document will take precedence in determining your benefits.

Plan Documents are available on Anoka Hennepin website or by calling Medica Customer Service at 952-945-8000.

Looking for more details?

Also included with the enrollment materials is a longer description of your coverage in a new, federally-required format called a Summary of Benefits and Coverage. If you decide to review it, please note that the "coverage examples" are only hypothetical and are not based on your actual costs under Anoka-Hennepin benefit plan. Go to www.anoka.k12.mn.us/Insurance to access the new, federally-required summary of Benefits and Coverage.

MEDICA SELF-INSURED ELECT AND MEDICA SELF-INSURED ESSENTIAL SUMMARY OF BENEFITS

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	MSI Elect and MSI Essential In-Network Benefits	Out-of-Network Benefits*
Annual Deductible	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		
• Routine Physical	100%	80%
• Immunizations	100%	80%
• Well Child Care	100%	80%
• Mammograms	100%	80%
• Pap Smears	100%	80%
• Allergy Shots	100%	80%
• Routine Eye Exams	100%	80%
Office Visits		
• Illness or Injury	100% after \$20 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 per visit	80%
• Mental Health and Substance Abuse	100% after \$20 copayment for individual therapy or group therapy.	80% <i>The deductible does not apply.</i>
• Urgent Care Visits	100% after \$20 copayment per visit	80% <i>The deductible does not apply.</i>
• Convenience Care Visits	100% after \$10 copayment per visit	80%
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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 visit	80%
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Facility	100%	80%
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• Hospital Emergency Room	100% after \$100 copayment per visit	80%
• Emergency Ambulance	80%	80%
Durable Medical Equipment and Prosthetics	80%	80%
Home Health Care	80%	80%
Fitness Program	Available at no cost to employee.	
-myMedica.com	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>	

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- * If you decide to utilize your Out-of-Network Benefits, you may pay more than you would for In-Network Benefits. The amount you pay could include a percentage coinsurance, a fixed dollar copayment and/or deductible amount. In addition, if the amount that you non-network provider bills you is more than the non-network provider reimbursement amount (as defined in your Plan Document) you are responsible for paying the difference, and such difference will not be applied toward the Out-of-Pocket Maximum.
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September 1, 2013 – August 31, 2014 Health & Hospitalization Rates

Employee Groups	Monthly District Contribution			Monthly Employee Contribution				Over 20 Pay Periods Per Payday Employee Contribution			
	Health & Hospitalization Single	Family	Dental	Choice Passport Single	Family	Elect/Essential Single	Family	Dental	Choice Passport	Elect/Essential	Dental
*Teachers	\$648.00	\$1,042.00	\$74.00	0.00	\$806.00	0.00	\$528.00	\$2.00	\$483.60	\$316.80	\$1.20
*CSC	\$648.00	\$1,004.00	\$74.00	0.00	\$844.00	0.00	\$566.00	\$2.00	\$506.40	\$339.60	\$1.20
*Interpreters	\$648.00	\$1,004.00	\$74.00	0.00	\$844.00	0.00	\$566.00	\$2.00	\$506.40	\$339.60	\$1.20
*Ed Support Prof	\$648.00	\$1,004.00	\$74.00	0.00	\$844.00	0.00	\$566.00	\$2.00	\$506.40	\$339.60	\$1.20
Secretary/Clerical	\$648.00	\$1,004.00	\$74.00	0.00	\$844.00	0.00	\$566.00	\$2.00	\$506.40	\$339.60	\$1.20
Paraeeducators	\$648.00	\$1,004.00	\$75.00	0.00	\$844.00	0.00	\$566.00	\$1.00	\$506.40	\$339.60	\$0.60
*Child Nutrition Assist	\$648.00	\$1,030.00	\$66.00	0.00	\$818.00	0.00	\$540.00	\$10.00	\$490.80	\$324.00	\$6.00
*Child Nutrition Site Supv	\$648.00	\$1,030.00	\$74.00	0.00	\$818.00	0.00	\$540.00	\$2.00	\$490.80	\$324.00	\$1.20
*Custodians/Maint	\$648.00	\$1,004.00	\$76.00	0.00	\$844.00	0.00	\$566.00	\$0.00	\$506.40	\$339.60	\$0.00
*Tech Specialists	\$648.00	\$1,004.00	\$75.00	0.00	\$844.00	0.00	\$566.00	\$1.00	\$506.40	\$339.60	\$0.60

Community Education Misc. See Wage and Benefit Guidelines
E-12 Miscellaneous See Letters of Agreement

Admin./Supv.	SEE YOUR	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.
Bldg. Supv.	YOUR	
*Confidentials	FLEX	
Principals	PLAN	
Spec. Ed. Prog./Supv.		

* District contribution may change as a result of contract negotiations or policy change.
Refer to your contract, working agreement, or School Board policy for eligibility and District contribution.

TOTAL INSURANCE PREMIUMS

	SINGLE		FAMILY		RETIREE FAMILY Single plus Spouse	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Health & Hospitalization Insurance						
Medica Choice Passport	\$648.00	\$7,776.00	\$1,848.00	\$22,176.00	\$1,648.00	\$19,776.00
Medica Elect/Medica Essential	\$550.00	\$6,600.00	\$1,570.00	\$18,840.00	\$1,370.00	\$16,440.00
Dental			\$76.00	\$912.00		

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 13, 2013 WITH AN EFFECTIVE DATE OF SEPT. 1, 2013.