



2014-2015 OPEN ENROLLMENT BENEFIT OPTIONS

HIGHLIGHTS FOR 2014-2015 INSURANCE YEAR OPEN ENROLLMENT:

- 1 New high deductible health plan is being offered this year, along with the Medica Choice Passport and Medica Elect/Essential plans. For actively employed policyholders, the High Deductible Health Plan includes a Health Reimbursement Account.
- 2 Change in the Health Care Flexible Spending Account will allow \$500 rollover to next plan year.
- 3 Health Care Reform requires standardized benefit summary – Employees can access at anoka.k12.mn.us/Insurance
- 4 Remember, you must re-enroll each year in Flex Health Care and Dependent Care (daycare) Elections
- 5 Supplemental Life enrollment **WILL NOT** be open this year

USERNAME & PASSWORD FOR SMARTBEN ENROLLMENT SYSTEM

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

Log on to smartben.com and enter your:

- **Username** – *Social Security number, no dashes*
(Example 123456789)
- **Password** – *eight digit date of birth, no slashes*
(Example 06101964)

Don't forget to print a confirmation page for your records when you're done making changes in SmartBen!

All changes are pending until the Insurance staff accepts them.

To access a
SmartBen Annual
Open Enrollment
Instruction Booklet
go to
[anoka.k12.mn.us/
Insurance](http://anoka.k12.mn.us/Insurance)



September 1, 2014 – August 31, 2015 Health & Hospitalization Rates

Employee Groups	Monthly District Contribution			Monthly Employee Contribution						Per 20 Pay Periods - Employee Contribution					
	Health & Hospitalization Single	Family	Dental	Choice Passport Single	Family	Elect/Essential Single	Family	High Deductible Single	Family	Dental	Single Coverage Choice Passport Single	Family Choice Passport	Elect/Essential Family	High Deductible Family	Dental Family
Teachers	\$606.00	\$1,084.00	\$76.00	\$70.00	\$844.00	\$0.00	\$554.00	\$0.00	\$294.00	\$6.00	\$42.00	\$506.40	\$332.40	\$176.40	\$3.60
Secretary/Clerical	\$606.00	\$1,044.00	\$76.00	\$70.00	\$884.00	\$0.00	\$594.00	\$0.00	\$334.00	\$6.00	\$42.00	\$530.40	\$356.40	\$200.40	\$3.60
Paraeducators	\$606.00	\$1,044.00	\$76.00	\$70.00	\$884.00	\$0.00	\$594.00	\$0.00	\$334.00	\$6.00	\$42.00	\$530.40	\$356.40	\$200.40	\$3.60
Custodians/Maintenance	\$606.00	\$1,044.00	\$76.00	\$70.00	\$884.00	\$0.00	\$594.00	\$0.00	\$334.00	\$6.00	\$42.00	\$530.40	\$356.40	\$200.40	\$3.60
Child Nutrition Assts	\$606.00	\$1,044.00	\$76.00	\$70.00	\$884.00	\$0.00	\$594.00	\$0.00	\$334.00	\$6.00	\$42.00	\$530.40	\$356.40	\$200.40	\$3.60
Comm. School Coord.	\$606.00	\$1,044.00	\$76.00	\$70.00	\$884.00	\$0.00	\$594.00	\$0.00	\$334.00	\$6.00	\$42.00	\$530.40	\$356.40	\$200.40	\$3.60
*Child Nutrition Site Supvs			\$76.00							\$6.00					\$3.60
*Technical Specialists			\$76.00							\$6.00					\$3.60
*Ed Support Prof			\$76.00							\$6.00					\$3.60

* District contribution being determined at time of printing.

Community Education Misc.
E-12 Miscellaneous

See Wage and Benefit Guidelines
See Letters of Agreement

Admin./Supv.
Bldg. Supv.
Confidentials
Principals
Spec. Ed. Prog./Supv.

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

Health & Hospitalization Insurance	SINGLE		FAMILY		RETIREE FAMILY Single plus Spouse	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Medica Choice Passport	\$676	\$8,112	\$1,928	\$23,136	\$1,728	\$20,736
Medica Elec/ Medica Essential	\$588	\$7,056	\$1,638	\$19,656	\$1,438	\$17,256
Medica High Deductible Health Plan	\$494	\$5,928	\$1,378	\$16,536	\$1,178	\$14,136
Dental Insurance			\$82	\$984		

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 17, 2014 WITH AN EFFECTIVE DATE OF SEPT. 1, 2014.

ANOKA-HENNEPIN'S NEW HIGH DEDUCTIBLE HEALTH PLAN FOR 2014-2015

Health Reimbursement arrangement for actively employed policy holders

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

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

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

Anoka-Hennepin's HDHP:

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

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

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

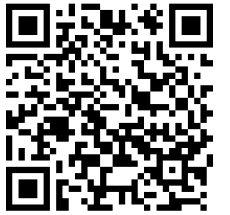
HRA funds may be used for:

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

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

NEW HIGH DEDUCTIBLE HEALTH PLAN OFFERED

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



BE A COMPARISON HEALTH CARE SHOPPER

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

HEALTH CARE FLEXIBLE SPENDING ACCOUNT ROLLOVER

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



Anoka-Hennepin School District

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

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

MEDICA SELF-INSURED HIGH DEDUCTIBLE PLAN SUMMARY OF BENEFITS

Anoka-Hennepin School District
September 1, 2014

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

HRA District incentive for bargaining units agreeing to lower insurance caps: Additional \$750 single / \$500 family (for 2014-15 only)

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	MSI In-Network Benefits	Out-of-Network Benefits*
Annual Deductible	\$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	\$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% <i>The deductible does not apply.</i>
• 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%
• Mental Health and Substance Abuse	80%	60%
• Urgent Care Visits	80%	60%
• 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 CHOICE PASSPORT, ELECT AND ESSENTIAL SUMMARY OF BENEFITS

Anoka-Hennepin School District
September 1, 2014

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

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	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	100%	80%
• Immunizations	100%	80%
• Well Child Care	100%	100% <i>The deductible does not apply.</i>
• 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 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	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>	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%	60%
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		
• Inpatient Hospital		
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		
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		<i>The deductible does not apply to these services.</i>
• Urgent Care Center	100% after \$20 copayment per visit	80%
• 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 -myMedica.com -Fitness Center	Available at no cost to employee enrolled in Elect or Essential Receive a \$20 monthly membership credit when you attend 12 times or more per month. <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 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 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

Tobacco Cessation Program – 1-800-934-4824

Medica Behavioral Health - 1-800-848-8327

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

Healthy Pregnancy Program – 1-888-992-3875

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 the Anoka-Hennepin benefit plan. Go to anoka.k12.mn.us/Insurance to access the new, federally-required summary of Benefits and Coverage.