

2021-2022 OPEN ENROLLMENT BENEFIT OPTIONS

Open Enrollment changes are made in the SmartBen electronic enrollment system.

Log on to ahschools.smartben.net and enter your:

- **Username** – Your Social Security Number, no dashes (Example 123456789)
- **Password** – Your Eight digit date of birth, no slashes (Example MMDDYYYY)
- Remember 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.

HIGHLIGHTS FOR 2021-2022

- Open Enrollment is June 1 – June 15, with changes effective September 1, 2021.
- No premium increases for 2021-2022 insurance year!
- Open Enrollment is the only time you may change insurance plans.
- You must re-enroll each year in health care and dependent care (daycare) flex elections. This year's maximum election for health care flex is \$2,700. For those with health care flex account balances, up to \$500 will rollover to the 2021-2022 plan year.
- For those on the Elect plans, you can change your primary care clinic monthly. Simply call the Insurance Department at 763-506-1080. **Medica cannot change PCC's.**

To: Anoka-Hennepin Benefit Eligible Employees
From: Todd Mensink, Director of Labor Relations and Benefits
Re: 2021-22 Anoka-Hennepin Employee Benefits

The Anoka-Hennepin School District strives to provide an affordable and comprehensive benefits package to all qualified employees, dependents, and retirees.

The Labor Relations & Benefits department works together with our School Board and Insurance Advisory Committee to continually monitor our health and dental benefits.

With the onset of the COVID pandemic last spring, we saw a temporary reduction in claims as service providers temporarily closed. Since then, most of these providers have reopened, and overall usage appears to be returning to pre-pandemic levels. The costs of COVID testing and treatment, while significant, have not been high enough to offset the reduction in claims. As a result, we are able to avoid rate increases this year.

Being self-insured gives us added control over the designs of our health and dental plans so that we can ensure that they provide the benefits that best serve our employees and their families. In recent years, we have worked to create more affordable plan options and expand coverage to more employees. While there are no major changes to plan designs this year, we have continued to take steps to improve coverage. This spring, we introduced a new diabetes prevention and maintenance program called Omada as well as Sanvello, a virtual mental health app. Both Omada and Sanvello are at no cost to you. We will also be enhancing our Dental insurance to include coverage for dental implants, effective January 1, 2022.

Please take some time to read the enclosed information so that you can make the best choice for yourself and your family. If you have any questions, please contact our Insurance Department. Our friendly and experienced staff are committed to providing the best possible customer service for our employees.

The Insurance Department Staff are here to assist you.

Main Line
763-506-1080

Jackie Nelson
763-506-1085
Supervisor
Retirement, Insurance
concerns & questions,
Plan Designs

Niki Eisenbraun
763-506-1083
Long-term disability, Worker's
Compensation

Anna Green
763-506-1078
New hire insurance enrollment,
Dependent Care Flex, New
baby-adding to plan

Chris Sundeen
763-506-1084
Life event insurance changes,
troubleshooting-insurance
coverage

Sheila Peterson
763-506-1094
Health Care Flex, quarterly bill

ahschools.us/insurance

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

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

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

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

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

Do you choose your plan based on your doctor or hospital? *Go to ahschools.us/insurance.*

Consider electing pre-tax dollars in our flexible spending account to help offset costs. *This FSA is not attached to the HRA and you should always access this account before your HRA (if applicable).*

ANOKA-HENNEPIN 2021-2022 HEALTH PLANS COMPARISON (In Network)

SINGLE PLANS	Elect CoPay	VantagePlus CoPay	Choice 90/10 Deductible	Choice 80/20 Deductible	Elect 80/20 Deductible
NETWORKS	Care System - Must choose a primary care clinic; Referrals required	Accountable Care Org - medical care within the network and hospitals	Open Access Networks	Open Access Networks	Care System - Must choose a primary care clinic; Referrals required
Deductible	\$0	\$0	\$500	\$1,500	\$1,500
CoPays or Coinsurance for Non-Preventative	\$25 - \$100 CoPays	\$25 - \$100 CoPays	10% Coinsurance (after deductible)	20% Coinsurance (after deductible)	20% Coinsurance (after deductible)
Out-Of-Pocket Max (excluding premiums)	\$4,000	\$4,000	\$1,500	\$3,000	\$3,000
HRA Contribution	\$0	\$0	\$250	\$750	\$750

FAMILY PLANS	Elect CoPay	VantagePlus CoPay	Choice 90/10 Deductible	Choice 80/20 Deductible	Elect 80/20 Deductible
NETWORKS	Care System - Must choose a primary care clinic; Referrals required	Accountable Care Org - medical care within the network and hospitals	Open Access Networks	Open Access Networks	Care System - Must choose a primary care clinic; Referrals required
Deductible	\$0	\$0	\$1,000	\$3,000	\$3,000
CoPays or Coinsurance for Non-Preventative	\$25 - \$100 CoPays	\$25 - \$100 CoPays	10% Coinsurance (after deductible)	20% Coinsurance (after deductible)	20% Coinsurance (after deductible)
Out-Of-Pocket Max (excluding premiums)	\$13,700	\$13,700	\$3,000	\$6,000	\$6,000
HRA Contribution	\$0	\$0	\$500	\$1,500	\$1,500

*Comparisons reflect in network benefits.

Elect CoPay Plan

Elect CoPay plan is a network plan that requires members to designate and access care through a primary care clinic and access specialists under the referral process or requirements of the care system.

**Elect Care Systems include Allina, Riverway, Park Nicollet, Minnesota Healthcare, Children's Health, Partners in Pediatrics.*

	In-Network Benefits*	Out-of-Network Benefits
Annual Deductible <i>(contract/plan year)</i>	Not applicable Not applicable	\$250/covered person \$500/family
Annual Out-of-Pocket Maximum	\$4,000 per person / \$13,700 per family combined	
Lifetime Maximum	Unlimited	

	In-Network Benefits*	Out-of-Network Benefits
Partial Listing of Covered Services	When you receive covered services, after the deductible has been met, the Plan pays:	When you receive covered services, after the deductible has been met, the Plan pays:
Preventive Care <ul style="list-style-type: none"> Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Allergy Shots, Routine Eye Exams Well Child Care 	No deductible 100% 100%	After deductible the plan pays: 80% 100% The deductible does not apply.
Office Visits <ul style="list-style-type: none"> Illness or Injury Surgical Services Lab, X-ray, and Pathology Enhanced Radiology (PET,CT,MRI) Chiropractic Care Anesthesiologist Physical, Occupational & Speech Therapy Mental Health/Behavioral Health Urgent Care Visits Virtual Visits/Convenience Care 	No deductible 100% after \$25 copayment per visit 100% after \$50 copayment per visit 100% 100% after \$50 copayment per visit 100% after \$25 copayment per visit <i>Limited to 15 visits per covered person, per year.</i> 100% after \$50 copayment per visit 100% after \$25 copayment 100% after \$25 copayment per visit <i>For individual therapy or group therapy.</i> 100% after \$50 copayment per visit 100% after \$10 copayment per visit	After deductible the plan pays: 80% 80% 80% 80% 80% <i>Limited to 15 visits per covered person, per year.</i> 80% 80% 80% <i>The deductible does not apply.</i> Covered as in network benefit 80%
Prescription Drugs Received at Pharmacy <i>Up to a 31-day supply per prescription</i>	No deductible Generic: \$10 Preferred: \$25 Non-preferred: \$50	After deductible the plan pays: 80%
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 Generic: \$20 Preferred: \$50 Non-preferred: \$100	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>	80% up to \$200 max per prescription	60%
Services Received in a Hospital or Surgicenter <ul style="list-style-type: none"> Inpatient Hospital <ul style="list-style-type: none"> Facility Physician Anesthesiologist Mental Health and Substance Abuse Outpatient Hospital <ul style="list-style-type: none"> Facility, Physician Anesthesiologist Lab, X-ray, and Pathology Enhanced Radiology (PET,CT,MRI) Surgical Services 	100% after \$100 copayment per admission 100% 100% after \$50 copayment per admission 100% after \$100 copayment per admission 100% 100% after \$50 copayment per admission 100% 100% after \$50 copayment per admission 100% after \$50 copayment per admission	80% 80% 80% 80% 80% 80% 80% 80% 80%
Urgent or Emergency Care <ul style="list-style-type: none"> Urgent Care Center Hospital Emergency Room Emergency Ambulance 	100% after \$50 copayment per admission 100% after \$100 copayment per admission 80%	Covered as in-network benefit Covered as in-network benefit 80%
Durable Medical Equipment and Prosthetics	80%	80%
Home Health Care	80%	80%
Fit Choices <ul style="list-style-type: none"> myMedica.com, Fitness Center Live instructor and virtual classes 	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend 12 times or more per month. Up to two members age 18 years of age or older can earn the \$20 credit per month with a single or family health club membership. A maximum of tow \$20 credits per month. Check medica.com for list of participating fitness centers.	

VantagePlus CoPay Plan

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

	In-Network Benefits	Out-of-Network Benefits
Annual Deductible <i>(contract/plan year)</i>	Not applicable Not applicable	\$250/covered person \$500/family
Annual Out-of-Pocket Maximum	\$4,000 per person / \$13,700 per family combined	
Lifetime Maximum	Unlimited	

	In-Network Benefits	Out-of-Network Benefits
Partial Listing of Covered Services	When you receive covered services, after the deductible has been met, the Plan pays:	When you receive covered services, after the deductible has been met, the Plan pays:
Preventive Care <ul style="list-style-type: none"> Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Allergy Shots, Routine Eye Exams Well Child Care 	No deductible 100% 100%	After deductible the plan pays: 80% 100% The deductible does not apply.
Office Visits <ul style="list-style-type: none"> Illness or Injury Surgical Services Lab, X-ray, and Pathology Enhanced Radiology (PET,CT,MRI) Chiropractic Care Anesthesiologist Physical, Occupational & Speech Therapy Mental Health/Behavioral Health Urgent Care Visits Virtual Visits/Convenience Care 	No deductible 100% after \$25 copayment per visit 100% after \$50 copayment per visit 100% 100% after \$50 copayment per visit 100% after \$25 copayment per visit <i>Limited to 15 visits per covered person, per year.</i> 100% after \$50 copayment per visit 100% after \$25 copayment 100% after \$25 copayment per visit <i>For individual therapy or group therapy.</i> 100% after \$50 copayment per visit 100% after \$10 copayment per visit	After deductible the plan pays: 80% 80% 80% 80% 80% <i>Limited to 15 visits per covered person, per year.</i> 80% 80% 80% <i>The deductible does not apply.</i> Covered as in network benefit 80%
Prescription Drugs Received at Pharmacy <i>Up to a 31-day supply per prescription</i>	No deductible Generic: \$10 Preferred: \$25 Non-preferred: \$50	After deductible the plan pays: 80%
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 Generic: \$20 Preferred: \$50 Non-preferred: \$100	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>	80% up to \$200 max per prescription	60%
Services Received in a Hospital or Surgicenter <ul style="list-style-type: none"> Inpatient Hospital <ul style="list-style-type: none"> Facility Physician Anesthesiologist Mental Health and Substance Abuse Outpatient Hospital <ul style="list-style-type: none"> Facility, Physician Anesthesiologist Lab, X-ray, and Pathology Enhanced Radiology (PET,CT,MRI) Surgical Services 	100% after \$100 copayment per admission 100% 100% after \$50 copayment per admission 100% after \$100 copayment per admission 100% 100% after \$50 copayment per admission 100% 100% after \$50 copayment per admission 100% after \$50 copayment per admission	80% 80% 80% 80% 80% 80% 80% 80% 80%
Urgent or Emergency Care <ul style="list-style-type: none"> Urgent Care Center Hospital Emergency Room Emergency Ambulance 	100% after \$50 copayment per admission 100% after \$100 copayment per admission 80%	Covered as in-network benefit Covered as in-network benefit 80%
Durable Medical Equipment and Prosthetics	80%	80%
Home Health Care	80%	80%
Fit Choices <ul style="list-style-type: none"> myMedica.com, Fitness Center Live instructor and virtual classes 	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend 12 times or more per month. Up to two members age 18 years of age or older can earn the \$20 credit per month with a single or family health club membership. A maximum of tow \$20 credits per month. Check medica.com for list of participating fitness centers.	

Choice 90/10 Deductible Plan

Choice 90/10 Deductible plan is an Open Access network plan.
Members may access any Medica provider without a referral from a primary care physician.

	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 per person / \$3,000 per family combined	
Lifetime Maximum	Unlimited	

	In-Network Benefits	Out-of-Network Benefits
Partial Listing of Covered Services	When you receive covered services, after the deductible has been met, the Plan pays:	When you receive covered services, after the deductible has been met, the Plan pays:
Preventive Care <ul style="list-style-type: none"> Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Allergy Shots, Routine Eye Exams Well Child Care 	No deductible 100% 100%	After deductible the plan pays: 60% 100% The deductible does not apply.
Office Visits <ul style="list-style-type: none"> Illness or Injury Surgical Services Lab, X-ray, Pathology Enhanced Radiology (PET,CT,MRI) Chiropractic Care Anesthesiologist Physical, Occupational & Speech Therapy Mental Health/Behavioral Health Urgent Care Visits Virtual Visits/Convenience Care 	After deductible the plan pays: 90% 90% 90% 90% 90% <i>Limited to 15 visits per covered person, per year.</i> 90% 90% 90% 90% 90%	After deductible the plan pays: 60% 60% 60% 60% 60% <i>Limited to 15 visits per covered person, per year.</i> 60% 60% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i> 60% Covered as in network benefit 60%
Prescription Drugs Received at Pharmacy <i>Up to a 31-day supply per prescription</i>	No deductible Generic: \$10 Preferred: \$25 Non-preferred: \$50	After deductible the plan pays: 60%
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 Generic: \$20 Preferred: \$50 Non-preferred: \$100	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>	80% up to \$200 max per prescription	60%
Services Received in a Hospital or Surgicenter <p>Inpatient Hospital Facility, Physician, Anesthesiologist, Mental Health and Substance Abuse</p> <p>Outpatient Hospital Facility, Physician, Anesthesiologist</p> <p>Lab, X-ray, and Pathology</p> <p>Enhanced Radiology (PET,CT,MRI)</p> <p>Surgical Services</p>	After deductible the plan pays: 90% 90% 90% 90% 90%	After deductible the plan pays: 60% 60% 60% 60% 60%
Urgent or Emergency Care Urgent Care Center, Hospital Emergency Room, Emergency Ambulance	After deductible the plan pays: 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%
Fit Choices <ul style="list-style-type: none"> myMedica.com, Fitness Center Live instructor and virtual classes 	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend 12 times or more per month. Up to two members age 18 years of age or older can earn the \$20 credit per month with a single or family health club membership. A maximum of tow \$20 credits per month. Check medica.com for list of participating fitness centers.	

Choice 80/20 Deductible Plan

Choice 80/20 Deductible plan is an Open Access network plan.
Members may access any Medica provider without a referral from a primary care physician.

	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 per person / \$6,000 per family combined	
Lifetime Maximum	Unlimited	

	In-Network Benefits	Out-of-Network Benefits
Partial Listing of Covered Services	When you receive covered services, after the deductible has been met, the Plan pays:	When you receive covered services, after the deductible has been met, the Plan pays:
Preventive Care <ul style="list-style-type: none"> Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Allergy Shots, Routine Eye Exams Well Child Care 	No deductible 100% 100%	After deductible the plan pays: 60% 100% The deductible does not apply.
Office Visits <ul style="list-style-type: none"> Illness or Injury Surgical Services Lab, X-ray, Pathology Enhanced Radiology (PET,CT,MRI) Chiropractic Care Anesthesiologist Physical, Occupational & Speech Therapy Mental Health/Behavioral Health Urgent Care Visits Virtual Visits/Convenience Care 	After deductible the plan pays: 80% 80% 80% 80% 80% <i>Limited to 15 visits per covered person, per year.</i> 80% 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60% <i>Limited to 15 visits per covered person, per year.</i> 60% 60% <i>OT/PT limited to combined 20 visits per year. Speech therapy limited to a separate 20 visits per year.</i> 60% Covered as in network benefit 60%
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Home Health Care	After deductible the plan pays 80%	After deductible the plan pays 60%
Fit Choices <ul style="list-style-type: none"> myMedica.com, Fitness Center Live instructor and virtual classes 	Available at no cost to employee. Receive a \$20 monthly membership credit when you attend 12 times or more per month. Up to two members age 18 years of age or older can earn the \$20 credit per month with a single or family health club membership. A maximum of tow \$20 credits per month. Check medica.com for list of participating fitness centers.	

Elect 80/20 Deductible Plan

Elect 80/20 Deductible plan is a network plan that requires members to designate and access care through a primary care clinic and access specialists under the referral process or requirements of the care system.

**Elect Care Systems include Allina, Riverway, Park Nicollet, Minnesota Healthcare, Children's Health, Partners in Pediatrics.*

	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 per person / \$6,000 per family combined	
Lifetime Maximum	Unlimited	

	In-Network Benefits*	Out-of-Network Benefits
Partial Listing of Covered Services	When you receive covered services, after the deductible has been met, the Plan pays:	When you receive covered services, after the deductible has been met, the Plan pays:
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GENERAL AND CONTACT INFORMATION

Exclusions and Limitations to Coverage

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

Medica Contact Phone Numbers

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

VantagePlus Customer Service – 1-866-882-8493

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

CallLink Nurseline – 1-800-962-9497

Medica Behavioral Health – 1-800-848-8327

MidAmerica Customer Service – 1-855-329-0095

Madison National Identify Theft Assistance - toll free 24/7 – 1-855-860-3727

If you haven't checked out your Medica member website, now's the time! **myMedica.com** is your one-stop resource for all kinds of information to help you manage your health plan benefits and improve your health. A few things you can do on **myMedica.com** is order another set of ID cards, track your claims, search for providers, find which drugs are on Medica's preferred drug list, and learn about and participate in fun and effective health and wellness programs where you can earn **up to \$160 in gift card rewards**.

The health care plans may not cover all your health care expenses; read your Plan Document carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Plan Document, the Plan Document will take precedence in determining your benefits. **Plan Documents are available on Anoka-Hennepin website or by calling Medica Customer Service at 952-945-8000.**

Looking for more details?

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

Important Definitions to understand when choosing your health insurance

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

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

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

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

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

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

Employee Premium/Contribution- The amount you owe from your paycheck for your health insurance, varies by plan.

HRA Contributions (Health Reimbursement Account)-

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

FSA Contributions (Flexible Spending Account)- The employee allocates an annual pre-taxed amount to help pay out-of-pocket expenses. Your FSA should be used before your HRA (if applicable).

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

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

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

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

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

ANNUAL NOTICE OF UNIVERSAL AVAILABILITY - 403(b)

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

Not yet contributing to the 403(b) Plan?

To start your contributions to the 403(b) Plan, you will need to establish an account with one of our four approved vendors. They will help you complete a Salary Reduction Agreement and return it to the Anoka-Hennepin Payroll Department. You can find vendor information, instruction information, and the Salary Reduction Agreement on the District website under Labor Relations and Benefits.

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 2021, employees can contribute up to \$19,500 in regular contributions. This amount may be adjusted annually based on IRS regulations. Also, if you are at least 50 years old, you may contribute up to an additional \$6,500 in catch up contributions.

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

Additional Resources:

IRS Website – <https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-topics-403b-contribution-limits>
Anoka-Hennepin 403(b) Information & Salary Reduction Forms on the district website under Labor Relations and Benefits.

Questions?

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

We are excited to present new opportunities to get healthy!!

Sanvello is an app that gives employees access to clinically proven techniques for dealing with stress, anxiety, depression, or whatever else they may be going through. Some of the features of the app include: daily mood tracking, coping tools, guided journeys, personalized progress and community support.

You have access to the premium version of the Sanvello app at no additional cost as part of your plan's behavioral health benefits. Simply follow these easy steps to get started:

- Download the Sanvello mobile app from the App Store or Google play.
- Open Sanvello and tap "Get Started."
- Complete the steps to create a Savello account.
- After creating an account, select "Upgrade Via Insurance."
- Search for and select "Medica."
- Enter the information from your Medica ID card.
- Use the help prompts for additional assistance if needed.

Omada® is a digital lifestyle program that combines the technology with ongoing human support to build healthy habits—whether that's around eating, activity, sleep, or stress. If you are an eligible Anoka-Hennepin Schools employee at risk for diabetes or hypertension or are living with diabetes, and enrolled in our Medica health plan, Anoka-Hennepin Schools will cover the entire cost of the program. omadahealth.com/ahschools

Omada® surrounds you with the tools and support you need to reach your health goals, whether that's losing weight, managing diabetes, or improving your overall health.

You'll get secure, 24/7 access to:

- An Omada health coach to keep you on track
- Devices you need like a scale and/or glucose meter
- A personalized dashboard to guide your journey
- An online community tailored to your interests

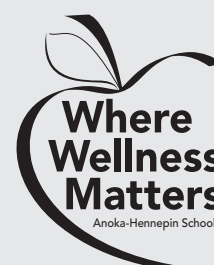
More great news: If your adult family members are at risk for type 2 diabetes or heart disease or are living with diabetes, and enrolled in our Medica health plan, Anoka-Hennepin Schools will cover the entire cost of the program.

Take Omada's 1-minute health screener to see if you're eligible: omadahealth.com/ahschools

Amwell Online behavioral health care. Get care online from home, work or anywhere you are using Amwell, a 24/7 online clinic. Connect with a provider from your computer or mobile device for most behavioral health concerns. Amwell's team of experienced therapists and psychiatrists provide care and counseling for a variety of conditions including: Anxiety & Depression.

To get started, create an account with Amwell:

- Smartphone/tablet: Download the free Amwell app from the App Store or Google Play
- Computer: Go to Amwell.com
- Phone: Call 844-733-3627



Health & Hospitalization and Dental Rates

September 2021 - August 2022

Single

Employee Groups	Single Monthly District Contribution	Single Monthly Employee Contribution				Per 20 Pay Periods - Employee Contribution			
		Elect CoPay & VantagePlus CoPay	Choice 90/10 Ded	Choice 80/20 Ded	Elect 80/20 Ded	Elect CoPay & VantagePlus CoPay	Choice 90/10 Ded	Choice 80/20 Ded	Elect 80/20 Ded
Curriculum Materials Attendant	\$715	\$150	\$150	\$0	\$0	\$90*	\$90*	\$0*	\$0*
Paraeducators									
Secretarial / Clerical									
Community Education Miscellaneous	\$700	\$165	\$165	\$15	\$0	\$99*	\$99*	\$9*	\$0*
Community School Coordinators									
Custodial / Maintenance Spec									
ESPs (CS Programmers, EC Screeners)									
Miscellaneous E-12									
Technical Specialists									
Child Nutrition Assistants									
Child Nutrition Site Supervisors									
Teachers									
Preschool Instr. (SR/KR)	\$685	\$180	\$180	\$30	\$0	\$108*	\$108*	\$18*	\$0*

*amounts will be different for employees hired after the start of the insurance year or part-time teachers

Family

Employee Groups	Family Monthly District Contribution	Family Monthly Employee Contribution				Per 20 Pay Periods - Employee Contribution *			
		Elect CoPay & VantagePlus CoPay	Choice 90/10 Ded	Choice 80/20 Ded	Elect 80/20 Ded	Elect CoPay & VantagePlus CoPay	Choice 90/10 Ded	Choice 80/20 Ded	Elect 80/20 Ded
Curriculum Materials Attendant	\$1,280	\$1,070	\$1,070	\$655	\$560	\$642*	\$642*	\$393*	\$336*
Paraeducators									
Secretarial / Clerical									
Community Education Miscellaneous	\$1,250	\$1,100	\$1,100	\$685	\$590	\$660*	\$660*	\$411*	\$354*
Community School Coordinators									
Custodial / Maintenance Spec									
ESPs (CS Programmers, EC Screeners)									
Miscellaneous E-12									
Technical Specialists									
Child Nutrition Assistants									
Child Nutrition Site Supervisors									
Teachers									
Preschool Instr. (SR/KR)	\$1,210	\$1,140	\$1,140	\$725	\$630	\$684*	\$684*	\$435*	\$378*

*amounts will be different for employees hired after the start of the insurance year or part-time teachers

Dental Contributions

Employee Groups	Monthly District Contribution	Monthly Employee Contribution	Per 20 Pay Periods - Employee Contribution *
All Full Time Benefit Eligible	\$80	\$5	\$3

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

Fixed Flex Employee Groups	
Administrators / Supervisors / non-exempt	REFER TO YOUR FLEX PLAN AMOUNT For Employees with Fixed Flex accounts: if the insurance premiums exceed the account amount, the employee contribution will be deducted over 20 pay days.
Building Supervisors	
Confidentials	
Principals	
SPED Supervisors	

Total Insurance Rates

Health & Hospitalization Insurance

	SINGLE			FAMILY		
	Monthly	Annual	Annual HRA - active employees only	Monthly	Annual	Annual HRA - active employees only
Elect CoPay Plan	\$865	\$10,380		\$2,350	\$28,200	
VantagePlus CoPay Plan	\$865	\$10,380		\$2,350	\$28,200	
Choice 90/10 - \$500/\$1,000 Deductible	\$865	\$10,380	\$250	\$2,350	\$28,200	\$500
Choice 80/20 - \$1,500/\$3,000 Deductible	\$715	\$8,580	\$750	\$1,935	\$23,220	\$1,500
Elect 80/20 - \$1,500/\$3,000 Deductible	\$682	\$8,184	\$750	\$1,840	\$22,080	\$1,500
Dental Insurance				\$85	\$1,020	

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 15, 2021 WITH AN EFFECTIVE DATE OF SEPTEMBER 1, 2021.