



# 2023-2024

## OPEN ENROLLMENT BENEFIT OPTIONS

ANOKA-HENNEPIN  
SCHOOLS  
*A future without limits*

Username

Password

[Reset password?](#)

By logging on, you are agreeing to the  
**Terms of Service, Privacy Statement,**  
and **Cookie Notice.**

Login

- Open Enrollment changes are entered in the Worklife (formerly SmartBen) electronic enrollment system.
- To access a Worklife Annual Open Enrollment instruction booklet, go to: [ahschools.us/insurance](https://ahschools.us/insurance).  
Log on to [ahschools.wl.alight.com/login](https://ahschools.wl.alight.com/login)
- Username: Your social security number (Example 123456789).  
Password: Your eight digit date of birth, no slashes (Example MMDDYYYYY)
- You must re-enroll each year in flexible health care (FSA) & dependent care elections.
- A confirmation page will be emailed after you complete your new enrollment. Email addresses are entered in your contact page in Worklife.
- Open enrollment is May 30-June 13, 2023.

*The information in this brochure is summary only. Actual benefits and costs are based on the Health Plan Documents and/or the School District Agreements or Policies.*





To: Anoka-Hennepin Benefit Eligible Employees

From: Todd Mensink, Director of Labor Relations and Benefits

Re: 2023-24 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.

Last year, we made a change in Health Insurance Third Party Administrators from Medica to United Healthcare. The decision was made based on the results of a Request for Proposal showing that UHC was able to closely match our plan designs while providing access to medical network and pharmacy providers that offer broad access with minimal disruption at a lower overall cost. The savings from the move to United Healthcare allowed us to set premiums about one million dollars lower than we would have otherwise been able to each year. This represents an average savings of over \$200 per subscriber per year.

As with any new implementation, the transition has not been without bumps along the way. While UHC was able to closely match our basic plan designs and the amount of network disruption has been similar to what we expected, there have been a number of situations where UHC has administered these benefits differently than Medica had previously. As we have learned about situations where the difference in administration has resulted in a reduced benefit, we have worked with United Healthcare to resolve them. Being self-insured gives us added control over the design and administration of our health and dental plans so that we can work with our third party administrators to ensure that they provide the benefits that best serve our employees and their families.

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 (506-1080). Our friendly and experienced staff are committed to providing the best possible customer service for our employees.

# ANOKA-HENNEPIN 2023-2024

## HEALTH PLANS COMPARISON

(In-Network)

<b>SINGLE PLANS</b>	<b>Choice Plus CoPay</b>	<b>Choice Plus 80/20</b>	<b>Core CoPay</b>	<b>Core 80/20</b>
<b>NETWORKS</b>	Broad Network	Broad Network	Narrow Network – medical care within the network and hospitals	Narrow Network – medical care within the network and hospitals
<b>Deductible</b>	\$0	\$1,500	\$0	\$1,500
<b>CoPays or Coinsurance</b> for Non-Preventative	\$10 - \$100 CoPays	20% Coinsurance (after deductible)	\$10 - \$100 CoPays	20% Coinsurance (after deductible)
<b>Out-Of-Pocket Max</b> (excluding premiums)	\$4,000	\$3,000	\$4,000	\$3,000
<b>HRA Contribution</b>	\$0	\$750	\$0	\$750

<b>FAMILY PLANS</b>	<b>Choice Plus CoPay</b>	<b>Choice Plus 80/20</b>	<b>Core CoPay</b>	<b>Core 80/20</b>
<b>NETWORKS</b>	Broad Network	Broad Network	Narrow Network – medical care within the network and hospitals	Narrow Network – medical care within the network and hospitals
<b>Deductible</b>	\$0	\$3,000	\$0	\$3,000
<b>CoPays or Coinsurance</b> for Non-Preventative	\$10 - \$100 CoPays	20% Coinsurance (after deductible)	\$10 - \$100 CoPays	20% Coinsurance (after deductible)
<b>Out-Of-Pocket Max</b> (excluding premiums)	\$13,700	\$6,000	\$13,700	\$6,000
<b>HRA Contribution</b>	\$0	\$1,500	\$0	\$1,500

## Health Reimbursement Arrangement (HRA)

(MidAmerica)

MidAmerica is the third-party administrator (TPA) for the District's Health Reimbursement Arrangement (HRA) tied to our deductible health plans. Employees that enroll in the District's deductible health plans will receive employer contributions into the HRA. When the District sends its first contribution, your HRA account will be established. About two weeks after the initial contribution is processed, employees new to the HRA should expect to receive a Welcome Kit and a pair of debit cards in the mail from MidAmerica. These items will arrive in two separate envelopes.

If you are new to the HRA, please ensure you read your Welcome Kit upon receiving it to learn more about the plan and how it works. Once your account is set up, it can be accessed at [www.myMidAmericaJourney.com](http://www.myMidAmericaJourney.com). Within

the MidAmerica Journey portal, you'll have access to plan details, online claims submission, forms, guides, and more. The debit cards you will receive can be used at the point-of-sale for eligible expenses. Additionally, there is a mobile app available on both the Apple and GooglePlay app stores called MidAmerica Journey. For all claims, please be prepared to upload supporting documentation, such as an Explanation of Benefits (EOB) or itemized statement.

To learn more about the HRA, including online account access, eligible medical expenses, claim submission process, supporting documentation requirements, and debit card information, please visit MidAmerica's HRA Resource page: <https://www.mymidamerica.com/hraresources/>

# Choice Plus CoPay Plan

## Choice Plus Copay plan is a Broad Network plan.

Members may access any UnitedHealthcare provider without a referral from a primary care physician.

Includes: Allina, HealthPartners, Riverway, M Health Fairview, North Memorial Health and more.

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

### In-Network Benefits

### Out-of-Network Benefits\*

Partial Listing of Covered Services	When you receive covered services the Plan pays:	When you receive covered services, after the deductible has been met, the Plan pays:
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Routine Eye Exams</li> <li>Allergy Shots</li> <li>Well Child Care</li> </ul>	No deductible 100%  100% 100%	After deductible the plan pays: 80%  80% 80% <i>The deductible does not apply</i>
<b>Office Visits</b> <ul style="list-style-type: none"> <li>Illness or Injury</li> <li>Surgical Services</li> <li>Lab, X-ray, and Pathology</li> <li>Enhanced Radiology (PET,CT,MRI)</li> <li>Chiropractic Care</li> <li>Physical, Occupational &amp; Speech Therapy</li> <li>Mental Health/Behavioral Health</li> <li>Urgent Care Visits</li> <li>Convenience Care</li> <li>Virtual Visits</li> </ul> <i>Doctor on Demand, Teledoc, AmWell, Optum Virtual Care</i>	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 \$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 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% <i>Limited to 20 visits per covered person, per year</i> Covered as in-network  Covered as in-network 80% Not applicable
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible      Tier 2: \$25 Tier 1: \$10          Tier 3: \$50	After deductible the plan pays: 80%
<b>Prescription Drugs Received from Mail Order</b> <i>Up to a 93-day supply per prescription</i>	No deductible      Tier 2: \$50 Tier 1: \$20          Tier 3: \$100	Not applicable
<b>Specialty Prescription Drugs</b> <i>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy</i>	Tier 1: 80% up to \$200 max per prescription Tier 2: 80% up to \$200 max per prescription Tier 3: 60% per prescription	Not applicable
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li><b>Inpatient Hospital</b> Facility Physician, Anesthesiologist Mental Health and Substance Abuse</li> <li><b>Outpatient Hospital</b> Facility Physician, Anesthesiologist</li> <li><b>Lab, X-ray, and Pathology</b></li> <li><b>Enhanced Radiology</b> (PET,CT,MRI)</li> <li><b>Surgical Services</b></li> </ul>	100% after \$100 copayment per admission 100% 100% after \$100 copayment per admission  100% after \$50 copayment per admission 100% 100% 100% after \$50 copayment per admission 100% after \$50 copayment per admission	80% 80% 80%  80% 80% 80% 80% 80%
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>Urgent Care Center</li> <li>Hospital Emergency Room</li> <li>Emergency Ambulance</li> </ul>	100% after \$50 copayment per admission 100% after \$100 copayment per admission 80%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
<b>Durable Medical Equipment and Prosthetics</b>	80%	80%
<b>Home Health Care</b>	80%	80%

\*Balance billing may apply.

# Choice Plus 80/20 Deductible Plan

## Choice Plus 80/20 Deductible Plan is a Broad Network plan.

Members may access any UnitedHealthcare provider without a referral from a primary care physician.

Includes: Allina, HealthPartners, Riverway, M Health Fairview, North Memorial Health and more.

	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b> (plan year)	\$1,500 single/\$3,000 family <i>medical only embedded</i>	\$1,500 single/\$3,000 family <i>medical only embedded</i>
<b>Annual Out-of-Pocket Maximum</b> (plan year)	\$3,000 per person / \$6,000 per family combined	
<b>Lifetime Maximum</b>	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 the Plan pays:
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Routine Eye Exams</li> <li>Allergy Shots</li> <li>Well Child Care</li> </ul>	No deductible 100%  100% 100%	After deductible the plan pays: 60%  60% 60% <i>The deductible does not apply</i>
<b>Office Visits</b> <ul style="list-style-type: none"> <li>Illness or Injury</li> <li>Surgical Services</li> <li>Lab, X-ray, and Pathology</li> <li>Enhanced Radiology (PET,CT,MRI)</li> <li>Chiropractic Care</li> <li>Physical, Occupational &amp; Speech Therapy</li> <li>Mental Health/Behavioral Health</li> </ul> <ul style="list-style-type: none"> <li>Urgent Care Visits</li> <li>Convenience Care</li> <li>Virtual Visits</li> </ul> <i>Doctor on Demand, Teledoc, AmWell, Optum Virtual Care</i>	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% <i>Limited to 20 visits per covered person, per year</i> Covered as in-network benefit  Covered as in-network benefit 60% Not applicable
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible      Tier 2: \$25 Tier 1: \$10        Tier 3: \$50	After deductible the plan pays: 60%
<b>Prescription Drugs Received from Mail Order</b> <i>Up to a 93-day supply per prescription</i>	No deductible      Tier 2: \$50 Tier 1: \$20        Tier 3: \$100	Not applicable
<b>Specialty Prescription Drugs</b> <i>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy</i>	Tier 1: 80% up to \$200 max per prescription Tier 2: 80% up to \$200 max per prescription Tier 3: 60% per prescription	Not applicable
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li><b>Inpatient Hospital</b> Facility, Physician, Anesthesiologist Mental Health and Substance Abuse</li> <li><b>Outpatient Hospital</b> Facility Physician, Anesthesiologist</li> <li><b>Lab, X-ray, and Pathology</b></li> <li><b>Enhanced Radiology</b> (PET,CT,MRI)</li> <li><b>Surgical Services</b></li> </ul>	After deductible the plan pays: 80%  80%  80% 80% 80%	After deductible the plan pays: 60%  60%  60% 60% 60%
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>Urgent Care Center</li> <li>Hospital Emergency Room</li> <li>Emergency Ambulance</li> </ul>	After deductible the plan pays: 80% 80% 80%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
<b>Durable Medical Equipment and Prosthetics</b>	After deductible the plan pays: 80%	After deductible the plan pays: 60%
<b>Home Health Care</b>	After deductible the plan pays: 80%	After deductible the plan pays: 60%

\*Balance billing may apply.

# Core CoPay Plan

**Core Copay is a Narrow Network Plan that provides access to the physicians and hospitals from M Health Fairview, North Memorial Health.**

Members may access Core Network providers without a referral from a primary care physician.

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

	In-Network Benefits	Out-of-Network Benefits*
Partial Listing of Covered Services	When you receive covered services the Plan pays:	When you receive covered services, after the deductible has been met, the Plan pays:
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Routine Eye Exams</li> <li>Allergy Shots</li> <li>Well Child Care</li> </ul>	No deductible 100%  100% 100%	After deductible the plan pays: 80%  80% 80% <i>The deductible does not apply</i>
<b>Office Visits</b> <ul style="list-style-type: none"> <li><b>Illness or Injury</b></li> <li><b>Surgical Services</b></li> <li><b>Lab, X-ray, and Pathology</b></li> <li><b>Enhanced Radiology</b> (PET,CT,MRI)</li> <li><b>Chiropractic Care</b></li> <li><b>Physical, Occupational &amp; Speech Therapy</b></li> <li><b>Mental Health/Behavioral Health</b></li> <li><b>Urgent Care Visits</b></li> <li><b>Convenience Care</b></li> <li><b>Virtual Visits</b></li> </ul> <i>Doctor on Demand, Teledoc, AmWell, Optum Virtual Care</i>	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 \$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 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% <i>Limited to 20 visits per covered person, per year</i> Covered as in-network benefit Covered as in-network benefit 80% Not applicable
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible      Tier 2: \$25 Tier 1: \$10          Tier 3: \$50	After deductible the plan pays: 80%
<b>Prescription Drugs Received from Mail Order</b> <i>Up to a 93-day supply per prescription</i>	No deductible      Tier 2: \$50 Tier 1: \$20          Tier 3: \$100	Not applicable
<b>Specialty Prescription Drugs</b> <i>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy</i>	Tier 1: 80% up to \$200 max per prescription Tier 2: 80% up to \$200 max per prescription Tier 3: 60% per prescription	Not applicable
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li><b>Inpatient Hospital</b> Facility Physician, Anesthesiologist Mental Health and Substance Abuse</li> <li><b>Outpatient Hospital</b> Facility Physician, Anesthesiologist</li> <li><b>Lab, X-ray, and Pathology</b></li> <li><b>Enhanced Radiology</b> (PET,CT,MRI)</li> <li><b>Surgical Services</b></li> </ul>	100% after \$100 copayment per admission 100% 100% after \$100 copayment per admission  100% after \$50 copayment per admission 100% 100% 100% after \$50 copayment per admission 100% after \$50 copayment per admission	80% 80% 80%  80% 80% 80% 80% 80%
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li><b>Urgent Care Center</b></li> <li><b>Hospital Emergency Room</b></li> <li><b>Emergency Ambulance</b></li> </ul>	100% after \$50 copayment per admission 100% after \$100 copayment per admission 80%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
<b>Durable Medical Equipment and Prosthetics</b>	80%	80%
<b>Home Health Care</b>	80%	80%

\*Balance billing may apply.



# Core 80/20 Deductible Plan

**Core 80/20 Deductible Plan is a Narrow Network Plan that provides access to the physicians and hospitals from M Health Fairview, North Memorial Health.**

Members may access Core Network providers without a referral from a primary care physician.

	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b> (plan year)	\$1,500 single/\$3,000 family <i>medical only embedded</i>	\$1,500 single/\$3,000 family <i>medical only embedded</i>
<b>Annual Out-of-Pocket Maximum</b> (plan year)	\$3,000 per person / \$6,000 per family combined	
<b>Lifetime Maximum</b>	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:
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Routine Eye Exams</li> <li>Allergy Shots</li> <li>Well Child Care</li> </ul>	No deductible 100%  100% 100%	After deductible the plan pays: 60%  60% 60% <i>The deductible does not apply</i>
<b>Office Visits</b> <ul style="list-style-type: none"> <li>Illness or Injury</li> <li>Surgical Services</li> <li>Lab, X-ray, and Pathology</li> <li>Enhanced Radiology (PET,CT,MRI)</li> <li>Chiropractic Care</li> <li>Physical, Occupational &amp; Speech Therapy</li> <li>Mental Health/Behavioral Health</li> <li>Urgent Care Visits</li> <li>Convenience Care</li> <li>Virtual Visits</li> </ul> <i>Doctor on Demand, Teledoc, AmWell, Optum Virtual Care</i>	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% <i>Limited to 20 visits per covered person, per year</i> Covered as in-network benefit  Covered as in-network benefit 60% Not applicable
<b>Prescription Drugs Received at Pharmacy</b> <i>Up to a 31-day supply per prescription</i>	No deductible      Tier 2: \$25 Tier 1: \$10        Tier 3: \$50	After deductible the plan pays: 60%
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<b>Specialty Prescription Drugs</b> <i>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy</i>	Tier 1: 80% up to \$200 max per prescription Tier 2: 80% up to \$200 max per prescription Tier 3: 60% per prescription	Not applicable
<b>Services Received in a Hospital or Surgicenter</b> <ul style="list-style-type: none"> <li>Inpatient Hospital Facility, Physician, Anesthesiologist Mental Health and Substance Abuse</li> <li>Outpatient Hospital Facility Physician, Anesthesiologist</li> <li>Lab, X-ray, and Pathology</li> <li>Enhanced Radiology (PET,CT,MRI)</li> <li>Surgical Services</li> </ul>	After deductible the plan pays: 80%  80%  80% 80% 80%	After deductible the plan pays: 60%  60%  60% 60% 60%
<b>Urgent or Emergency Care</b> <ul style="list-style-type: none"> <li>Urgent Care Center</li> <li>Hospital Emergency Room</li> <li>Emergency Ambulance</li> </ul>	After deductible the plan pays: 80% 80% 80%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
<b>Durable Medical Equipment and Prosthetics</b>	After deductible the plan pays: 80%	After deductible the plan pays: 60%
<b>Home Health Care</b>	After deductible the plan pays: 80%	After deductible the plan pays: 60%

\*Balance billing may apply.





# Make the Most of Your Benefits

Thank you for choosing Delta Dental of Minnesota as your partner in oral health. Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventative care, such as cleanings and X-rays, and helps cover extensive dental procedures such as crowns and fillings.

## Online Tools for Members:

[www.DeltaDentalMN.org](http://www.DeltaDentalMN.org)



### Save Money, Go In Network:

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.



### Dental Insurance 101:

Robust member tools including commonly defined insurance terms, videos and frequently asked questions.



### Oral Health Resources:

Access dental and health information including a section dedicated to kids' oral health.



### Cost Estimator:

Use our cost estimator to find out what a dental procedure will cost, or you can always request a pre-treatment estimate from your dentist.



### Prefer to Speak to Someone?

#### Call our national customer service

Toll Free: 1-800-448-3815

Local: 651-406-5901

Monday-Friday: 7 a.m.-7p.m. central

## Tools Available in the Secure Member Portal



### Coverage Summary:

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



### Claims Inquiry:

View claim status, procedure details, dates of service and applied deductibles.

View your explanation of benefits (EOB) online.

Check out our new feature to opt-out of the paper delivery of your EOB.



### Print ID Cards:

Print a digital or replacement ID card.

### Secure Member Portal Registration

1. On [DeltaDentalMN.org](http://DeltaDentalMN.org), go to the member page and click "Access My Secure Portal"
2. Select the Employer Plan option click "Log In Here" and follow the steps to register.
3. Remember your username and password because you will need them each time you log in.

Learn more about how your oral health connects to your overall health at:

**[DeltaDentalMN.org](http://DeltaDentalMN.org)**



Delta Dental of Minnesota



Delta Dental of Minnesota

Delta Dental PPO™ &  
Delta Dental Premier®

## Anoka-Hennepin Independent School District #11

Client #006067

Plan Benefit Highlights			
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
<b>Calendar Year Plan Maximum</b> Per person	\$1,500	\$1,500	\$1,500
<b>Lifetime Ortho Maximum</b> Per eligible covered dependent child	\$1,500	\$1,500	\$1,500
<b>Deductible</b> Per person / per family per calendar year <i>No deductible for diagnostic and preventive services or orthodontics</i>	None	\$50/person \$100/family	\$50/person \$100/family
<b>Eligible Dependents</b>	Spouse and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
<b>Diagnostic &amp; Preventive Services</b> Exams Cleanings X-rays Sealants (paid at 100% for all network tiers) Fluoride treatments Space Maintainers	100%	80%	80%
<b>Basic Services</b> Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	80%	80%	80%
<b>Endodontics</b> Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	70%	70%
<b>Periodontics</b> Surgical/Nonsurgical periodontics	80%	70%	70%
<b>Oral Surgery</b> Surgical/Nonsurgical extractions All other covered oral surgery	80%	70%	70%
<b>Major Restorative</b> Crowns and Crown repair Composite resin restorations (white fillings) on posterior (back) teeth	80%	70%	70%
<b>Prosthetic Repairs and Adjustments</b> Denture adjustments and repairs Bridge repairs	60%	60%	60%
<b>Prosthetics</b> Dentures (full and partial) Bridges	60%	60%	60%
<b>Dental Implants</b>	50%	50%	50%
<b>Orthodontics</b> Treatment for the prevention/ correction of malocclusion <i>Available for dependent children through age 18</i>	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.



# RALLY

Achieve health goals by choosing and completing a combination of activities, and you may earn Rally® Gift Cards. Get started at [werally.com/partner/optum/anoka\\_hennepin\\_school\\_district/register](http://werally.com/partner/optum/anoka_hennepin_school_district/register).

\*Rewards may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from receiving rewards under this program. To participate and earn rewards in the Anoka Hennepin School District Rally program, you must be an employee or spouse or dependent 18 and over, enrolled in the Anoka Hennepin School District medical plan through UnitedHealthcare.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or to conduct other plan activities. If you are unable to meet a standard related to a health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. Call the number on your health plan ID card and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward.

# Real Appeal®

Evidence-based, virtual weight-loss program integrated into [myuhc.com](http://myuhc.com) that provides you with tools and support to help you make small changes that may result in long-term weight loss. Get started at [realappeal.com](http://realappeal.com).

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

# LABOR RELATIONS AND BENEFITS DEPARTMENT

## HOW CAN WE ASSIST YOU?

### JACKIE NELSON

#### *Insurance Benefits Supervisor*

Manages employee insurance and retirement benefits and supervises the insurance operations and staff.

- Monitors all insurance benefits and insurance systems. Works directly with third parties for health, dental, life insurance, long term disability, work comp, online enrollment system.
- Processes all district retirements.
- Staff Wellness Coordinator
- Troubleshoots claims and billing issues.

#### **When/How to contact Jackie:**

- Contact Jackie when planning or thinking about retirement.
- Questions or concerns about insurance benefits.
- Jackie.Nelson@ahschools.us
- 763-506-1085

### CHRIS SUNDEEN

#### *Benefits Assistant*

- Manages all insurance benefit information for leaves of absences.
- Long term disability
- Processes work comp payroll adjustments for lost time.
- Adjusts insurance deductions for payroll.

#### **When/How to contact Chris:**

- Contact Chris if you have questions about insurance benefits during a leave of absence or questions about how to pay for insurance while on a leave of absence.
- Christine.Sundeen@ahschools.us
- 763-506-1084

### LISA LEINER

#### *Benefits Assistant*

- Qualifying life event changes
- Resignation & COBRA
- Injury reporting for Work Comp
- Add newborns to health and dental plans.

#### **When/How to contact Lisa:**

- Contact Lisa if you have a work comp injury, life event change, questions about resignations or COBRA.
- Lisa.Leiner@ahschools.us
- 763-506-1083

### SHEILA PETERSON

#### *Benefits Assistant*

- Manages Insurance Benefits quarterly billing process
- Health care flex reimbursements
- Main desk attendant
- Assist with work comp injury reporting

#### **When/How to contact Sheila:**

- Contact Sheila with questions about your health care flex account or questions regarding your quarterly bill or payment.
- Sheila.Peterson@ahschools.us
- 763-506-1094

### BECKY MASHUGA

#### *Benefits Assistant*

- New employee insurance benefits
- Orientation Benefits Meetings
- Daycare flexible spending account
- Primary receptionist

#### **When/How to contact Becky:**

- Contact Becky with questions for new hire/newly eligible insurance benefits. Questions regarding your daycare flex account.
- Becky.Mashuga@ahschools.us
- 763-506-1078

### TODD MENSINK

#### *Director of Labor*

#### *Relations and Benefits*

- Oversees Labor Relations & Benefits Department.
- Chairs District Calendar Committee.
- Works with Executive Director of HR to negotiate and administer Working Agreements and other terms & conditions of employment.
- Facilitates communication between District Administration and bargaining unit leadership.
- Makes recommendations to School Board regarding employee compensation and benefits.

#### **When/How to contact Todd:**

- Contact Todd with questions about working agreement language.
- Todd.Mensink@ahschools.us
- 763-506-1142

# LABOR RELATIONS AND BENEFITS DEPARTMENT

# HOW CAN WE ASSIST YOU?

## DIANE KILMER

### *HR Systems Manager*

Responsible for district's employee data systems and information.

- Manages Skyward human resource screen security
- Plans, manages, and integrates new technologies for employee data management.
- Designs and implements custom system modules, reports, and screens in Skyward
- Develops and coordinates compensation reports and information needed for contract negotiations and in response to data requests
- Pay equity reporting
- Policy group wage administration (Misc. Community Ed and Misc. E-12)
- Authorized signer for District's 403(b) plan

#### **When/How to contact Diane:**

- Contact Diane if you have questions about or need to obtain user security on Skyward administrative human resource screens.
- Diane.Kilmer@ahschools.us
- 763-506-1082

## HEATHER OLSON

### *Administrative & Data Systems Support*

- Admin support to Director of LRB.
- Proofs, enters and manages employee data form information into Skyward and HR Data Systems.
- Address changes on Skyward
- Gathers comparable data for negotiations.
- Calendar Committee

#### **When/How to contact Heather:**

- Contact Heather when you need to reach Todd Mensink.
- Heather.Olson@ahschools.us
- 763-506-1091

## SANDY LACHANCE

### *HR Data Systems*

- Data integrity of HR data systems
- Time off Allocations-Sick and Vacation
- Skyward Org Chart Maintenance
- Seniority Lists
- Data Requests

#### **When/How to contact Sandy:**

- Contact Sandy with questions about time off allocations, Skyward Org Chart changes, and STAR reporting.
- Sandra.LaChance@ahschools.us
- 763-506-1087

## VICKI VANCURA

### *HR Data Systems*

- Sick leave buy back
- 403(b)
- Negotiations Prep

#### **When/How to contact Vicki:**

- Contact Vicki with 403(b) questions and sick leave buy back questions.
- Vicki.Vancura@ahschools.us
- 763-506-1108

## TAMI CARDINAL

### *HR Data Systems*

- Leave of absence sick leave/payroll reconciliations
- Affordable Care Act (ACA) questions

#### **When/How to contact Tami:**

- Contact Tami if you have questions about your ESA's (extra service agreements), 1095C forms, or for information about how your pay or sick time is affected by a leave of absence.
- Tamara.Cardinal@ahschools.us
- 763-506-1178

**UNITEDHEALTHCARE CUSTOMER SERVICE PHONE NUMBERS:  
(INCLUDES NURSELINE AND BEHAVIORAL HEALTH)**

Monday thru Friday- 7am cst-10pm cst

Member Customer Service: 1-833-582-2481

Optum/Employee Assistance Program: 1-866-374-6061

# 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 2023, employees can contribute up to \$22,500 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 \$7,500 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.

## **Important Definitions**

### **to understand when choosing your health insurance**

**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-** ChoicePlus CoPay and and ChoicePlus 80/20 Deductible Plans are broad networks. Core CoPay and Core 80/20 Deductible Plans have a smaller network 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.)





# Health & Hospitalization and Dental Rates

September 2023 - August 2024

## Single

Employee Groups	Single Monthly District Contribution	Single Monthly Employee Contribution				Per 20 Pay Periods - Employee Contribution			
		Choice Plus CoPay	Choice Plus 80/20	Core CoPay	Core 80/20	Choice Plus CoPay	Choice Plus 80/20	Core CoPay	Core 80/20
Child Nutrition Site Supervisors**	<b>\$735</b>	\$225	\$60	\$180	\$20	\$135	\$36	\$108	\$0
Child Nutrition Assistants	<b>\$770</b>	\$190	\$25	\$145	\$0	\$114	\$15	\$87	\$0
Community Education Miscellaneous									
Community School Coordinators									
Custodial / Maintenance Spec									
ESPs (CS Programmers, EC Screeners)									
Miscellaneous E-12									
Paraeducators									
Preschool Instr. (SR/KR)									
School Office Supervisors									
Secretarial / Clerical									
Technical Specialists									
Teachers									

\*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			
		Choice Plus CoPay	Choice Plus 80/20	Core CoPay	Core 80/20	Choice Plus CoPay	Choice Plus 80/20	Core CoPay	Core 80/20
Child Nutrition Site Supervisors**	<b>\$1,310</b>	\$1,260	\$750	\$1,140	\$655	\$756	\$450	\$684	\$393
Child Nutrition Assistants	<b>\$1,375</b>	\$1,195	\$685	\$1,075	\$590	\$717	\$411	\$645	\$354
Community Education Miscellaneous									
Community School Coordinators									
Custodial / Maintenance Spec									
ESPs (CS Programmers, EC Screeners)									
Miscellaneous E-12									
Paraeducators									
Preschool Instr. (SR/KR)									
School Office Supervisors									
Secretarial / Clerical									
Technical Specialists									
Teachers									

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

\*\*Amounts may change pending agreements with District and bargaining units.

## Dental Contributions

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

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

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

## Total Insurance Rates

Health & Hospitalization Insurance	SINGLE			FAMILY		
	Monthly	Annual	Annual HRA - active employees only	Monthly	Annual	Annual HRA - active employees only
Choice Plus CoPay	<b>\$960</b>	<b>\$11,520</b>		<b>\$2,570</b>	<b>\$30,840</b>	
Choice Plus 80/20	<b>\$795</b>	<b>\$ 9,540</b>	<b>\$750</b>	<b>\$2,060</b>	<b>\$24,720</b>	<b>\$1,500</b>
Core CoPay	<b>\$915</b>	<b>\$10,980</b>		<b>\$2,450</b>	<b>\$29,400</b>	
Core 80/20	<b>\$755</b>	<b>\$ 9,060</b>	<b>\$750</b>	<b>\$1,965</b>	<b>\$23,580</b>	<b>\$1,500</b>
Dental Insurance	<b>\$85</b>	<b>\$ 1,020</b>		<b>\$85</b>	<b>\$1,020</b>	

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 13, 2023 WITH AN EFFECTIVE DATE OF SEPTEMBER 1, 2023.

\*Deductions will be adjusted for part-time benefit eligible employees and for those without 20 paycheck deductions.