


2022-2023

OPEN ENROLLMENT BENEFIT OPTIONS



NEW! UnitedHealthcare will be our new health insurance provider. All eligible employees are required to enroll in a new health plan or waive coverage.



NEW! 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. Log on to ahschools.wl.alight.com/login
Username: Your social security number (Example 123456789).
Password: Your eight digit date of birth, no slashes (Example MMDDYYYY)**



ALL BENEFIT ELIGIBLE EMPLOYEES ARE REQUIRED TO LOGIN TO WORKLIFE TO MAKE HEALTH INSURANCE ELECTIONS OR TO WAIVE COVERAGE.



Remember to make your flexible benefit health care & dependent care elections. NEW!! Minimum election amounts: Healthcare \$100, Daycare \$250.



Print a confirmation page after you complete your new enrollment.



Open enrollment is May 31-June 14, 2022.



To: Anoka-Hennepin Benefit Eligible Employees

From: Todd Mensink, Director of Labor Relations and Benefits

Re: 2022-23 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. Part of this commitment includes requesting proposals for healthcare third party administrators every two years to ensure that we are always providing our employees with the best possible insurance coverage at the lowest possible price.

The School District issued a request for proposals in January, and worked with Deloitte Consulting to analyze all submissions. The results of the analysis showed that UnitedHealthcare was able to closely match current health plan designs while providing access to medical provider and pharmacy networks that offer broad access with minimal disruption at a lower overall cost. The savings from the move to UnitedHealthcare are being passed on directly to employees in the form of lower premium increases.

With the move to UnitedHealthcare, there are some changes to plan designs and networks, including:

- Introducing open access plans using the UnitedHealthcare Choice Plus network for both the 80/20 and Copay plan designs. This network is very broad and includes all major providers.
- Introducing narrow network plans using the UnitedHealthcare Core network on both the 80/20 and Copay plan designs. This network is similar to the VantagePlus network, and includes M Health Fairview and the North Memorial care systems.
- The Elect designated primary care network is not available through UnitedHealthcare. Employees who previously utilized the Elect network will be able to access their current providers using an open access plan for a premium that is similar to what they would have seen had we remained with Medica.
- The 90/10 plan is being eliminated. This was always meant to be a temporary plan, and the introduction of the Choice Plus Copay or the Choice Plus 80/20 Deductible plan provides a comparable open access option.

Because our new plans will not exactly mirror our old ones, **all eligible employees will be required to select their new healthcare plan during open enrollment.** 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.

ANOKA-HENNEPIN 2022-2023 HEALTH PLANS COMPARISON

(In Network)

SINGLE PLANS	Choice Plus CoPay	Choice Plus 80/20	Core CoPay	Core 80/20
NETWORKS	Open Access Network	Open Access Network	Narrow Network – medical care within the network and hospitals	Narrow Network – medical care within the network and hospitals
Deductible	\$0	\$1,500	\$0	\$1,500
CoPays or Coinsurance for Non-Preventative	\$25 - \$100 CoPays	20% Coinsurance (after deductible)	\$25 - \$100 CoPays	20% Coinsurance (after deductible)
Out-Of-Pocket Max (excluding premiums)	\$4,000	\$3,000	\$4,000	\$3,000
HRA Contribution	\$0	\$750	\$0	\$750

FAMILY PLANS	Choice Plus CoPay	Choice Plus 80/20	Core CoPay	Core 80/20
NETWORKS	Open Access Network	Open Access Network	Narrow Network – medical care within the network and hospitals	Narrow Network – medical care within the network and hospitals
Deductible	\$0	\$3,000	\$0	\$3,000
CoPays or Coinsurance for Non-Preventative	\$25 - \$100 CoPays	20% Coinsurance (after deductible)	\$25 - \$100 CoPays	20% Coinsurance (after deductible)
Out-Of-Pocket Max (excluding premiums)	\$13,700	\$6,000	\$13,700	\$6,000
HRA Contribution	\$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 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.

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 an Open Access 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
Annual Deductible <i>(plan year)</i>	Not applicable	\$250/covered person \$500/family
Annual Out-of-Pocket Maximum <i>(plan year)</i>	\$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 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, Routine Eye Exams Allergy Shots Well Child Care 	No deductible 100% 100% 100%	After deductible the plan pays: 80% 80% 80% <i>The deductible does not apply</i>
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 Physical, Occupational & Speech Therapy Mental Health/Behavioral Health Urgent Care Visits Convenience Care Virtual Visits <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 <i>Limited to 15 visits per covered person, per year</i> 100% after \$25 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 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% Covered as in-network 80% Not applicable
Prescription Drugs Received at Pharmacy <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%
Prescription Drugs Received from Mail Order <i>Up to a 93-day supply per prescription</i>	No deductible Tier 2: \$50 Tier 1: \$20 Tier 3: \$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>	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
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 \$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%
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 Covered as in-network benefit
Durable Medical Equipment and Prosthetics	80%	80%
Home Health Care	80%	80%

Choice Plus 80/20 Deductible Plan

Choice Plus 80/20 Deductible Plan is an Open Access 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
Annual Deductible <i>(plan year)</i>	\$1,500 single/\$3,000 family <i>medical only embedded</i>	\$1,500 single/\$3,000 family <i>medical only embedded</i>
Annual Out-of-Pocket Maximum <i>(plan year)</i>	\$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 the Plan pays:
Preventive Care <ul style="list-style-type: none"> Routine Physical Exams, Immunizations, Mammograms, Pap Smears, Routine Eye Exams Allergy Shots Well Child Care 	No deductible 100% 100% 100%	After deductible the plan pays: 60% 60% 60% <i>The deductible does not apply</i>
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 Physical, Occupational & Speech Therapy Mental Health/Behavioral Health <ul style="list-style-type: none"> Urgent Care Visits Convenience Care Virtual Visits <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% 60% Covered as in network benefit 60% Not applicable
Prescription Drugs Received at Pharmacy <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%
Prescription Drugs Received from Mail Order <i>Up to a 93-day supply per prescription</i>	No deductible Tier 2: \$50 Tier 1: \$20 Tier 3: \$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>	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
Services Received in a Hospital or Surgicenter <ul style="list-style-type: none"> Inpatient Hospital Facility, Physician, Anesthesiologist Mental Health and Substance Abuse Outpatient Hospital Facility Physician, Anesthesiologist Lab, X-ray, and Pathology Enhanced Radiology (PET,CT,MRI) Surgical Services 	After deductible the plan pays: 80% 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60%
Urgent or Emergency Care <ul style="list-style-type: none"> Urgent Care Center Hospital Emergency Room Emergency Ambulance 	After deductible the plan pays: 80% 80% 80%	Covered as in-network benefit Covered as in-network benefit 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%

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
Annual Deductible <i>(plan year)</i>	Not applicable	\$250/covered person \$500/family
Annual Out-of-Pocket Maximum <i>(plan year)</i>	\$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 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, Routine Eye Exams Allergy Shots Well Child Care 	No deductible 100% 100% 100%	After deductible the plan pays: 80% 80% 80% <i>The deductible does not apply</i>
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 Physical, Occupational & Speech Therapy Mental Health/Behavioral Health Urgent Care Visits Convenience Care Virtual Visits <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% 80% Covered as in network benefit 80% Not applicable
Prescription Drugs Received at Pharmacy <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%
Prescription Drugs Received from Mail Order <i>Up to a 93-day supply per prescription</i>	No deductible Tier 2: \$50 Tier 1: \$20 Tier 3: \$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>	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
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 \$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%
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 Covered as in-network benefit
Durable Medical Equipment and Prosthetics	80%	80%
Home Health Care	80%	80%

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
Annual Deductible <i>(plan year)</i>	\$1,500 single/\$3,000 family <i>medical only embedded</i>	\$1,500 single/\$3,000 family <i>medical only embedded</i>
Annual Out-of-Pocket Maximum <i>(plan year)</i>	\$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, Routine Eye Exams Allergy Shots Well Child Care 	No deductible 100% 100% 100%	After deductible the plan pays: 60% 60% 60% <i>The deductible does not apply</i>
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 Physical, Occupational & Speech Therapy Mental Health/Behavioral Health <ul style="list-style-type: none"> Urgent Care Visits Convenience Care Virtual Visits <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%	After deductible the plan pays: 60% 60% 60% 60% 60% <i>Limited to 15 visits per covered person, per year</i> 60% Covered as in network benefit 60% Not applicable
Prescription Drugs Received at Pharmacy <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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Services Received in a Hospital or Surgicenter <ul style="list-style-type: none"> Inpatient Hospital Facility, Physician, Anesthesiologist Mental Health and Substance Abuse Outpatient Hospital Facility Physician, Anesthesiologist Lab, X-ray, and Pathology Enhanced Radiology (PET,CT,MRI) Surgical Services 	After deductible the plan pays: 80% 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60%
Urgent or Emergency Care <ul style="list-style-type: none"> Urgent Care Center Hospital Emergency Room Emergency Ambulance 	After deductible the plan pays: 80% 80% 80%	Covered as in-network benefit Covered as in-network benefit 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%



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



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, 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

Anoka-Hennepin Independent School District #11

Client #006067 Effective 1/1/2022

Plan Benefit Highlights			
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Calendar Year Plan Maximum Per person	\$1,500	\$1,500	\$1,500
Lifetime Ortho Maximum Per eligible covered dependent child	\$1,500	\$1,500	\$1,500
Deductible 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
Eligible Dependents	Spouse and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventive Services Exams Cleanings X-rays Sealants (paid at 100% for all network tiers) Fluoride treatments Space Maintainers	100%	80%	80%
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	80%	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	70%	70%
Periodontics Surgical/Nonsurgical periodontics	80%	70%	70%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	70%	70%
Major Restorative Crowns and Crown repair Composite resin restorations (white fillings) on posterior (back) teeth	80%	70%	70%
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repairs	60%	60%	60%
Prosthetics Dentures (full and partial) Bridges	60%	60%	60%
Dental Implants	50%	50%	50%
Orthodontics 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.

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.

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
-

ANNA GREEN *Benefits Assistant*

- Qualifying life event changes
- Resignation & COBRA
- Incident reporting for Work Comp

When/How to contact Anna:

- Contact Anna if you have a life event change, questions about resignations or COBRA.
 - Anna.Green@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 incident 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

MARCY MORAVEC *Benefits Assistant*

- New employee insurance benefits
- Orientation Benefits Meetings
- Daycare flexible spending account
- Primary care clinic changes
- Adds newborns to health and dental plans
- Primary receptionist

When/How to contact Marcy:

- Contact Marcy with questions for new hire/newly eligible insurance benefits. Adding a newborn to your insurance plans. Questions regarding your daycare flex account.
 - Marcella.Moravec@ahschools.us
 - 763-506-1078
-

TODD MENSINK *Director of Labor Relations and Benefits*

- Oversees Labor Relations & Benefits Department.
- Chairs District Calendar Committee.
- Works with General Counsel 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
-

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

LABOR RELATIONS AND BENEFITS DEPARTMENT

HOW CAN WE ASSIST YOU?

SUE HAFNER

*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 Sue:

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

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

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

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 2022, employees can contribute up to \$20,500 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.

Health & Hospitalization and Dental Rates

September 2022 - August 2023

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 Assistants	↑ \$735 ↓	↑ \$180 ↓	↑ \$15 ↓	↑ \$135 ↓	↑ \$0 ↓	↑ \$108* ↓	↑ \$9* ↓	↑ \$81* ↓	↑ \$0* ↓
Child Nutrition Site Supervisors									
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									
<i>*amounts will be different for employees hired after the start of the insurance year or part-time teachers</i>									

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 Assistants	↑ \$1,310 ↓	↑ \$1,150 ↓	↑ \$640 ↓	↑ \$1,030 ↓	↑ \$545 ↓	↑ \$690* ↓	↑ \$384* ↓	↑ \$618* ↓	↑ \$327* ↓
Child Nutrition Site Supervisors									
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									
<i>*amounts will be different for employees hired after the start of the insurance year or part-time teachers</i>									

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.

Fixed Flex Employee Groups	
Administrators / Supervisors / non-exempt	REFER TO YOUR FLEX PLAN AMOUNT IN WORKLIFE For Employees with Fixed Flex accounts: <i>if the insurance premiums exceed the account amount, the employee contribution will be deducted over 20 pay days.</i>
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
Choice Plus CoPay	\$915	\$10,980		\$2,460	\$29,520	
Choice Plus 80/20	\$750	\$ 9,000	\$750	\$1,950	\$23,400	\$1,500
Core CoPay	\$870	\$10,440		\$2,340	\$28,080	
Core 80/20	\$710	\$ 8,520	\$750	\$1,855	\$22,260	\$1,500
Dental Insurance	\$85	\$1,020		\$85	\$1,020	

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 14, 2022 WITH AN EFFECTIVE DATE OF SEPTEMBER 1, 2022.