



2025-2026 OPEN ENROLLMENT INSURANCE BENEFITS GUIDE

1 OPEN ENROLLMENT MAY 27 - JUNE 11, 2025

The plan year starts **September 1, 2025**.

2 PLEASE TAKE A MOMENT TO REVIEW

The health insurance rates are increasing for the upcoming plan year. If you are satisfied with your current plan, no action is required; however, if you wish to make a change, you must submit a new plan selection during the enrollment period.

3 FLEXIBLE SPENDING ACCOUNTS

All benefit eligible employees who wish to participate in health care flex or dependent care flex need to elect an annual amount each year.

4 OTHER BENEFITS

If you need to make changes to Dental insurance, email the insurance department.

5 DURING OPEN ENROLLMENT

You will be able to make elections to your health insurance, supplemental life insurance and flexible spending accounts online. Your other benefits will be shown on the confirmation page.

WHEN YOU ARE DONE WITH OPEN ENROLLMENT REMEMBER TO PRINT A CONFIRMATION PAGE FOR YOUR RECORDS.

TO COMPLETE YOUR ONLINE ENROLLMENT

Connect through the Worklife tile on your district applications page

Username is your Social Security Number: XXXXXXXXX

Password is your 8-digit birthdate: MMDDYYYY

(No dashes or slashes)

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: 2025-26 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 and Benefits department works together with the School Board and Insurance Advisory Committee to continually monitor our health and dental benefits. 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 we provide the benefits that best serve District employees and their families.

In the past year, the District has experienced unusually high health and hospitalization claims, resulting in a need for higher premium increases than we have seen in the past. Employees in positions that are not part of a bargaining unit and those who settled contracts last year will see an increase in District contribution to help offset the premium increases, but the majority of the increase will be paid by the employees. Many of our bargaining units have contracts that are open at this time. For these groups, the District Contributions shown in the open enrollment materials represent those negotiated for this plan year, and will be adjusted if a different amount is agreed to in negotiations.

For the 2025-26 insurance year, we will be providing the same plan options that were offered in 2024-25. 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 the Insurance department (506-1080).

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WORKLIFE

Complete your online enrollment

Enroll: Connect through the Worklife tile on your district applications page or visit ahschools.wl.alight.com/login.

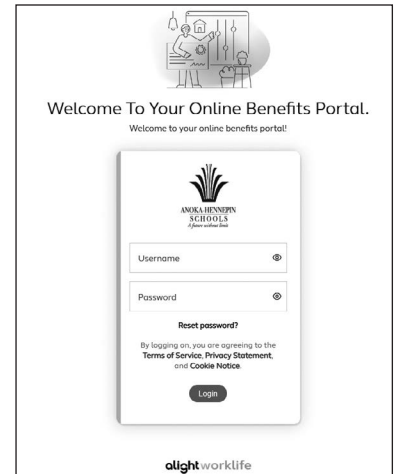
Username: Social Security Number (No Dashes) 12345678

Password: 8-digit birthdate (No Dashes) MMDDYYYY

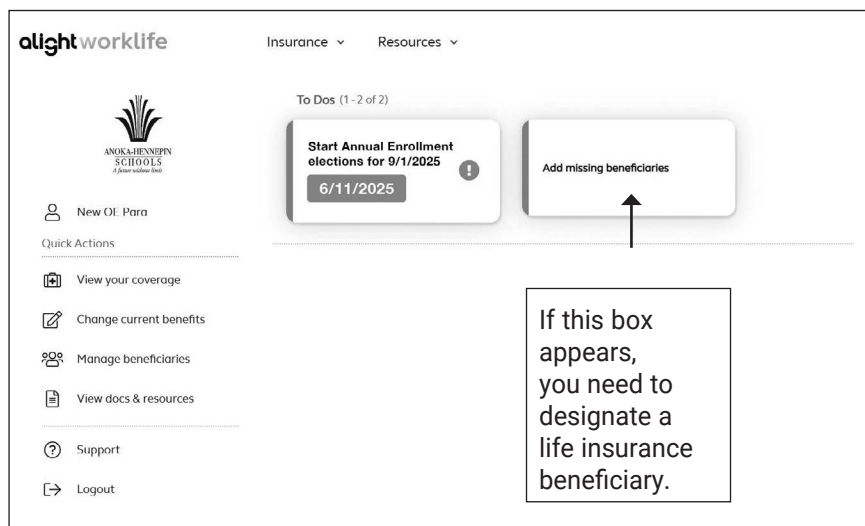
What you will need to enroll:

Social Security Number and Date of Birth for any spouse and/or dependents you plan to cover.

Beneficiary contact information (SS#, DOB) for any applicable benefits.

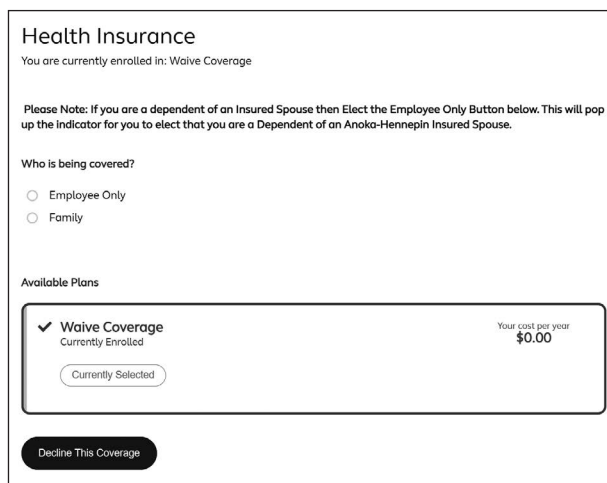


On the home page, you will click on "Start Annual Enrollment Elections for 9/1/25" to start your enrollment.



You will only be able to make changes to your Health Insurance, Supplemental Life Insurance, Health Care Spending Account and Dependent Care Spending Account.

Select the desired level of coverage based on who is being covered. From there you will select the desired health plan.



Flexible Benefit Plans/HRA Administration

OneBridge Benefits is the administrator of your Employee Funded Flexible Spending Accounts (FSA) and District Funded HRA (included with your deductible health plan). This year's maximum elections are:

HealthCare Flex - \$3,300 (up to \$660 can rollover to the 2026-27 plan year)

Dependent Care Flex - \$5,000

New enrollees who elect FSA or HRA benefits will receive detailed information from OneBridge prior to the beginning of the plan year.

Listed below, please find some helpful information to assist you with this transition:

Customer Service

Should you have any questions about your HRA or FSA benefits, rest assured, our friendly customer care team members are available to assist you—so, please don't hesitate to call them.



888-865-1628

7:00 am-7:00 pm, Mon-Fri (Central)

OneBridge Benefits Card

As part of the OneBridge YourWay program, you'll be receiving a OneBridge Visa® Benefits Card.

If you have both a YourWay FSA and HRA account, you'll have the benefit of using the same card for both accounts.



Note: Most of the time, you won't need to submit any receipts to validate the eligibility of your debit card purchase at a qualified merchant or provider; however, it's still a good idea to save your receipts just in case they're needed for any reason.

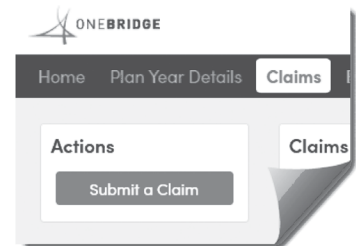
Portal Account

Once you're enrolled, we'll send you a Welcome email that will have a personal link for you to create your portal account. Simply click on this link and complete a few **easy steps** to be able to access all of your FSA account details online.

Note: if you also have a YourWay HRA account, you'll be able to access these account details using the same online portal account; plus, your portal account's username and password also works for accessing your FSA and/or HRA account details via the OneBridge HRago® Mobile App too!

Claims Submission

In addition to using your OneBridge Benefits Card as a convenient way to pay for eligible expenses, you can also submit claims using OneBridge's user-friendly portal and mobile applications, as well as by sending us a paper claim form.



Important Reminder: Your carryover from 24/25 will not be available in your OneBridge YourWay FSA until after December 1, 2025.

ONEBRIDGE BENEFITS - CONFIDENTIAL & PROPRIETARY - ONLY INTENDED TO BE SHARED WITH AUTHORIZED PARTIES © 2022 OneBridge Benefits. All rights reserved. The OneBridge Visa® Benefits Card is issued by the Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank, Member FDIC. Card can be used for qualified expenses wherever Visa Debit Cards are accepted. See cardholder agreement for details.

ANOKA-HENNEPIN 2025-2026 HEALTH PLANS COMPARISON

(In-Network)

PLANS		Choice CoPay	Choice 80/20	Elect 80/20	VantagePlus 80/20
NETWORKS		Open Access Networks	Open Access Networks	Care System - Must choose a primary care clinic; Referrals required	Accountable Care Org - medical care within the network and hospitals
Deductible	Single	\$ 0	\$ 1,500	\$ 1,500	\$ 1,500
	Family	\$ 0	\$ 3,000	\$ 3,000	\$ 3,000
CoPays or Coinsurance for Non-Preventative		\$ 10 - \$ 100 CoPays	20% Coinsurance (after deductible)	20% Coinsurance (after deductible)	20% Coinsurance (after deductible)
OUT-OF-POCKET MAX (excluding premiums)	Single	\$ 4,000	\$ 3,000	\$ 3,000	\$ 3,000
	Family	\$ 13,700	\$ 6,000	\$ 6,000	\$ 6,000
HRA Contribution	Single	\$ 0	\$ 750	\$ 750	\$ 750
	Family	\$ 0	\$ 1,500	\$ 1,500	\$ 1,500
Total Health & Hospitalization Insurance Rates					
Monthly	Single	\$ 1,255	\$ 1,050	\$ 1,000	\$ 970
	Family	\$ 3,420	\$ 2,790	\$ 2,635	\$ 2,520
Annual	Single	\$ 15,060	\$ 12,600	\$ 12,000	\$ 11,640
	Family	\$ 41,040	\$ 33,480	\$ 31,620	\$ 30,240

Pharmacy benefit is the same for all health plans.

Notes.....

CHOICE COPAY PLAN

Choice CoPay 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>(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 the Plan pays:
Preventive Care • 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% 100% <i>The deductible does not apply</i>
Office Visits • 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 <i>Retail Health</i> • Virtual Visits <i>AmWell and Virtuwel</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>Limit 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>Limit 15 visits per covered person, per year</i> 80% <i>Limit 20 visits per covered person, per year</i> 80% <i>Deductible does not apply.</i> Covered as in-network 80% 80%
Prescription Drugs Received at Pharmacy <i>Up to a 31-day supply per prescription</i>	The deductible does not apply Generic: \$10 Preferred Brand: \$25 Non-Preferred Brand: \$50	The plan pays: 80%
Prescription Drugs Received from Mail Order <i>Up to a 93-day supply per prescription</i>	The deductible does not apply Generic: \$20 Preferred Brand: \$50 Non-Preferred Brand: \$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>	The deductible does not apply Preferred: 80% up to \$200 max per prescription Non-Preferred: 60% per prescription	Not applicable
Services Received in a Hospital or Surgicenter • 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	100% after \$100 copayment per admission 100% 100% after \$100 copayment per admission 100% after \$50 copayment per visit 100% after \$50 copayment per visit 100% 100% after \$50 copayment per visit 100% after \$50 copayment per visit	80% 80% 80% 80% 80% 80% 80% 80%
Urgent or Emergency Care • Urgent Care Center • Hospital Emergency Room • Emergency Ambulance	100% after \$50 copayment per visit 100% after \$100 copayment per visit 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%

*You may be billed for the difference between what your insurance pays and the full cost of the service, if your provider is out-of-network.

CHOICE 80/20 DEDUCTIBLE PLAN

Choice 80/20 Deductible 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>(plan year)</i>	\$1,500 single/\$3,000 family <small>medical only embedded</small>	\$1,500 single/\$3,000 family <small>medical only embedded</small>
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 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% 100% <small>The deductible does not apply</small>
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 <small>Retail Health</small> Virtual Visits <small>AmWell and Virtuwell</small> 	After deductible the plan pays: 80% 80% 80% 80% 80% <small>Limit 15 visits per covered person, per year</small> 80% 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60% <small>Limit 15 visits per covered person, per year</small> 60% <small>Limit 20 visits per covered person, per year</small> 60% Covered as in-network benefit 60% 60%
Prescription Drugs Received at Pharmacy <small>Up to a 31-day supply per prescription</small>	The deductible does not apply Generic: \$10 Preferred Brand: \$25 Non-Preferred Brand: \$50	The plan pays: 60%
Prescription Drugs Received from Mail Order <small>Up to a 93-day supply per prescription</small>	The deductible does not apply Generic: \$20 Preferred Brand: \$50 Non-Preferred Brand: \$100	Not applicable
Specialty Prescription Drugs <small>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy</small>	The deductible does not apply Preferred: 80% up to \$200 max per prescription Non-Preferred: 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%

*You may be billed for the difference between what your insurance pays and the full cost of the service, if your provider is out-of-network.

ELECT 80/20 DEDUCTIBLE PLAN

Elect 80/20 Deductible 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, MN Healthcare, Children's Health, Partners in Pediatrics.

	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 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% 100% <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 <i>Retail Health</i> Virtual Visits <i>AmWell and Virtuwell</i> 	After deductible the plan pays: 80% 80% 80% 80% 80% <i>Limit 15 visits per covered person, per year</i> 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60% <i>Limit 15 visits per covered person, per year</i> 60% <i>Limit 20 visits per covered person, per year</i> 60% Covered as in-network benefit 60% 60%
Prescription Drugs Received at Pharmacy <i>Up to a 31-day supply per prescription</i>	The deductible does not apply Generic: \$10 Preferred Brand: \$25 Non-Preferred Brand: \$50	The plan pays: 60%
Prescription Drugs Received from Mail Order <i>Up to a 93-day supply per prescription</i>	The deductible does not apply Generic: \$20 Preferred Brand: \$50 Non-Preferred Brand: \$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>	The deductible does not apply Preferred: 80% up to \$200 max per prescription Non-Preferred: 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%

VANTAGEPLUS 80/20 DEDUCTIBLE PLAN

VantagePlus 80/20 Deductible provides access to the physicians from M Health Fairview, North Memorial and many independent clinics as part of an ACO network.

	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 the Plan pays:	When you receive covered services the Plan pays:
Preventive Care • 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% 100% <i>The deductible does not apply</i>
Office Visits • 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 <i>Retail Health</i> • Virtual Visits <i>AmWell and Virtuwell</i>	After deductible the plan pays: 80% 80% 80% 80% 80% <i>Limit 15 visits per covered person, per year</i> 80% 80% 80% 80% 80%	After deductible the plan pays: 60% 60% 60% 60% 60% <i>Limit 15 visits per covered person, per year</i> 60% <i>Limit 20 visits per covered person, per year</i> 60% Covered as in-network benefit 60% 60%
Prescription Drugs Received at Pharmacy <i>Up to a 31-day supply per prescription</i>	The deductible does not apply Generic: \$10 Preferred Brand: \$25 Non-Preferred Brand: \$50	The plan pays: 60%
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Urgent or Emergency Care • 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%

*You may be billed for the difference between what your insurance pays and the full cost of the service, if your provider is out-of-network.

Member Customer Services

When you have questions about your health plan benefits, you have a team at Medica ready to help. Call Medica Member Services for Anoka-Hennepin Schools at 1-877-335-9135 (TTY: 711).

Monday-Friday, 7 a.m. - 8 p.m. CT (closed 8 a.m. - 9 a.m. Thursdays), and Saturday 9 a.m. - 3 p.m. CT.

When you have questions about behavioral health benefits, provider network, and prior authorization requests, call Medica Behavioral Health at 1-800-848-8327.

Optum Employee Assistance Program - EAP

Get help with life's changes and challenges. Whether it is financial troubles, personal issues, family problems or legal concerns. Medica® Optum® Emotional Wellbeing Solutions can help get you answers and resources to tackle the tough issues and life stressors you and your family face. Just call 1 (800) 626-7944 (TTY: 711) 24/7/365 to talk with a counselor or trained professional. They will help you find the resources you need to get back on track at no extra cost.

- Meet with a counselor or therapist. You get five counseling sessions at no extra cost (per issue, per year)
- Have a free 30-minute legal consultation and 25% off when working with a lawyer to help with child support, divorce, adoption, wills and trusts, and more
- Talk with a financial advisor about debt, saving money, foreclosure, and more
- Care for children or elderly parents with support and second opinions
- Find online resources to help with everyday work and life challenges
- Get help with issues like tobacco, gambling, or drugs
- Talk with a specialist, 24/7, at 1 (800) 626-7944 (TTY: 711).
Your call and conversations with specialists are kept confidential, in accordance with the law.

My Health Rewards

For more information visit medica.com/MyHealthRewards

Get inspired to make positive changes. Taking steps to improve your health is easier than you think. Want to lower your stress? Quit smoking? Eat more fruit and veggies? Anoka-Hennepin Schools My Health Rewards by Medica® makes it fun and rewarding.

The My Health Rewards online tool and app lets you log healthy habits, track activity through a fitness tracker, and complete other healthy activities to earn rewards.

Employees enrolled in the medical plan can earn up to \$460 in rewards per plan year and covered dependents age 18 and older can earn up to \$225 in rewards per calendar year.

Rewards can be redeemed as e-gift cards and health and fitness products. You can also choose to donate your rewards to a charitable cause. Watch for more information about how to get started when your plan starts.

As part of managing your My Health Rewards account, please ensure your most current email and mobile phone number are on file under the wellness portal settings section. This will make it easy to ensure that personalized health and wellness communication and rewards reach you directly.

To sign up visit medica.com/ahschools

Make the Most of Your Benefits

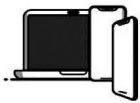
We're so glad you've joined us as your partner in oral health. 89 million members nationwide trust Delta Dental for superior dental expertise, service and savings. Below are resources to help you make the most of your dental benefits utilizing our digital tools, in-network dentists and best-in-class customer service.



Digital resources to manage your benefits

DeltaDentalMN.org

At Delta Dental of Minnesota, we're focused on providing effective digital resources for our members that align with our sustainability initiatives. The Member Portal and mobile app provides 24/7 access to tools for members to self-serve. The Member Portal and mobile app use a single sign on between the platforms, meaning only one username and password are needed for both!



Member Portal and mobile app features:

- Digital ID card
- Find a dentist
- Coverage details
- Claim details
- Cost estimator
- Digital Explanation of Benefits (EOB)
Available exclusively on the Member Portal



Sign up for the Member Portal



Download the mobile app



Find a dentist

DeltaDentalMN.org/find-a-dentist

Seeking care from a Delta Dental in-network dentist will save you the most money because the dentist cannot charge you more than our allowable fee for services covered under your plan. Our Find a Dentist tool helps you find a dentist that fits your preferences and accessibility. You can also verify your current dentist's network participation.



Contact us

Phone: 1-800-448-3815
7a.m. - 7p.m., M-F CST

Our customer service team can assist members with the following topics:

Questions on coverage:

- Benefits and eligibility
- Claim status
- Explanation of Benefits (EOB) details

Digital access:

- Find a Dentist tool
- Website navigation
- Member Portal questions



The Power of Smile™

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

DeltaDentalMN.org



Delta Dental of Minnesota

Anoka-Hennepin Independent School District #11

Client #006067

Plan Benefit Highlights			
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Out-of-network*
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 Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space maintainers	100%	80%	80%
Sealants	100%	100%	100%
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%
Standard Implant coverage	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 age limitations, covered services and additional limitations/exclusions, please refer to the Dental Benefit Plan Summary.

*Dentists who have signed an in-network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Out-of-network dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying out-of-network dentists any difference between the charged amount and the maximum amount payable determined by Delta Dental.

MINNESOTA PAID FAMILY AND MEDICAL LEAVE

Minnesota Paid Family and Medical Leave (MN PFML) is a statewide program providing payments and job protection when you need time off to care for yourself or your family. You can apply for leave when you have a qualifying life event listed below.

Medical Leave	Bonding Leave	Caring Leave	Military Family Leave	Safety Leave
To care for your own serious health condition e.g., a physical or mental illness, injury, impairment, condition or substance use disorder. This includes childbirth and conditions related to pregnancy or surgery.	To care for and bond with a new child welcomed through, birth, adoption or foster placement.	To care for a family member with a serious health condition.	To support a family member called to active duty	To respond to issues related to domestic violence, sexual assault or stalking to yourself or a family member.
Who qualifies as a family member for family leave?		Frequently Asked Questions		
<ul style="list-style-type: none"> • Spouse or partner • Child (including biological, adopted, step, or foster children or a child you raise even if you are not legally related) • Parent or person who raised you • Sibling • Grandchild or grandparent • In-laws (including son, daughter, father or mother) • Anyone close to you who depends on you like family, even if not related by blood 		<p>Q: How much leave are you entitled to each benefit year? A: Up to 12 weeks of Medical Leave or up to 12 weeks of Family Leave. If you need both Medical and Family Leave during a benefit year you can take up to 20 weeks of total combined leave.</p> <p>Q: When can I start taking Paid Leave? A: Paid Leave benefits will be available beginning January 1, 2026.</p> <p>Q: Who is eligible for benefits? A: MN PFML covers full-time, part-time, temporary and most seasonal employees who have earned at least \$3,700 (or 53% of the state's average annual wage) during the last 12 months</p> <p>Q: How much money will I receive? A: Payment is based on how much you normally earn. Most people will receive between 55% and 90% of their regular wages while on leave, with a maximum benefit set at the state average wage, which is currently \$1,423 per week.</p>		

For specifics on how MN PFML will work for you and how to apply, please reach out to Labor Relations and Benefits Resources:

- MN PFML Information: <https://mn.gov/deed/paidleave/employees/>
- MN PFML Benefit Estimate Calculator: <https://mn.gov/deed/paidleave/employees/leave-time/>

Labor Relations and Benefits Department

HOW CAN WE ASSIST YOU?

JENNIFER SCHROEDER

Insurance Benefits Supervisor

- Contact Jennifer when planning or thinking about retirement.
- Questions or concerns about insurance benefits.

JenniferL.Schroeder@ahschools.us

763-506-1085

CHRIS SUNDEEN

HR Specialist - Insurance

- 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

HR Generalist - Insurance

- Contact Lisa if you have a work comp injury, life event change, questions about resignations or COBRA.

Lisa.Leiner@ahschools.us

763-506-1083

BECKY MASHUGA

HR Generalist - Insurance

- Contact Becky with questions for new hire/newly eligible insurance benefits or questions regarding your quarterly bill or payment.

Becky.Mashuga@ahschools.us

763-506-1078

TODD MENSINK

Director of Labor Relations & Benefits

- Contact Todd with questions about working agreement language.

Todd.Mensink@ahschools.us

763-506-1142

SANDY LACHANCE

HR Systems Manager

- Contact Sandy if you have questions about or need to obtain user security on Skyward administrative human resource screens.

Sandra.LaChance@ahschools.us

763-506-1082

HEATHER L. OLSON

HR Generalist – Labor Relations

- Contact Heather when you need to reach Todd Mensink.

HeatherL.Olson@ahschools.us

763-506-1091

TIFFANY HILL

HR Data Systems Analyst

- Contact Tiffany with questions about time off allocations, Skyward Org Chart changes, and STAR reporting.

Tiffany.Hill@ahschools.us

763-506-1087

VICKI VANCURA

HR Specialist – HR Data Systems

- Contact Vicki with 403(b) questions and sick leave buy back questions.

Vicki.Vancura@ahschools.us

763-506-1108

TAMI CARDINAL

HR Generalist – HR Data Systems

- 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

CONTACT LIST - BENEFIT VENDORS

Vendor	Benefit	Website Address	Phone Number
Anoka-Hennepin Insurance Department	All Employee Benefits	ahschools.us/insurance	763.506.1080
Delta Dental	Dental insurance	deltadentalmn.org	800.448.3815
The Hartford	Long Term Disability and Life Insurance	LTD or life insurance questions, contact: Christine.Sundeen@ahschools.us	763.506.1084
Medica Health Insurance	Health Insurance	medica.com/signin	877.335.9135
Medica - My Health Rewards (Personify Health)	Digital Health and Wellness Program	To register: medica.com/ahschools For support: MyHealthRewards.Support@PersonifyHealth.com	833.450.4074
OneBridge Benefits	Dependent Care FSA	portal.yourwaybenefits.com/account/Login	888.865.1628
OneBridge Benefits	Medical Care FSA	portal.yourwaybenefits.com/account/Login	888.865.1628
OneBridge Benefits	HRA	portal.yourwaybenefits.com/account/Login	888.865.1628
Optum	Employee Assistance Program	liveandworkwell.com	800.626.7944

ANNUAL NOTICE OF UNIVERSAL AVAILABILITY - 403(b)

Anoka-Hennepin School District offers our eligible employees the opportunity to save for retirement by participating in the Anoka-Hennepin 403(b) Plan (the "403(b) plan"). You can participate in this plan by making pre-tax contributions. You are eligible to voluntarily participate in this plan, whether or not you are actively contributing to it, 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 all on the district website: <http://bit.ly/A-H403b>

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 already 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 their 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 rate 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 2025, employees can contribute up to \$23,500 in regular contributions. This amount may be adjusted annually based on IRS regulations. Also, if you are at least 50 years old, you

may also 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:



Scan above for IRS Website – or visit <https://www.irs.gov/retirement-plans/plan-participant-employee/retirement-topics-403b-contribution-limits>



Scan above for Anoka-Hennepin 403(b) Information; and Salary Reduction Forms Website or visit ahschools.us/laborrelations

Questions?

Contact the Labor Relations and Benefits Department at 763-506-1108.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS BEING SENT TO YOU AS REQUIRED BY FEDERAL REGULATION. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Notice of Privacy Practices

This Notice describes how plans sponsored by Anoka-Hennepin ISD # 11 ("District"), specifically the Districts' medical plan, dental plan, health care reimbursement account plan, and employee assistance plan (collectively referred to as the "Plans") may use and disclose Protected Health Information ("PHI" or "health information"). Protected Health Information is individually identifiable information about your past, present or future health or condition, health care services provided to you, or the payment for health services, whether that information is written, electronic or oral. This notice also describes your rights under federal law relating to that information. It does not address medical information relating to disability, workers' compensation or life insurance programs, or any other health information not created or received by the Plans.



Scan above for Anoka-Hennepin Notice of Privacy Practices or visit ahschools.us/insurance

Health & Hospitalization and Dental Rates September 2025 - August 2026

SINGLE	Employee Groups	Single Monthly District Contribution	Single Monthly Employee Contribution				Per 20 Pay Periods - Employee Contribution*			
			Choice CoPay	Choice 80/20	Elect 80/20	VantagePlus 80/20	Choice CoPay	Choice 80/20	Elect 80/20	VantagePlus 80/20
	amounts will be different for employees hired after the start of the insurance year or part-time teachers									
	ESPs (CS Programmers, EC Screeners)	\$ 810	\$ 445	\$ 240	\$ 190	\$ 160	\$ 267	\$ 144	\$ 114	\$ 96
	Child Nutrition Assistants	\$ 850	\$ 405	\$ 200	\$ 150	\$ 120	\$ 243	\$ 120	\$ 90	\$ 72
	Child Nutrition Site Supervisors									
	Community School Coordinators									
	Community Education Miscellaneous									
	Confidentials									
	Miscellaneous E-12									
	Paraeducators									
	School Office Supervisors									
	Secretarial / Clerical	\$ 905	\$ 350	\$ 145	\$ 95	\$ 65	\$ 210	\$ 87	\$ 57	\$ 39
	Teachers (ABE, ECFE, Preschool Instr.)									
	Custodial / Maintenance Spec									
	Technical Specialists									

FAMILY	Employee Groups	Family Monthly District Contribution	Family Monthly Employee Contribution				Per 20 Pay Periods - Employee Contribution*			
			Choice CoPay	Choice 80/20	Elect 80/20	VantagePlus 80/20	Choice CoPay	Choice 80/20	Elect 80/20	VantagePlus 80/20
	amounts will be different for employees hired after the start of the insurance year or part-time teachers									
	ESPs (CS Programmers, EC Screeners)	\$ 1,515	\$ 1,905	\$ 1,275	\$ 1,120	\$ 1,005	\$ 1,143	\$ 765	\$ 672	\$ 603
	Child Nutrition Assistants	\$ 1,590	\$ 1,830	\$ 1,200	\$ 1,045	\$ 930	\$ 1,098	\$ 720	\$ 627	\$ 558
	Child Nutrition Site Supervisors									
	Community School Coordinators									
	Community Education Miscellaneous									
	Confidentials									
	Miscellaneous E-12									
	Paraeducators									
	School Office Supervisors									
	Secretarial / Clerical	\$ 1,670	\$ 1,750	\$ 1,120	\$ 965	\$ 850	\$ 1,050	\$ 672	\$ 579	\$ 510
	Custodial / Maintenance Spec									
	Technical Specialists									
	Teachers (ABE, ECFE, Preschool Instr.)	\$ 1,830	\$ 1,590	\$ 960	\$ 805	\$ 690	\$ 954	\$ 576	\$ 483	\$ 414

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	\$ 80	\$ 10	\$ 6
SOS, Preschool Inst. (SR/KR), Teachers	\$ 85	\$ 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 CoPay	\$ 1,255	\$ 15,060		\$ 3,420	\$ 41,040	
Choice 80/20	\$ 1,050	\$ 12,600	\$ 750	\$ 2,790	\$ 33,480	\$ 1,500
Elect 80/20	\$ 1,000	\$ 12,000	\$ 750	\$ 2,635	\$ 31,620	\$ 1,500
VantagePlus 80/20	\$ 970	\$ 11,640	\$ 750	\$ 2,520	\$ 30,240	\$ 1,500
Dental Insurance	\$ 90	\$ 1,080		\$ 90	\$ 1,080	

DEADLINE FOR OPEN ENROLLMENT CHANGES IS JUNE 11, 2025 WITH AN EFFECTIVE DATE OF SEPTEMBER 1, 2025.

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

