

2026 Anoka County Employee Benefits

PART-TIME EMPLOYEES

For employees scheduled to work 29
hours or less per week.



Coverage is effective the **1st** of the month
following your hire date.

**Unless otherwise indicated.*



Anoka County
MINNESOTA

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Benefit Contact Information

Anoka County Human Resources 2100
3rd Avenue, STE 261
Anoka, MN 55303-5030

Phone: 763-324-4300
Fax: 763-324-1060
www.anokacountymn.gov

Helpful Benefits Contact Information:

Employee Benefit Solutions & Leave Coordination team:

763-324-4300

RS-HR-Benefitsandleaves@anokacountymn.gov

BCBS:

www.bluecrossmn.com

651-662-5004 or 1-866-870-0348

Surest:

www.benefits.surest.com

866-683-6440

HealthPartners Dental:

www.healthpartners.com

952-883-5000 or 1-800-883-2177

HealthPartners Employee Assistance Program (EAP)

Get help with almost anything you can think of at no extra cost. Log on to www.hpeap.com using password: anokaco or call 1-866-326-7194 to speak with master level clinicians or set-up an appointment with the onsite EAP Counselor.

HealthEquity FSA and HRA Spending Accounts:

<https://www.healthequity.com/>

1-877-924-3967



Anoka County
HUMAN RESOURCES

Benefit Contact Information

PERA:

www.mnpera.org

651-296-7460 or 1-800-652-9026

Benefits@mnpera.org

MNDP-Deferred Compensation:

www.msrs.state.mn.us/mndcp

651-296-2761 or 1-800-657-5757

Nationwide-Deferred Compensation:

www.nrsforu.com

1-877-677-3678

UNUM Vision:

www.unumvisioncare.com

1-888-400-9304

UNUM Basic, AD&D and Supplemental Life:

www.unum.com

1-800-445-0402

Madison National Life-Long Term Disability

www.madisonlife.com

1-800-356-9601 or 1-608-830-2000

Well at Work Clinic:

<https://www.healthpartners.com/>

952-967-7478 *Need to call for making 1st appointment for you and your dependents*

MetLife-Short Term Disability

<https://www.metlife.com>

1-800-438-6388

Helpful employee information:

Intranet > Departments > Human Resources

<https://share.co.anoka.mn.us/departments/emplrel/Pages/default.aspx>





Public Employees Retirement Association (PERA)

[Coverage effective date of hire.](#)

PERA is a defined benefit retirement program for employees of county and local governments. PERA serves over 250,000 current and former public employees from over 2,000 local units of government throughout the state of Minnesota. Membership in PERA is automatic for non-elected public employees who meet the eligibility requirements set by Minnesota statute. Both the employee and employer contribute to your PERA account. Access to your PERA account can be found here: www.mnpera.org

Current PERA Plans & Contributions

Coordinated

Employee Contribution: 6.5% of total salary

Anoka County Contribution: 7.5% of total salary

Vested- Employees hired July 1, 2023 or later are 100% vested after 3 years of service

Police & Fire

Employee Contribution: 11.8% of total salary

Anoka County Contribution: 17.7% of total salary

Vested- Employees who qualify for membership after June 30, 2010, must have a minimum of 5 years of service, and those hired after June 30, 2014, must have at least 10 of service.

Detention and Correctional Employees

Employee Contribution: 6.83% of total salary

Anoka County Contribution: 10.25% of total salary

Vested- 50% after 5 years of service and 10% each year thereafter until 100% vest at year 10.

Video About PERA 



Anoka County
HUMAN RESOURCES

Deferred Compensation (Section 457)

Enrollment

All regular Anoka County employees can contribute into a Deferred Compensation account. Employees may enroll anytime. Enrollment is done directly with the Deferred Compensation vendors. Employees are not restricted to selecting a single Deferred Compensation vendor; deductions can be made to more than one account.

MNDPC: [Minnesota Deferred Compensation Plan > Plan Overview | Minnesota State Retirement System \(MSRS\)](#)

Nationwide: <https://www.nrsforu.com/>

Payroll Deductions

Deferred Compensation is a voluntarily elected benefit. Employees may work directly with the vendor to start, increase, decrease or stop deferred compensation deductions at any point.

Deductions can be set up on a pre-tax or post-tax (Roth) basis.

More Information

More information on the plans can also be found on the employee website or contact Employee Benefit Solutions & Leave Coordination with questions at:

763-324-4300 or RS-HR-BenefitsandLeaves@anokacountymn.gov

Flexible Spending Account by HealthEquity

Dependent Care Flexible Spending Account (FSA)

- Have up to \$7,500 taken out of your paycheck on a pre-tax basis for eligible day care expenses.
- All regular employees, full-time and part-time, can participate.
- When determining election amount be conservative. If the money in your account is not used by the end of the year you lose it.
- Runs on a calendar year, Jan 1- Dec 31. Must re-enroll each year to continue.
- As a new employee you have 31 days to enroll.
- You can only take out as much money as you have in the account at one time.
- Will need to submit claims for reimbursement through HealthEquity.

FSA Rules

The Flexible Spending Accounts are regulated by the IRS and other Federal agencies. The following only highlights some of the plan rules. For more details refer to the Summary Plan Description.

- Contributions to the FSA will occur throughout the year with automatic payroll deductions from your Anoka County paycheck.
- As you incur FSA expenses, you can use the FSA money to pay for these expenses, but they must be eligible under the IRS guidelines and must occur within the plan year.
- You won't be able to change your elections during the Plan Year unless a qualifying election change event occurs.
- **IMPORTANT** - FSA accounts are “use-it or lose-it”. Only contribute what you know you will need for the year because any money left over at the end of the year is forfeited. There is a “run-out” period at the end of the year that lets you catch up on submitting any claims you missed, but dates of claims incurred must be prior to December 31.



ANOKA COUNTY PARKING INFORMATION

Anoka County provides a parking ramp adjacent to the Government Center, and a parking lot north of the ramp. Access to the parking ramp and lot can be added to an employee/tenant/contractor's security access card. The required application form is available from Facilities Management & Construction located in suite #248 of the Government Center at 2100 3rd Ave N, Anoka MN, and also on the County Intranet site.

PARKING OPTIONS

Ramp Reserved Parking	Ramp Non-Reserved Parking	Lot Non- Reserved Parking	Ramp Overnight Non- Reserved Parking
Covered parking in ramp	Not covered on the 4th and 5th levels	Uncovered; flat parking lot north of the ramp	<ul style="list-style-type: none"> •For shifts starting at 2:00 p.m. or later •Not undercover - available on the 4th and 5th levels of the ramp 24/7, access to 1st level public parking spaces granted between 2pm - 8am only
\$27.50 (waitlist)	\$10.00	\$19.50	\$5.00

The parking fee for all regular employees is deducted pre-tax from your paycheck. If you want this deducted post-tax, complete a form available from Human Resources within 30 days of setting up parking.

Other Parking Options:

- Park outside of a 3-block radius of the Government Center where there are no restrictions on parking or cost. Note: Staff are strongly discouraged from parking in the one-hour or two-hour parking spaces located around the Government Center during the work day as this would require frequently moving the vehicle on County time.
- Handicapped parking: Non-reserved handicapped spaces are available on a first come, first served basis.

Payment Procedures:

- County Employee: Parking will be paid for via payroll deductions taken out once per month (see Payroll Withholding Schedule). Permanent employees will be set up to have deductions taken out pretax (see Human Resources during the open enrollment period to elect out of pretax deductions). Temporary employees will be set up with post tax deductions.
- State Employee/Contracted Employee: Parking will be paid for via deductions taken from a checking or savings account. An ACH deductions authorization form and a voided check are required in addition to the parking application.
- Outside Companies: Provisions can be made for outside companies desiring to lease parking spaces for their employees. Please contact Facilities Management at RS-FMC-Parking@anokacountymn.gov or call at 763-324-1900



Anoka County
MINNESOTA

Respectful, Innovative, Fiscally Responsible



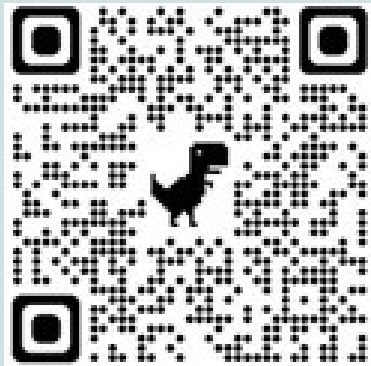
RESOURCES

Anoka County strives to provide its employees with relevant and useful tools to maintain a balanced life.



EMPLOYEE ASSISTANCE PROGRAM

No matter what your situation is, HealthPartners Employee Assistance Program (EAP) can help. The EAP is available anytime for you and anyone in your household. Get help with almost anything you can think of, all at no extra cost.



*This service is available to ALL employees and anyone living in their household.



Anoka County Health Care Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA)

Notice of Privacy Practices

Effective Date: September 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose of Notice

A federal law, the Health Insurance Portability and Accountability Act of 1996, requires us to give you this Notice of Privacy Practices. This Notice applies to employees and covered dependents enrolled in the Anoka County Flexible Spending Account.

Anoka County acts as plan sponsor for the Anoka County Health Care Flexible Spending Account and the Health Reimbursement Arrangement. As plan sponsor, we must protect the privacy of protected health information or PHI.

This Notice describes uses and disclosures we may make and gives some examples. We will make reasonable efforts to limit PHI use and disclosure to the minimum necessary. This Notice also describes your rights to see PHI and other rights you have.

Anoka County also may have health information about you as an employee that is not classified as PHI. This Notice only applies to health information about you called protected health information or PHI.

What is Protected Health Information (PHI)?

PHI is health information about you that can be used to identify you. This relates to your past, present or future physical or mental health or condition, related health care services and payment.

We must:

1. Make sure we keep PHI private.
2. Give you Notice about our legal duties and privacy practices concerning PHI.
3. Follow the terms of the current Notice.
4. Make changes in the Notice available to you.

Current Notice

We reserve the right to change our privacy practices and the terms of our Notice at any time. Any change is effective for PHI we have as well as future PHI. You can get a current copy by asking for one. You also can see a current copy of our Notice on the Anoka County employee intranet web site.



Anoka County
HUMAN RESOURCES

Who Will Follow This Notice

This Notice describes PHI privacy practices for the HealthCare Flexible Spending Account and Health Reimbursement Arrangement. County employees directly involved in performing plan sponsor functions may have access to PHI and must comply with this Notice.

How the Plan May Use or Disclose PHI

Payment. We will use and disclose PHI for purposes of determining permissible reimbursements and reimbursing you for your health care service costs. For example, we may decide whether the plan may reimburse you for a medical procedure or a medication.

Anoka County, in its role as plan sponsor, has entered into a contract with a third party administrator that is involved in making the payments and performing administrative functions for the two plans. We require the third party administrator to protect PHI as a business associate.

Health Care Operations. We may use or disclose PHI as plan sponsor to support activities in order to manage our plan. These activities may include:

1. Quality assessment and improvement.
2. Investigating and training employees.
3. Evaluating performance of third party administrator.
4. Other health care related administrative activities.

For example, we may use PHI to audit the accuracy of claim processing functions by our third party administrator.

Required by Law. We may use or disclose PHI when a federal or state law or regulation requires disclosure.

Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Health oversight agencies include government agencies that oversee the health care system, benefit programs, and other regulatory programs, such as civil rights laws.

Legal Proceedings. We may disclose PHI during a judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process. For example, a court order or law may require sharing PHI with the court and attorneys for a collection proceeding.



Law Enforcement. We may disclose PHI for law enforcement purposes when allowed by Minnesota law, including circumstances pertaining to reporting crimes.

Parental Access. Minnesota law requires us to disclose PHI to parents, guardians, and persons acting in a similar legal status in most situations. We will act consistent with Minnesota law.

Personal Representatives. A personal representative is a legal guardian appointed by the court or someone you choose as power of attorney to act on your behalf. Anoka County will ask for written proof that a person qualifies before allowing them to see your PHI.

Other Situations Require your Authorization

Anoka County will ask you to give us written authorization before using or disclosing PHI for other situations. This is informed consent under Minnesota law. You may revoke your consent in writing at any time for any future disclosure. You may give any one you wish consent to see and have copies of your PHI. You must do this in writing.

Your Rights Regarding Your Health Information

You can exercise your rights by sending a written request to the Anoka County Privacy Official for the Plan at Anoka County Government Center - Human Resources, 2100 Third Avenue, Anoka, MN 55303

Right to Inspect and Copy

You may see and get a copy of your PHI as long as we have the PHI. You may have to pay for copies.

Right to Request Restrictions

You may ask us to restrict uses or disclosures of any part of PHI for treatment, payment, or health care operations or for others involved in your care. In your request, you must tell us:

1. What information you want restricted;
2. Whether you want to restrict our use, disclosure, or both;
3. To whom you want the restriction to apply; and
4. An expiration date for the restriction.

If we do not think it is in your best interest or cannot conform to the request, we do not have to agree. If we agree, we will only use or disclose PHI as restricted, except to provide emergency treatment. You may revoke a restriction at any time in writing.

Right to Request Confidential Communications

You may ask us to contact you using different means or location. You must make the request in writing. You must specify an alternative address or other method of contact. We will not ask you why. For example, you can ask us to send mail to a Post Office box or work address instead of home address. We will accommodate reasonable requests.

Right to Request Amendment

If you think PHI is incorrect or incomplete, you may ask us to amend PHI. We do not have to amend PHI that we think is correct. You also can challenge data accuracy and completeness under the Minnesota Government Data Practices Act.

Right to an Accounting of Disclosures

You may ask in writing for an accounting of PHI disclosures we have made. This does not apply to disclosures: made for, or incidental to, treatment, payment, or health care operations; or made to you, to people involved in your care, or to others with your consent. Accounting only applies to disclosures up to 6 years before the request date.

Right to Obtain a Copy of this Notice

You may get a paper copy of the current Notice from the Anoka County Privacy Official for the Plan. You also may view it electronically at the Anoka County employee intranet web site.

Privacy Laws

We provide this Notice as required under federal law. Several other privacy laws also may apply, such as the Minnesota Government Data Practices Act. We considered these laws in developing our privacy practices and this Notice. We also give you a data practices notice when required to do so by Minnesota law.

Complaints

If you think we violated your privacy rights, you may file a written complaint with the Anoka County Privacy Official for the Plan or with the U.S. Department of Health and Human Services.

Anoka County will not take action against you for filing a complaint or for exercising any other right.

To file a complaint with the Anoka County Privacy Official for the Plan, you must send the complaint in writing to the Anoka County Privacy Official for the Plan at Anoka County Government Center – Human Resources, 2100 Third Avenue, Anoka, MN 55303.

Other Contact Information

You may contact the Anoka County Privacy Official for the Plan with questions by phone at **763-324-4321**.



Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

MINNESOTA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

ANOKA COUNTY General Notice Of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

- .
- .



If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."
- Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Anoka County, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

Employee Benefit Solutions & Leave Coordination, RS-HR-Benefits@anokacountymn.gov
2100 Third Avenue, STE 261, Anoka, MN 55303-5030. 763-324-4300.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. This notice should be sent to: Anoka County Human Resources, 2100 Third Avenue, Suite 261, Anoka, MN 55303- 5030. The disabled person must also notify the Plan Administrator within 30 days of any final determination that the individual is no longer disabled.

Second qualifying event extension of 18-month period of continuation coverage: If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

You may also be eligible for continuation of coverage through Minnesota law. Minnesota law applies to fully insured employers with two or more employees as well as self-insured plans offered by local government units. Minnesota law does not apply to self-insured non-governmental employers. In some circumstances, Minnesota law provides for a longer continuation time than does COBRA.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov>

If you have further questions:

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes:

You should also keep a copy, for your records, of any notices you send to the Plan Administrator. Your Plan Administrator is Anoka County Human Resources.

Plan contact information:

EmployeeBenefitSolutions&LeaveCoordination team
RS-HR-BenefitsandLeaves@anokacountymn.gov
2100 Third Avenue, Suite 261
Anoka, MN 55303-5030
763.324.4300

HIPAA Notice of Privacy

Anoka County Health Insurance Plan and Plan Sponsor Covered Entities

Effective Date: April 14, 2003
Revised: December 10, 2009
March 7, 2017
January 1, 2021
September 1, 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to give you this Notice of Privacy Practices. This Notice applies to health information about you called protected health information (PHI). Anoka County provides many services. In providing some services, the County acts as a health plan. For example, Anoka County is self-insured for medical coverage and utilizes Blue Cross/Blue Shield of MN and Surest UnitedHealthCare as a third party administrator and Anoka County provides fully insured dental, disability and life insurance. As the plan sponsor for the insurance benefits, Anoka County Human Resources is considered a HIPAA covered entity. Therefore, Anoka County Human Resources, as a covered entity, must protect the privacy of PHI. Anoka County must also protect the privacy of all private and confidential data that it collects, creates, stores, maintains, disseminates and accesses under the Minnesota Government Data Practices Act.

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Anoka County also may have health information about you that is not classified as PHI. This Notice only applies to health information about you called protected health information or PHI.

What is protected health information (PHI)?

PHI is health information about you that can be used to identify you. This relates to your past, present or future physical or mental health or condition, related health care services and payment.

We must: 1. Make sure we keep PHI private. 2. Give you Notice about our legal duties and privacy practices concerning PHI. 3. Follow the terms of the current Notice. 4. Make changes in the Notice available to you.

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Current Notice

We reserve the right to change our privacy practices and the terms of our Notice at any time. Any change is effective for PHI we have as well as future PHI.

We will post the current Notice. You can get a current copy by asking for one. You also can see a current copy of our Notice on the Anoka County web site at www.anokacountymn.gov

Who will follow this notice?

This Notice describes PHI privacy practices for the Anoka County Health Care Components (ACHCC). The ACHCC includes:

1. **Anoka County Health Plan** relating to Anoka County's Self-Insured medical coverage and fully insured dental, disability and life insurance.
2. **Related Services** provided to the health care/health plan components by other county departments such as employee relations, accounting, audit, risk management and legal services

How ACHCC may use or disclose protected health information

Required Disclosures By law, we must disclose PHI to you upon request. We also must disclose PHI to the Secretary of U.S. Department of Health and Human Services for investigations or to determine compliance with laws protecting PHI.

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How ACHCC may use or disclose protected health information

Permitted Uses and Disclosures

- **Treatment.** We will use and disclose PHI when we are providing services to you. This may include coordinating or managing your coverage with a third party administrator of the health plan or the fully insured dental, disability and life insurance plans. For example, we may disclose PHI to a contractor working with Anoka County. When permitted by Minnesota law, we may disclose PHI pursuant to that law. In emergencies, we will use and disclose PHI to provide treatment you require.
- **Payment.** We may use and disclose PHI to assist you in paying claims for services. For example, Anoka County may disclose PHI to a third party vendor working with our Health, Dental, Disability or Life Insurance to assist in having Services provided to you be paid for.
- **Health Care Operations.** We may use or disclose PHI to support activities to manage our programs. These activities may include:
 1. Quality Assessment and improvement;
 2. Investigating and training employees;
 3. Employee performance reviews;
 4. Licensing or accreditation;
 5. Letting you know about a product or service;
 6. Other health care related activities;
 7. Anoka County sponsored insurance carriers may share relevant private data about you with their partners to enable targeted communication.

For example, we may disclose PHI to an employee in accounting to assist in premium payment. We may share PHI with business associates, for example an interpreter. We require business associates to protect PHI. We may refer information about you to a contracted provider who may assist in services for you. We may use PHI to tell you about treatment alternatives that might interest you. For example, we may use your name and address to send you a newsletter about Anoka County and the services we offer. We may also send other information we believe might help you.

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Specialized Government Functions, including National Security. We may disclose PHI to Federal officials conducting national security and intelligence activities. This includes protective services to the President or others. We may disclose PHI for military and veterans' activities if you are or were in the armed forces. We may disclose PHI for medical suitability decisions of the U.S. Department of State.

Inmates. In some situations, we may disclose PHI about you to a correctional institution having lawful custody of you:

1. For the institution to give health care to you;
2. For the health and safety of you or others;
3. For the safety and security of the institution.

Parental Access. Minnesota law requires us to disclose PHI to parents, guardians, and persons acting in a similar legal status in most situations. We will act consistent with Minnesota law.

Personal Representatives. A personal representative is a legal guardian appointed by the court or someone you choose as power of attorney to act on your behalf. Anoka County will ask for written proof that a person qualifies before allowing them to see PHI.

Individuals Involved in Your Health Care. When permitted by Minnesota law, we may disclose PHI to a family member or other person you identify as directly involved in your health care. For example, you may wish to have someone in the room with you. We may disclose PHI to notify a family member, personal representative or any other person who is responsible for your care, about your location, general condition, or death. We may disclose PHI to assist in disaster relief efforts and coordinate disclosures to family or other individuals involved in your health care.

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Other situations require your authorization

Anoka County will ask you to give us written authorization before using or disclosing PHI for other situations. This is informed consent under Minnesota law. You may revoke your consent in writing at any time for any future disclosure. You may give any one you wish consent to see and have copies of your PHI. You must do this in writing.

Your rights regarding your health information

You can exercise your rights by sending a written request to the Anoka County Privacy Official at Anoka County Government Center - Human Resources, 2100 Third Avenue, Anoka, MN 55303.

Right to Inspect and Copy. You may see and get a copy of your PHI if we have the PHI. There are restrictions on the availability of investigative data for a civil, criminal or administrative proceeding or PHI subject to a law that prohibits access. You may have to pay for copies.

Right to Request Restrictions. You may ask us to restrict uses or disclosures of any part of PHI for treatment, payment, or health care operations or for others involved in your care. In your request, you must tell us:

1. What information you want restricted;
2. Whether you want to restrict our use, disclosure, or both;
3. To whom you want the restriction to apply; and
4. An expiration date for the restriction.

If we do not think it is in your best interest or cannot conform to the request, we do not have to agree. If we agree, we will only use or disclose PHI as restricted, except to provide emergency treatment. You may revoke a restriction at any time, in writing.

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Right to Request Confidential Communications. You may ask us to contact you using different means or location. You must make the request in writing. You must specify an alternative address or other method of contact. We will not ask you why. For example, you can ask us to send mail to a Post Office box or work address instead of home address. We will accommodate reasonable requests.

Right to Request Amendment. If you think PHI is incorrect or incomplete, you may ask us to amend PHI. We do not have to amend PHI that we think is correct. You also can challenge data accuracy and completeness under the Minnesota Government Data Practices Act.

Right to an Accounting of Disclosures. You may ask in writing for an accounting of PHI disclosures we have made. This does not apply to disclosures: made for, or incidental to, treatment, payment, or health care operations; or made to you, to people involved in your care, or to others with your consent. Accounting only applies to disclosures no more than 6 years before the request date.

Right to Obtain a Copy of this Notice. You may get a paper copy of the current Notice from the Anoka County Privacy Official. You also may view it electronically at the Anoka County web site, www.anokacountymn.gov

Privacy laws

We provide this Notice as required under federal law. Several other privacy laws also may apply, such as the Minnesota Government Data Practices Act. We considered these laws in developing our privacy practices and this Notice. We also give you a data practices notice when required to do so by Minnesota law.