

2026 Anoka County Employee Benefits

FULL-TIME EMPLOYEES

For employees scheduled to work **30**
hours or more per week.



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

**Unless otherwise indicated.*



Anoka County
MINNESOTA

Table of Contents

- Contact Information
- Public Employees Retirement Association (PERA)
- Deferred Compensation (retirement savings)
- Government Center Parking
- Medical Insurance
- Added Value Benefits
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts (FSA)/Health Reimbursement Arrangement (HRA)
- Life Insurance
- Disability Insurance
- Important Notices
- COBRA
- WHCRA
- Health Plan Notice of Privacy Practices
- FSA/HRA Notice of Privacy Practices
- Health Insurance Marketplace Coverage
- CHIP
- Anoka County Creditable Coverage Notice
- HIPPA Special Enrollment Rights Notice
- Wellness Program Notice
- Surprise Billing Notice
- Newborns and Mothers Health Protection Act Notice
- MetLife Fraud Warning
- MetLife Privacy Notice

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

Contact Information

PERA:

www.mnpera.org

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

Benefits@mnpera.org

MND-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 and MN Paid Leave

<http://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)

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



PUBLIC EMPLOYEES
RETIREMENT ASSOCIATION

Public Employees Retirement Association (PERA)

**For physicians and elected local governmental officials.*

You may be eligible to participate in Defined Contribution Plan (DCP) if you are an elected local government official, physician, city manager, ambulance service personnel, rescue squad or other positions listed under the Minnesota Statutes Chapter 353D. Participation is optional for qualifying members. Participating employees contribute a percentage of their gross salary, based on qualifying employment, and the public employer may also contribute based on plan provisions.

DCP Contribution Rates		
Plan:	Employee Contribution:	Anoka County Contribution:
Elected Officials	5.0%	5.0%
Physicians*	5.0%	5.05%

*Physicians may choose between DCP and the Coordinated Plan.

To enroll, the member and employer must complete the Membership Election by Public Officials form.

To learn more about the DCP plan visit the PERA website at www.mnpera.org.



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 the Employee Benefit Solutions & Leave Coordination team with questions at: 763-324-4300 or RS-HR-BenefitsandLeaves@anokacountymn.gov



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

Medical Insurance

Anoka County offers three different health plans, two through Blue Cross Blue Shield of Minnesota (BCBS) and one through Surest-UnitedHealthCare Company (UHC).

County Sponsored value-added benefits through Blue Cross Blue Shield of Minnesota:

- Visit the Well@Work clinic located in the Anoka County Government Center at no cost to you or family members enrolled in the County sponsored medical insurance.
- Online e-visits with Doctors on Demand are covered 100%.
- Learn to Live - a free online resource for individuals and family members (age 13 and over) struggling with stress, depression, insomnia or social anxiety.
- Omada - A personalized digital lifestyle program that inspires healthy habits that last.
- Blue Care Advisor - brings together health, wellbeing, and navigation into one easy-to use digital resource. A digital front door for health helps you understand and use your plan, get the care you need, when you need it, and stay on track with health goals while earning rewards.

County sponsored value added benefits through Surest-UnitedHealthCare Company:

- Visit the Well@Work clinic located in the Anoka County Government Center at no cost to you or family members enrolled in the County sponsored medical insurance.
- 2nd MD – Get a second opinion from a leading specialist at no additional cost to you. Directly connect with experts by video from the comfort of home.
- Calm Health – Get access to programs and tools to help support your mental health and well-being at your own pace.
- One Pass Select – Reach your fitness goals in the gym, kitchen and at home, while finding new passions along the way.



Medical Insurance

BlueCross and BlueShield of Minnesota (BCBS)
<http://communications.bluecrossmn.com/anokacounty>

Surest UnitedHealthcare Company
<https://benefits.surest.com/>

2026 Medical Plans

Blue Cross and Blue Shield of Minnesota:

- **\$3,500 HRA Open Access Aware Network**
 - This plan offers comprehensive coverage through BCBS, giving you access to a broad network of trusted providers and in-network preventative care at no additional cost. With this plan, you'll benefit from a Health Reimbursement Arrangement (HRA) to help offset your deductible, plus tools and resources to manage your care and spending more effectively.
- **Open Access Aware Network 80/20 Coinsurance**
 - This plan gives you broad access to top-tier providers across Minnesota, with the plan covering 80% of eligible medical costs after you meet your deductible. This plan is a great option if you want predictable cost-sharing and the flexibility to see in-network specialists without a referral, all while managing your out-of-pocket expenses with confidence.

Surest UnitedHealthcare Company (UHC):

- **UHC Surest Copay Plan**
 - This plan is a modern, copay-only health plan with no deductibles or coinsurance – giving you full coverage from day one. With upfront pricing, a user-friendly app, and access to the national UnitedHealthcare network, Surest empowers you to compare costs and care options before your visit, helping you make confident, cost-effective health care decisions.



Anoka County
HUMAN RESOURCES



Anoka County
MINNESOTA



2026 Anoka County Benefit Premiums

**Premiums below are semi-monthly*

Medical Insurance

Plan	Single Premium	Family Premium
BCBS \$3500 HRA Open Access Aware	\$81.85	\$247.06
BCBS Open Access Aware 80/20 Co Insurance	\$21.05	\$107.22
Surest UnitedHealthcare (UHC)	\$57.47	\$190.98

Medical, dental, and vision premiums are deducted pre-tax from your paycheck. If you wish to have your premiums deducted post-tax, please complete a premium conversion form by emailing RS-HumanResources@anokacountymn.gov



Dental Insurance

Single Premium \$3.44
Family Premium \$43.38



Vision Benefit

Single Premium \$1.79
Family Premium \$4.41

Supplemental Life Insurance

0-29	\$0.03	50-54	\$0.175
30-34	\$0.04	55-59	\$0.375
35-39	\$0.045	60-64	\$0.575
40-44	\$0.06	65-69	\$0.915
45-49	\$0.10	70+	\$1.88



Short Term Disability

Age	Rate Per \$10
0-49	\$0.070
50+	\$0.121

Long Term Disability

Plan
50% Post-Tax Benefit
60% Pre-Tax Benefit

Anoka County
\$3,500 Deductible HRA Open Access Aware Network
January 1, 2026

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately. Deductible carryover does not apply.	Medical and prescription \$3,500 individual \$7,000 family	Medical and prescription \$7,000 individual \$14,000 family
Coinsurance	Deductible then 0% coinsurance	Deductible then 40% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$3,500 individual \$7,000 family	Medical and prescription combined \$ 8,000 individual \$ 16,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on the allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on the allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	0% 0% Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Hospital inpatient services	Deductible then 0% coinsurance	Deductible then 40% coinsurance
Hospital outpatient services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 40% coinsurance

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient professional services (office – other services) • outpatient hospital/facility services 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Prescription drugs – Select Network Retail (31-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands • Specialty 90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands • Specialty 	Deductible then 0% Coinsurance Deductible then 0% Coinsurance Deductible then 0% Coinsurance Deductible then 0% Coinsurance Deductible then 0% Coinsurance Deductible then 0% Coinsurance Deductible then 0% Coinsurance Deductible then 0% Coinsurance Deductible then 0% Coinsurance Deductible then 0% Coinsurance	No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com and select "Prescriptions," then see "frequently asked questions."	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com.

***Lowest out-of-pocket costs:** in-network providers

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This is only a summary. Read your benefit booklet for more information about what is and isn't covered.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.

Anoka County
Open Access Aware Network 80/20 Coinsurance Plan
January 1, 2026

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately. Deductible carryover does not apply.	Medical \$6,000 individual \$12,000 family	Medical \$6,000 individual \$12,000 family
Coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$8,000 individual \$16,000 family	Medical and prescription combined \$ 10,000 individual \$ 20,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on the allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on the allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Hospital Inpatient services	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Hospital outpatient services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	
Durable Medical Equipment	Deductible then 20% coinsurance	Deductible then 40% coinsurance

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient professional services (office – other services) • outpatient hospital/facility services 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance Deductible then 40% coinsurance
Prescription drugs – Select Network Retail (31-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-Preferred Brands • Specialty 90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-Preferred brands • Specialty 	\$10.00 copay \$90.00 copay \$120.00 copay \$150.00 copay \$370.00 copay \$30.00 copay \$270.00 copay \$360.00 copay \$450.00 copay \$1,110.00 copay	No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com and select "Prescriptions," then see "frequently asked questions."	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com.

***Lowest out-of-pocket costs:** in-network providers

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

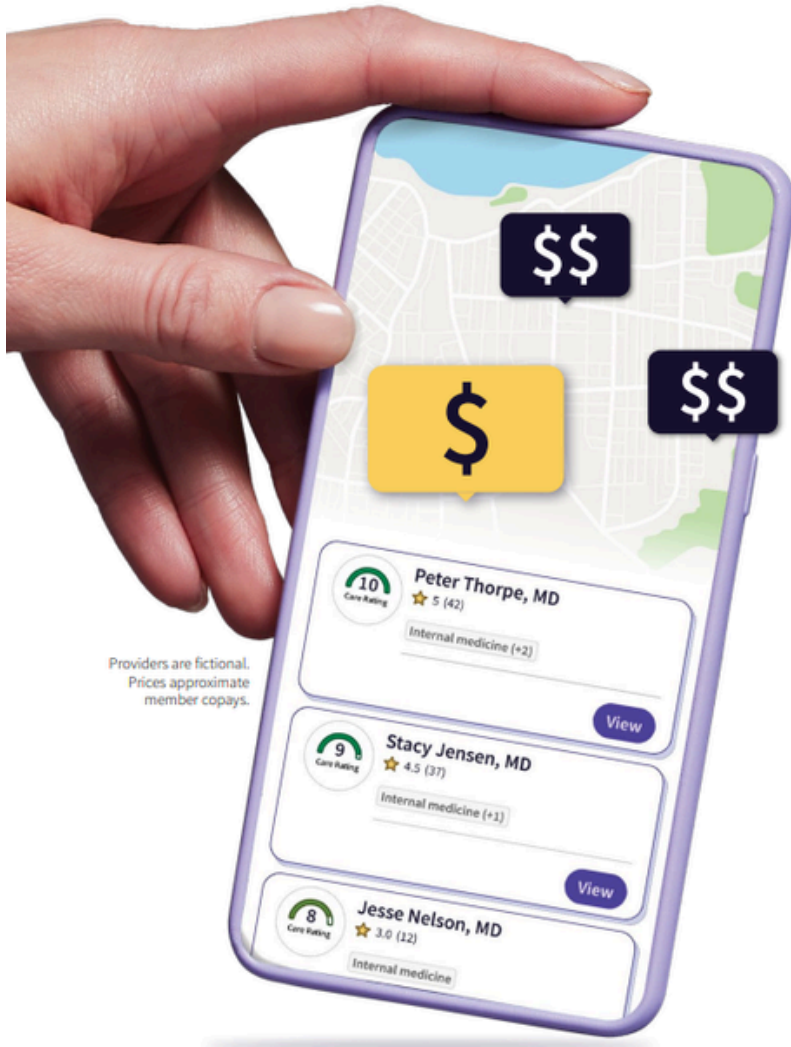
This is only a summary. Read your benefit booklet for more information about what is and isn't covered.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.

Pick the plan that lets you compare care options—from colds to cancer.

surest.

Now you can.



Providers are fictional.
Prices approximate
member copays.



Price shopping for your doctor is just the beginning.

General plan details

Deductible	\$0
Broad, national network	Yes
Out-of-pocket limit	
Employee	\$5,000
Family	\$10,000

Prescription drugs

31-day	
Preventive drugs	\$0
Tier 1	\$10
Tier 2	\$90
Tier 3	\$120

Your copays

Preventive visit	\$0
Virtual visit (Primary and urgent)	\$0
Virtual visit (specialty)	\$0-\$130
Office visit	\$25-\$130
Mental health and substance use disorder office visit	\$25
Urgent care visit	\$80
Emergency room visit	\$900
Basic diagnostic lab tests, X-rays, and ultrasounds	\$0
Physical therapy	\$15-\$95
Maternity labor and delivery	\$1,300-\$2,750

Dental Insurance HealthPartners

Anoka County offers dental insurance through HealthPartners. It is a “point of service” plan, which means you can see any dentist with this HealthPartners insurance even if they’re not in-network.

	Employee Semi-Monthly Cost	Employer (County) Semi-Monthly Cost	Total Semi-Monthly Cost
Distinctions III Dental Plan	Single: \$3.44 Family: \$43.38	Single: \$22.62 Family: \$22.62	Single: \$26.06 Family \$66.00

*This is the amount you will pay twice a month for dental insurance.

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

County-sponsored dental insurance added benefits:

- Little Partners dental benefit for children age 12 and under.
- Includes the Well@Work dental clinic for Anoka County employees and their dependents
- The Well@Work dental clinic is located next door to the Government Center in the Professional building
- See plan summary/highlights on next page



The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials.

Plan highlights	In-network	Out-of-Network
Partial listing of covered services	<u>Level 1:</u> Care from HealthPartners Dental Group <u>Level 2:</u> Care from Park Dental <u>Level 3:</u> Care from remaining PPO network	Care from an out-of-network provider *
Dental Plan Parameters	Annual Maximums & Deductibles are combined across all tiers	
- Annual maximum	Level 1: \$2,000 per calendar year Level 2: \$1,500 per calendar year Level 3: \$1,500 per calendar year	\$750 per calendar year
- Individual Deductible (Applies to Basic Care, Special Care & Prosthetics)	Level 1: None Level 2: None Level 3: \$25	\$25
- Family Deductible (Applies to Basic Care, Special Care & Prosthetics)	Level 1: None Level 2: None Level 3: \$75	\$75
Implant maximum <i>included in annual maximum</i>	Level 1: \$500 Level 2: \$500 Level 3: \$500	\$500
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	Level 1: 100% Level 2: 100% Level 3: 100%	100%
- Sealants	Level 1: 100% Level 2: 100% Level 3: 100%	100%
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	Level 1: 80% Level 2: 80% Level 3: 80%	80%
- Posterior composite (white fillings)	Level 1: 80% Level 2: 50% Level 3: 50%	50%
- Simple extractions	Level 1: 80% Level 2: 80% Level 3: 80%	80%
- Non-surgical periodontics	Level 1: 80% Level 2: 80% Level 3: 80%	80%

Plan highlights	In-network	Out-of-Network
- Endodontics (root canal therapy)	Level 1: 80% Level 2: 80% Level 3: 80%	80%
Basic Care II		
- Surgical periodontics	Level 1: 80% Level 2: 80% Level 3: 80%	80%
- Complex oral surgery	Level 1: 80% Level 2: 80% Level 3: 80%	80%
Special Care		
- Restorative crowns & onlays	Level 1: 75% Level 2: 75% Level 3: 50%	50%
Prosthetics		
- Bridges, dentures & partial dentures	Level 1: 50% Level 2: 50% Level 3: 50%	50%
- Dental implants	Level 1: 50% Level 2: 50% Level 3: 50%	50%
Orthodontic Services		
	Orthodontic lifetime maximums are combined in and out-of-network	
- Orthodontic care for dependents age 18 or under	Level 1: Plan pays 50% up to \$750 lifetime Maximum Level 2: Plan pays 50% up to \$500 lifetime Maximum Level 3: Plan pays 50% up to \$500 lifetime Maximum	NO COVERAGE

** If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.*

Little PartnersSM Benefit: Services for children 12 years old and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist. Excluded services: Orthodontics, dental implants, and services that are not covered for all members.

Emergency Care: Refer to the Group Dental Member Contract for coverage of emergency dental services

Diabetes and Pregnancy: Additional periodontal services (exams, cleanings, scaling and root planing, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.

Benefit Limitations

- Coverage for dental exams limited to twice each calendar year.
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year.
- Sealants limited to one application per tooth every three years.



Anoka County
DEN Distinctions III
2026 Benefit Summary
1-1-2026

- Coverage for professionally applied topical fluoride limited to once each calendar year for members under age 19.
- Coverage for bitewing x-rays limited to once each calendar year.
- Full mouth or panoramic x-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- Dental services related to the replacement of any missing teeth prior to the member's effective date are covered when services are performed by a provider in the HealthPartners Dental Open Access Network.
- Non-surgical and surgical periodontics limited to once in two years.

THIS IS A BENEFIT SUMMARY SHEET ONLY. THIS DENTAL PLAN MAY NOT COVER ALL YOUR DENTAL CARE EXPENSES. FOR COMPLETE INFORMATION ABOUT BENEFITS AND SERVICES, ASK YOUR EMPLOYER OR CALL THE MEMBER SERVICES INFORMATION LINE AT (952) 883-5000 OR CALL TOLL FREE AT 1-800-883-2177.

Our mission:

We seek to improve health and well-being in partnership with our members, patients and community.

Vision Insurance

Unum (Materials Only)

An eyewear-only plan that provides additional discounts for glasses and contacts

	Employee Semi-Monthly Cost
Value Enhanced Option 2	Single: \$1.79 Family: \$4.41

**See plan summary & highlights on next page.*





Unum Vision[®]



Plan features:

- Our network offers members access to a large national network, including independent optometrists and retail stores like Walmart, Sam's Club, Target Optical, America's Best and many more.
- Search for providers and manage your benefits online at unumvisioncare.com.

Covered benefits:

Exam: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid at right.

Materials: Each member has coverage for covered services and materials. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed at right. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal, trifocal, and specialty lenses are generally covered after any applicable materials copay. If covered by plan allowance, you are responsible for any cost greater than the plan's benefit.
- **Contact lens benefit:** Members electing contact lenses instead of eye glass lenses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference.

Laser vision correction: Discounts are available with participating surgery providers across the country. (not an insured benefit)

Unum Vision benefits:

Vision Care Services	In-network Providers	Out-of-network Allowances
Exam	Not covered	Not covered
Materials	\$10 co-pay	See allowances below
Standard Plastic Lenses (1 per 12 months)		
Single Vision	Covered by co-pay	Up to \$40
Bifocal	Covered by co-pay	Up to \$60
Trifocal	Covered by co-pay	Up to \$80
Lenticular	Covered by co-pay	Up to \$100
Progressive	\$70 allowance	Up to \$40
Lens Options		
Scratch Resistant Coating	Covered by co-pay (at Walmart only)	Not covered
Polycarbonate Lenses for children to age 19	Covered by co-pay	Not covered
Frames (1 per 24 months)		
Members choose from any frame available at provider locations.	\$130 allowance	Up to \$50
Contact Lenses (1 per 12 months)		
In lieu of eyeglass lenses & frames (Includes fit*, follow-up and materials)	\$10 co-pay	N/A
Elective	\$120 allowance	Up to \$100
Medically Necessary	Covered after applicable copay	Up to \$225

*Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

How much does it cost?

Monthly premium	
You	\$3.58
Family	\$8.82

Laser Vision Correction Network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Search for participating laser vision correction providers at unumvisioncare.com.

Hearing Savings Plan

Unum offers a Hearing Savings Plan at no additional cost, to all of its Unum Dental and Unum Vision members. Partnering with EPIC Hearing Healthcare, the Hearing Savings Plan provides:

- 30-60% discounts off MSRP on name brand hearing instruments.
- 40% savings on hearing aid batteries shipped directly to members' homes.
- On-call support for member questions, managed by professional hearing counselors.

Other Unum Vision Specifications

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or call our Contact Center at 888-400-9304.

Services not listed: If you expect to require a vision service not included on this brochure, it may still be covered. Please call our Contact Center at 888-400-9304, to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

This plan will not cover:

Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals; Medical or surgical treatment of the eyes; An eye exam or corrective eye wear required by

an employer as a condition of employment; Any injury or illness covered under Workers' Compensation or similar law, or which is work related; Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance); Sub-normal vision aids; Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip; Charges in excess of Usual and Customary for services and materials; Experimental or non-conventional treatments or devices; Safety eyewear; Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series VI-2002, VI-2007 and VI-2019 or contact your Unum Vision representative.

Vision plans are underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

© 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Flexible Spending Account (FSA) & Health Reimbursement Arrangement (HRA) Account

by HealthEquity

Health Care Flexible Spending Account (FSA)

- Have money taken out of your paycheck on a pre-tax basis for eligible health, dental, vision expenses under IRS code section 213(d).
- When determining an 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 and you must re-enroll each year.
- As a new employee you have 31 days to enroll.
- You have access to your full election amount through the plan year and can use it whenever you want provided you stay employed with the County.
- Will receive a debit card from HealthEquity with FSA funds to use.*

Dependent Care Flexible Spending Account (DCFSA)

- 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.

- Enroll in the Anoka County sponsored FSA within your first 31 days of employment.
- 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.
- For the health care FSA, each calendar year Anoka County sets the Health FSA contribution limit, not to exceed the IRS maximum contribution amount. For dependent care FSAs, the annual maximum you can contribute is \$7,500, including any amount set aside by a spouse into their dependent care FSA.



Flexible Spending Account (FSA) & Health Reimbursement Arrangement (HRA) Account

by HealthEquity

FSA 'use-it or lose-it'

FSA accounts are “use-it or lose-it”. Only contribute what you know you will need for the year any money left 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. The Flexible Benefits Plan is regulated by the IRS and other Federal agencies. The following are only highlights of the plan rules. For more details refer to the Summary Plan Description.

Health Reimbursement Arrangement (HRA):

The HRA is funded by Anoka County: \$1,000 for single, \$2,000 for family. You will only receive funds if you enroll in the BCBS \$3,500 HRA open access aware network plan. These funds help you pay for expenses under the IRS code Section 213(d) including medical, dental and vision expenses for you and your dependents.

***IMPORTANT: If you have the HRA and choose to enroll in a Health Care FSA**

- Both the Health FSA and HRA funds are pre-loaded on the HealthEquity debit card.
- IRS regulations require a fixed order for payment. The FSA always pays first until the balance is zero. After the FSA is exhausted, HRA funds will start to be used.
 - If you enroll in both the Health Care FSA and HRA, you will only receive one debit card with both accounts' funds on it.

Summary Plan Description (SPD) for FSA and HRA

The Summary Plan Description for the FSA and HRA are available on the Anoka County employee website or you may contact Employee Benefit Solutions & Leave Coordination at RS-HR-BenefitsandLeaves@anokacountymn.gov to request a hard copy.

You can also call HealthEquity Customer Service toll-free at 866.346.5800

Life Insurance

Unum

Basic Term Life and Accidental Death and Dismemberment

Anoka County pays the full premium for a term life and AD&D policy, worth 1x your annual salary up to \$50,000, up to age 65. Coverage is reduced at age 65 and beyond. Additional optional coverage is available

Optional Supplemental Term Life Insurance

- Employee may purchase additional life insurance up to \$300,000 (basic and optional combined).
- When first hired, employees may purchase up to \$200,000 with no medical questions asked (evidence of insurability). During open enrollment, employees may increase their coverage by \$10,000 with no medical questions asked (evidence of insurability).
- Employees who purchase over \$200,000, or any purchase amount after 30 days of employment (such as Open Enrollment) must complete the evidence of insurability form. The amount requiring EOI will be pending until the EOI form is complete and the vendor makes a determination.
- Cost varies on age and amount elected.

Dependent Life Insurance

- Employee may purchase a \$2,000 dollar life insurance policy for a spouse, and/or children between the ages of 6 months and 19 years, or 25 years if the child is a full-time student. The policy pays \$200 for children under 6 months.
- The semi-monthly cost is 0.30 cents per family unit.





Term Life Insurance

Group 1: All part-time and full-time employees, except temporary and seasonal, in active employment in the United States with the Employer



How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$200,000 to meet your growing needs — with no medical underwriting.

County of Anoka provides the following Term Life and AD&D coverage for you:

You:	Your employer is paying for base Life and AD&D coverage of 1 times your annual earnings to a maximum of \$50,000.
-------------	---

Additional coverage available to purchase:

If you are actively at work at least 30 hours per week, you may apply for additional coverage for:

You:	You can purchase additional Life and AD&D coverage from \$10,000 to \$300,000 in \$100,000 increments, up to times your earnings. If you previously purchased coverage, you can increase it up to \$200,000, with no medical underwriting. If you previously declined coverage, you may have to answer some health questions. The total amount of coverage between the base and additional amounts may not exceed \$350,000.
Your spouse:	You can purchase additional Life and AD&D coverage for your spouse in the amount of \$2,000, if eligible (see delayed effective date). You must purchase coverage for yourself in order to purchase coverage for your spouse. Spouse coverage must not exceed 100% of the coverage amount you purchase for yourself.
Your children:	Get up to \$2,000 of coverage in \$1,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

No medical underwriting is required for AD&D coverage.

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.
(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your cost.

	1	2	3	4
Employee	\$____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Spouse	\$____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Child	\$____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Total cost				

Age	Employee monthly rate	Spouse monthly rate	Child monthly rate
	Per \$1,000 of coverage Cost	Per \$1,000 of coverage Cost	\$0.600 per \$1,000 of coverage
15-24	\$0.060	\$0.060	
25-29	\$0.060	\$0.060	
30-34	\$0.080	\$0.080	
35-39	\$0.090	\$0.090	
40-44	\$0.120	\$0.120	
45-49	\$0.200	\$0.200	
50-54	\$0.350	\$0.350	
55-59	\$0.750	\$0.750	
60-64	\$1.150	\$1.150	
65-69	\$1.830	\$1.830	
70-74	\$3.760	\$3.760	
75+	\$3.760	\$3.760	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	\$____,000	÷ \$1,000 = \$_____	X \$0.017	= \$_____
Spouse	\$____,000	÷ \$1,000 = \$_____	X \$0.017	= \$_____
Child	\$____,000	÷ \$1,000 = \$_____	X \$0.017	= \$_____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$1,000 of coverage	\$0.017
Spouse	per \$1,000 of coverage	\$0.017
Child	per \$1,000 of coverage	\$0.017

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employee Assistance Program — Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance — One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or layoff.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication — "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Base Coverage Age Reduction

Coverage amounts for base Life and AD&D Insurance for you will reduce to:

- 65% of the original amount when you reach age 65
- 50% of the original amount when you reach age 70
- 30% of the original amount when you reach age 75

Coverage may not be increased after a reduction.

Additional Coverage Age Reduction

Coverage amounts for additional Life and AD&D Insurance for you will reduce to:

- 65% of the original amount when you reach age 65
- 50% of the original amount when you reach age 70
- 30% of the original amount when you reach age 75

Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details.

The work-life balance employee assistance program, provided by HealthAdvocate, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C-FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Disability Insurance

National Insurance Services

Short-Term Disability

- MetLife Short-Term Disability (STD) provides income protection if you're unable to work due to a non-work-related illness, injury, or pregnancy.
- Effective January 1st, 2026, our STD coverage has transitioned from Madison National Life to MetLife.
- Benefits begin after a 14-day waiting period and can pay up to \$1,500 per week, not to exceed 66.67% of your weekly earnings.
- This benefit helps reduce financial stress while you recover. For additional information, call MetLife customer service.

Long-Term Disability

- Anoka County pays the premium for a long-term disability policy.
- The LTD (Long-Term Disability) vendor remains Madison National Life for 2026.
- There is a 3/12 pre-existing condition clause. If you go out within the first 12 months of the policy effective date, medical records will be requested up to 3 months prior to your effective date to see if there is a pre-existing condition. If there is a pre-existing condition, there will be no disability coverage for this specific incident.
- When sick or injured, there is a 90-day elimination/grace period before disability payments can begin.

2 Options Available:

1. Policy covers 60% of your salary, minus income taxes paid, up to \$8,000/month. If you collect long-term disability payments, you will have to pay taxes on the payments. This is the County's default LTD option.
2. Policy covers 50% of your salary, up to \$8,000 per month. The LTD premium is paid by the County, but the cost of the premium is added to your W2 at the end of every year pay income tax on the premium. If you collect LTD payments under this option, the payments are NOT subject to income tax again when you receive payments therefore, you're receiving a true 50% amount.
 - During annual open enrollment, you may switch your LTD election between the two options.



Anoka County Long-Term Disability Insurance FAQs



<p>How much coverage is available?</p>	<p>Your Employer-paid Long Term Disability plan provides you with two options*:</p> <p>Option 1: Pays 60% of your annual salary, subject to a maximum monthly benefit of \$8,000.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any Long-Term Disability Benefits paid to you are taxable. <p>Option 2: Pays 50% of your annual salary, subject to a maximum monthly benefit of \$8,000.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The cost (premiums) paid by the County to provide you with Long-Term Disability Insurance is treated as additional income to you. The value of those premiums is taxed as income paid to you. <p>Any Long-Term Disability Benefits paid to you are tax-free.</p> <p><i>*In the event that you do not make an election, the County will enroll you in Option 1 by default. All eligible employees must enroll in Long Term Disability.</i></p>																				
<p>When will benefits end?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="padding: 5px;">Age at Disablement</th> <th style="padding: 5px;">Benefit Duration*</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">62 or younger</td> <td style="text-align: center; padding: 5px;">To age 65</td> </tr> <tr> <td style="text-align: center; padding: 5px;">63</td> <td style="text-align: center; padding: 5px;">42 months</td> </tr> <tr> <td style="text-align: center; padding: 5px;">64</td> <td style="text-align: center; padding: 5px;">36 months</td> </tr> <tr> <td style="text-align: center; padding: 5px;">65</td> <td style="text-align: center; padding: 5px;">24 months</td> </tr> <tr> <td style="text-align: center; padding: 5px;">66</td> <td style="text-align: center; padding: 5px;">21 months</td> </tr> <tr> <td style="text-align: center; padding: 5px;">67</td> <td style="text-align: center; padding: 5px;">18 months</td> </tr> <tr> <td style="text-align: center; padding: 5px;">68</td> <td style="text-align: center; padding: 5px;">15 months</td> </tr> <tr> <td style="text-align: center; padding: 5px;">69 and over</td> <td style="text-align: center; padding: 5px;">12 months</td> </tr> <tr> <td colspan="2" style="padding: 5px;">* As long as you remain disabled</td> </tr> </tbody> </table>	Age at Disablement	Benefit Duration*	62 or younger	To age 65	63	42 months	64	36 months	65	24 months	66	21 months	67	18 months	68	15 months	69 and over	12 months	* As long as you remain disabled	
Age at Disablement	Benefit Duration*																				
62 or younger	To age 65																				
63	42 months																				
64	36 months																				
65	24 months																				
66	21 months																				
67	18 months																				
68	15 months																				
69 and over	12 months																				
* As long as you remain disabled																					
<p>Am I eligible for this coverage?</p>	<p>You are eligible to enroll in this plan if you are an active employee working at least 30 hours per week.</p>																				
<p>What is an “Elimination Period”?</p>	<p>An Elimination Period is the time between when your disability begins and the time you are eligible to receive benefits. No benefits are paid during the Elimination Period. Your Elimination Period is 90 consecutive calendar days.</p>																				
<p>What if I earn income while I’m disabled such as Social Security income?</p>	<p>As with most Disability Insurance plans, benefits are reduced by other income you may receive during a disability, including employer-sponsored sick leave pay, Social Security or a State Retirement Disability benefit plan. When employer-paid sick pay plus Disability income exceeds 100%, the excess sick pay will reduce your Long Term Disability benefit</p>																				

Are there any exclusions or limitations?

Exclusions:

- War. You are not covered for a Disability caused or contributed to by War or any act of War. War means a state or period of declared or undeclared war whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states or parties, or acts of terrorism.
- Criminal Conduct. You are not covered for a Disability caused or contributed to by your committing or attempting to commit an assault, battery, or any other crime. You are not covered for a Disability caused as a result of your engaging in an illegal activity, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
- Military Leave. You are not covered for a Disability that occurs during any military leave for active duty, including training duty, the National Guard and Coast Guard, or any active or reserve component of the military forces of any state or country.
- Imprisonment. No LTD Benefits will be paid for any period of Disability when you are, for any reason, confined in a penal or correctional institution or under house arrest.
- Intentionally Self-Inflicted Injury-Suicide. You are not covered for a Disability caused or contributed to by an intentionally self-inflicted injury or attempted suicide, while sane or insane.

Pre-existing Conditions:

A mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the 3 month period just before the effective date.

- You are not covered for a disability caused or contributed by a Pre-existing condition or medical or surgical treatment of a Pre-existing Condition unless you have been continuously insured under the Group Policy for at least 12 months and have been Actively at Work for at least one full day after the end of that 12 months

Limitations:

- Foreign Residency. Payment of LTD Benefits is limited to 6 months for each period of continuous Disability while the Insured Person resides outside of the United States or Canada.
- Payment Limit. In no event will the LTD Benefit plus Deductible Income plus Work Earnings exceed 100% of Predisability earnings.

Administered by:


Corporate Headquarters
300 North Corporate Drive, Suite 300
Brookfield, WI 53045
Offices Nationwide
800.627.3660

Underwritten by:

 **Madison National
Life Insurance Company**
A Member of The IHC Group

PO Box 5008, Madison, WI 53705

This is a brief description of disability insurance. For complete details including all benefits, exclusions and limitations, refer to Certificate form number GLDI-C200-(12/06)-MN as issued to your employer.

Madison National Life Insurance Company, Inc. is a Wisconsin Insurance company and a Member of the IHC Group. The IHC Group is an insurance organization composed of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop loss insurance solutions for over 30 years. For information on the IHC Group, see www.ihcgroup.com.

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:

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. 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

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. 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

Employee Benefit Solutions & Leave Coordination team

RS-HR-BenefitsandLeaves@anokacountymn.gov

2100 Third Avenue, Suite 261

Anoka, MN 55303-5030

763.324.4300



Anoka County
HUMAN RESOURCES

Woman's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Protheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact Blue Cross Blue Shield of MN customer service at 651-662-5004 or Surest customer service at 1-866-683-6440.



HIPAA Notice of Privacy

Anoka County Health Insurance Plan and Plan Sponsor Covered Entities

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

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.

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 that is not classified as PHI. This Notice only applies to health information about you called protected health information or PHI.

HIPAA Notice of Privacy

Anoka County Health Insurance Plan and Plan Sponsor Covered Entities

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.

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.

HIPAA Notice of Privacy

Anoka County Health Insurance Plan and Plan Sponsor Covered Entities

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.



HIPAA Notice of Privacy

Anoka County Health Insurance Plan and Plan Sponsor Covered Entities

- **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.



HIPAA Notice of Privacy

Anoka County Health Insurance Plan and Plan Sponsor Covered Entities

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.

HIPAA Notice of Privacy

Anoka County Health Insurance Plan and Plan Sponsor Covered Entities

- **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.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact BlueCross BlueShield Minnesota at 651.662.5004

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Anoka County		4. Employer Identification Number (EIN) 41-6005752	
5. Employer address 2100 Third Avenue		6. Employer phone number 763.324.4300	
7. City Anoka	8. State MN	9. ZIP code 55303	
10. Who can we contact about employee health coverage at this job? Anoka County Human Resources Department-Benefits Team			
11. Phone number (if different from above)		12. Email address RS-HR-Benefits@anokacountymn.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Benefit-eligible employees who work an average of 30 hours/week or more during the measurement period.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses and children up until the age of 26. Disabled children over the age of 26 may be eligible if they meet specific criteria

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

- Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? \$ _____
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

- a. How much would the employee have to pay in premiums for this plan? \$ _____
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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.

Important Notice from Anoka County About Your Prescription Drug Coverage and Medicare

As an Anoka County employee or retiree, it is your responsibility to provide a copy of the electronic disclosure to your Medicare-eligible dependents covered under the Anoka County group health plan.

A paper version of this form is available in Anoka County Human Resources: 2100 3rd Ave, Suite 261, Anoka, MN 55303-5029. 763.324.4300.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Blue Cross and Blue Shield of Minnesota and about your options under Medicare's prescription drug coverage. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Blue Cross and Blue Shield of Minnesota has determined that the prescription drug coverage offered by the Anoka County medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.



What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Anoka County coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Blue Cross Blue Shield prescription drug coverage, be aware that you and your dependents might not be able to get this coverage back. This risk might also extend to your medical coverage, so it is worthwhile to ask before enrolling in a Medicare drug plan.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Blue Cross Blue Shield and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact Anoka County Employee Benefit Solutions & Leave Coordination:

2100 3rd Avenue Suite 261, Anoka, MN 55303-5029. 763-324-4300.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Anoka County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

- For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.



Remember: Keep this Creditable Coverage notice.

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: September 29, 2025

Name of Entity/Sender: Anoka County

Contact--Position/ Office: Employee Benefit Solutions & Leave Coordination

Address: 2100 3rd Avenue, STE 261, Anoka, MN 55303

Phone Number: 763-324-4300

Email: RS-HR-BenefitsandLeaves@anokacountymn.gov

Important Notice from UnitedHealthcare About Your Prescription Drug Coverage and Medicare

As an Anoka County employee or retiree, it is your responsibility to provide a copy of the electronic disclosure to your Medicare-eligible dependents covered under the Anoka County group health plan.

A paper version of this form is available in Anoka County Human Resources: 2100 3rd Ave, Suite 261, Anoka, MN 55303-5029. 763.324.4300. A copy of this document is also available on the Anoka County intranet.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **UnitedHealthcare** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. UnitedHealthcare has determined that the prescription drug coverage offered by the Anoka County medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th . However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Anoka County coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current **UnitedHealthcare** prescription drug coverage, be aware that you and your dependents might not be able to get this coverage back. This risk might also extend to your medical coverage, so it is worthwhile to ask before enrolling in a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **UnitedHealthcare** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact Anoka County Human Resources: 2100 3rd Avenue, Suite 261, Anoka, MN 55303-5029. 763.324.4300. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **UnitedHealthcare** changes. You may also request a copy of this notice at any time.

For more information about your options under medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the 'Medicare & You' handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit: www.medicare.gov

- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the 'Medicare & You' handbook for their telephone number) for personalized help.
- Call 1-800-633-4227
 - TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at: 1-800-772-1213 (TTY 1-800-325-0778)

Remember: Keep this Creditable Coverage Notice

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	September 29,2025
Name of Entity/Sender:	Anoka County
Contact Position/Office:	Employee Benefit Solutions & Leave Coordination Team
Address:	2100 3 rd Avenue, Suite 261, Anoka MN, 55303
Phone Number:	763-324-4300
Email:	RS-HR-BenefitsandLeaves@anokacountymn.gov

HIPAA Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan in the future if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents lose eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) and you request enrollment within 60 days after that coverage ends.
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact:

Employee Benefit Solutions & Leave Coordination team

763-324-4300

RS-HR-BenefitsandLeaves@anokacountymn.gov

Notice Regarding Wellness Program

BlueCare Advisor is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$240 collectable through gift cards for completing health screenings, annual physicals, and tracking healthy habits. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

The information from your HRA screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Hinge Health and Omada. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Anoka County may use aggregate information it collects to design a program based on identified health risks in the workplace, BlueCare Advisor will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

Notice Regarding Wellness Program

Continued

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Employee Benefit Solutions & Leave Coordination team at 763-324-4300 or at RS-HR-BenefitsandLeaves@anokacountymn.gov

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing, also known as **surprise billing**.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. If you see a provider or visit a facility that isn't in your health plan's network, you might be billed for the difference between what your plan pays and what the provider charges. This is called balance billing.

Surprise billing happens when you can't control who is involved in your care—like when you have an emergency or when you're treated by an out-of-network provider at an in-network facility.

You are protected from balance billing for:

Emergency services

- You can't be balance billed for emergency services, even if you receive them from an out-of-network provider or facility. You'll only be responsible for your plan's in-network cost-sharing amount.

Certain services at an in-network hospital or ambulatory surgical center

- When you receive services like anesthesia, pathology, radiology, or lab work from an out-of-network provider at an in-network facility, you can't be balance billed.

You're never required to give up your protections from balance billing.

You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

Your Rights and Protections Against Surprise Medical Bills

Continued

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like copayments, coinsurance, and deductibles).
- Your health plan will pay out-of-network providers and facilities directly.
- Your health plan must:
 - Cover emergency services without requiring prior authorization.
 - Base your cost-sharing on what it would pay an in-network provider.
 - Count any amount you pay toward your in-network deductible and out-of-pocket limit.

If you believe you've been wrongly billed:

Contact the **No Surprises Help Desk** at **1-800-985-3059** or visit www.cms.gov/nosurprises.

You may also contact your state's insurance department for additional protections under state law.



Newborns' and Mothers' Health Protection Act Notice

Under federal law known as the Newborns' and Mothers' Health Protection Act of 1996 (**NMHPA**), group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to:

- Less than **48 hours** following a **vaginal delivery**, or
- Less than **96 hours** following a **cesarean section**

However, federal law does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers **may not require** that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay **not in excess of 48 hours** (or 96 hours).

If you have questions about your maternity benefits or this notice, please contact:

Employee Benefit Solutions & Leave Coordination

763-324-4300

RS-HR-BenefitsandLeaves@anokacountymn.gov

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York: (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading

information is guilty of a felony.

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



Delaware American Life Insurance Company
MetLife Health Plans, Inc.
MetLife Legal Plans, Inc.
MetLife Legal Plans of Florida, Inc.
Metropolitan General Insurance Company

Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company
SafeGuard Health Plans, Inc.
SafeHealth Life Insurance Company

Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

SECTION 1: Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, "you" refers to these individuals.

SECTION 2: Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

SECTION 3: Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life insurers, a legal plans company and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

SECTION 4: How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB, Inc. ("MIB"). It is a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. We, or our reinsurers, may make a brief report to MIB. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or go to MIB website at www.mib.com.

SECTION 5: Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- perform business research
- market new products to you
- comply with applicable laws
- process claims and other transactions
- confirm or correct your information
- help us run our business

SECTION 6: Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our "Using Your Information" section above

SECTION 7: HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act ("HIPAA") protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

SECTION 8: Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. We will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

SECTION 9: Questions

We want you to understand how we protect your privacy. If you have any questions or want more information about this notice, please contact us. A detailed notice shall be furnished to you upon request. When you write, include your name, address, and policy or account number.

Send privacy questions to: MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of the MetLife companies listed at the top of the first page.