Open Enrollment 2017

For former employees or dependents continuing health or dental coverage through the state employee benefits program (COBRA)

segip

Open Enrollment 2017

For former employees or dependents continuing health coverage through the state employee benefits program...

Open Enrollment is October 26- November 8, 2016

Without furnishing evidence of good health, you may take the following actions during this period:

- You may change health insurance carriers for yourself and/or your family.
- You may add or cancel health coverage for your eligible dependents.
- Health selections will be in force from January 1, 2017 through December 31, 2017 **or** until the end of your continuation period, whichever occurs first.
- Remember, even if you do not submit Open Enrollment changes, your rates will change for medical, dental, and/or life coverage. See the rate table on page 2.

Premuims

The premiums for the Minnesota Advantage plan will increase for plan year 2017 by 8.7%.

Steps for a successful Open Enrollment

- **Carefully review the information in this booklet.**
  This booklet highlights changes for Plan Year 2017 and provides important information about the benefits available to you. Changes in your benefits for the Plan Year 2017 will also be posted on the SEGIP website at: mn.gov/mmb/segip.

- **Review the plan availability information in this booklet on page 5.**
  This information indicates which health plans are available to you. It is advisable to choose a plan available in the county in which you live.

- **Review the 2017 insurance rates on page 2.**
  The 2017 Advantage Health Plan and Dental Plan rates are listed on page 2 and on the SEGIP website. These charts list the monthly premiums for the insurance coverages that can be continued on a limited basis after employment.

- **Check your Primary Care Clinic (PCC) to ensure participation for Plan Year 2017. Some clinics have changed cost levels.**
  A list of participating clinics is available on the SEGIP website at: mn.gov/mmb/segip. To access, click on Open Enrollment tab. If you want to keep your current health carrier, but want to change clinics, call the carrier directly at the phone number listed on page 12 of this booklet. If you want to change health carriers, you must complete and return the COBRA Open Enrollment form at the back of this booklet.

- **Complete and fax or mail your enrollment form to SEGIP if you want to make changes. Faxing is recommended, as first class mail is not guaranteed.**

  Complete the application form and fax or mail it to:

  Minnesota Management & Budget Employee Insurance Division
  Attn: COBRA
  FAX: (651) 296-5445

  Minnesota Management & Budget
  State Employee Group Insurance Division
  658 Cedar Street
  400 Centennial Office Building
  St. Paul, MN 55155

Enrollment forms must be received in our office by November 8, 2016. Enrollment forms received after this date will not be accepted nor processed.

If you do not want to make changes, you do not have to complete the enrollment form.

2017 Monthly Plan Rates

Because you are no longer an employee of the state or an insurance-eligible dependent of an employee, you must pay the full cost of your health and/or dental coverage plus a two percent administrative fee. This fee is included in the health, dental, and life rates below and listed on the SEGIP website. If you view rates in the employee section, please remember to add the 2% administrative fee.

If you decide to enroll with a different carrier or change from individual to family coverage, do not enclose money with your enrollment form.

2017 Monthly Medical Rates

Coverage	Individual	Family
Advantage BlueCross BlueShield	625.59	1839.63
Advantage HealthPartners	625.59	1839.63
Advantage PreferredOne	625.59	1839.63

2017 Monthly Dental Rates

Coverage	Individual	Family
State Dental Plan	34.37	101.69
HealthPartners State of MN Plan	34.37	101.69

2017 Monthly Life Insurance Rates

Coverage	Rate
Basic Life	10.18
Managers (1.5x)	38.03
Managers (2x)	55.45
Child life	0.86

Health plan highlights

Medical Insurance Cards
BlueCross BlueShield and HealthPartners participants will receive new Advantage Health Plan insurance cards in late December. PreferredOne cards will only be issued to those who have changed cost levels or Primary Care Clinics (PCCs). Please check your card(s) for accuracy. Any inaccuracies should be reported to your carrier immediately.

You will not receive a new Navitus prescription card unless you add or drop dependent coverage. Most participants will continue to use their current Navitus card in the new plan year. Your Navitus card should be presented to your pharmacy when filling a prescription.

Minnesota Advantage Health Plan is the medical benefits program for all state employees
All state of Minnesota employees, retirees under age 65, and eligible dependents who receive medical coverage under the State Employee Group Insurance Program (SEGIP) are enrolled in a benefits program called the Minnesota Advantage Health Plan.

Advantage Plan

Important features

The Minnesota Advantage Health Plan has cost sharing features that will help you and the state to better control health care costs while maintaining flexibility in accessing doctors and clinics. Advantage has some important notable features, including:

- Uniform, comprehensive set of benefits across all carriers.
- No copayments charged for preventive care such as immunizations, well-child care, annual checkups, etc.
- Out-of-pocket expense maximums for both prescription drugs and medical services to protect you from financial hardships.
- Most medical care is coordinated through your Primary Care Clinic (PCC) and you will generally need a referral to see a specialist.
- You may self-refer to certain specialists including obstetricians/gynecologists, chiropractors, and mental health/chemical dependency practitioners. You may also self-refer for routine eye exams. How you access this specialty care depends on your plan and possibly your PCC.
- Family members may elect different PCCs (even in a different cost level), but must enroll with the same carrier.
- You can change clinics as often as each month. Members are no longer limited to making no more than two cost level changes per year.
- Office visit services received through a referral to a specialist's office will be covered at the same cost level as your PCC.
- It is advisable to choose a carrier that is available in the county in which you live and you may choose a clinic in your area.

How does Advantage work?

Under Advantage, you share in the cost of specific medical services you obtain by paying out-of-pocket costs (deductibles, office visit copayments, and coinsurance).

Health care providers have been placed into one of four cost levels, depending on the care system in which the provider participates and that care system's total cost of delivering health care. Participants receive the greatest available coverage when using cost level 1 or 2 clinics.

The amount of cost sharing that will be paid when using health care services varies depending on the cost level of the Primary Care Clinic that is chosen. Primary Care Clinics in the cost levels 1 and 2 provide the best value with the lowest possible out-of-pocket costs. Members in cost level 1 or 2 have annual out-of-pocket maximums set at the lowest amounts available under the plan, $1,200 for single coverage and $2,400 for family. Participants opting for coverage in a cost level 3 or 4 cost level clinic will have higher out-of-pocket costs, as the delivery of care under these cost levels is higher. Participants in cost level 3 will share in their cost of care up to the out-of-pocket maximum of $1,600 single and $3,200 family. Participants using cost level 4 clinics will share in the cost of their care to a maximum of $2,600 single and $5,200 family. Once you've reached your annual out-of-pocket maximum, the Advantage Plan will pay all remaining medical costs allowed under the plan for that year.

Navitus is the Pharmacy Benefits Manager for all participants of the Minnesota Advantage Health Plan regardless of the carrier selected. Under the SEGIP plan, most drugs are covered under one of three tiers, regardless of the PCC selected. The formulary may be accessed at www.navitus.com. The out-of-pocket maximum is the same, $800 single and $1,600 family, regardless of the cost level of a participant's Primary Care Clinic.

How to find more information on Advantage clinics and clinic numbers

A list of participating clinics is available to help you make your carrier and Primary Care Clinic (PCC) selection. This list includes your PCC's clinic number that you will need in order to enroll. To find the list, go to the SEGIP website at: https://mn.gov/mmb/segip/. To access, click on the Open Enrollment tab.

The SEGIP website also provides links to more detailed online provider directories of the three Advantage Plan carriers: BlueCross BlueShield, HealthPartners, and PreferredOne. To access, click on the Open Enrollment tab on the SEGIP website.

To ask specific questions, call the carrier directly. The carriers' phone numbers are listed on page 12 of this booklet.

2017 SEGIP Plan availability by Minnesota county

The Minnesota Advantage Health Plan is available in all counties of Minnesota. However, the availability under each carrier may differ slightly.

BlueCross BlueShield and HealthPartners offer the Advantage Plan in all counties of Minnesota. PreferredOne offers the Minnesota Advantage Health Plan in all Minnesota counties except Houston County, where there is partial coverage.

Each carrier offering the Minnesota Advantage Health Plan also provides a National Preferred Provider Organization (PPO) for members who permanently reside outside the state and the service area (bordering counties) of Minnesota. Please check with the carriers if you require access to the PPO, as not all carriers offer PPOs in every state. You must provide your permanent address and request access to this benefit before it is provided.

Convenience Care Clinics and Online Care

Convenience Care Clinics are available at a copay amount less than an office visit in all cost levels. The first dollar deductible is waived. Convenience Clinics provide a cost-effective alternative to emergency rooms, urgent care, and family practice clinics when used for simple illnesses, tests, and vaccinations. Appointments are not required. Convenience Care Clinic services are not available for children under 18-months of age.

Online visits are also available. Online Care is available at the $10 copay level in all cost levels. The first dollar deductible is waived. All Advantage Plan members are eligible to access Virtuwell virtuwell.com and Doctors on Demand www.doctorondemand.com. Contact your carrier for more information.

Point of service benefit for members residing outside the state of Minnesota

Point of service coverage is available for members whose permanent residence is outside the state of Minnesota and outside the service areas of the health plans participating in Advantage (this category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical] and college students. It is also available to dependent children and spouses permanently residing outside the service area). A Point of Service Form may be obtained from SEGIP website. The completed form must be submitted to SEGIP. Once submitted and approved by SEGIP, you may request POS benefits by calling your carrier directly.

If your permanent residence is outside the state of Minnesota and outside the service area contact your carrier to request access to the point-of-service benefit level. This includes a $350 single/$700 family deductible and 70% coverage to the same out-of-pocket maximums noted on the Benefits Schedule on page 7. This must be requested. Members may receive provider discounts when using the national Preferred Provider Organization (PPO) of the health plan in which they are enrolled. Call your carrier for more information about the national PPO. See page 12 of this booklet for a phone listing of all plans.

Prescription drugs are covered at the benefit level on the Benefit Schedule on page 7 and posted on the SEGIP website. Participating pharmacies can be found at Navitus's website: http://www.navitus.com.

NOTE: Children who have lived out of area with an ex-spouse since 2003 will receive cost level 2 coverage with a national PPO provider. If a national PPO provider is not available, a dependent may self refer and receive cost level 2 benefits. This continuation applies only if enrollment is continued with the same carrier.

Creditable Coverage for prescription drugs

It has been determined that the prescription drug coverage offered through the Minnesota Advantage Health Plan is creditable. This means that the amount that the Advantage Plan expects to pay, on average, for prescription drugs is the same or more than what standard Medicare prescription drug coverage will pay. This means that, if you are now eligible for Medicare Part D but enroll at a future date, you will not pay extra for that coverage. A Medicare D disclosure is available to you on the SEGIP website.

Important Plan Notes

The descriptions in this book are meant only to highlight the benefits provided by each plan. Please refer to the Certificate of Coverage or Summary of Benefits for a complete description of all benefits and exclusions. If there are differences between this document and the plans' Certificates of Coverage or Summaries of Benefits, the Certificate of Coverage and Summary of Benefits will govern.

The state expects to continue the State Employee Group Insurance Program indefinitely. However, the state reserves the right to change or discontinue all or any part of the program, consistent with the state's rights and obligations under laws and collective bargaining agreements.

The Plan assumes fraud or intentional misrepresentation if a participant enrolls a dependent who does not meet the Plan's definition of a dependent. Upon 30-day notice, coverage will be rescinded to the effective date of coverage. You may be liable for all claims paid by the Plan on behalf of an ineligible dependent.

Definitions

Deductible: An annual amount that must be paid once each year before the plan starts paying for covered services. A "$250 deductible" means that you will pay the first $250 per year before the plan will begin covering the cost of services.

Copayment (or "copay"): A flat dollar amount that is charged each time a service is provided. For example, under Advantage, members will be charged an office visit copay for most visits to the doctor's office.

Coinsurance: This is a percentage of the cost that is charged for certain services. For example, in the Advantage Plan, for outpatient hospital services in cost level 4 the plan pays 75%, and members pay 25% coinsurance, after the deductible has been paid. Once the employee costs reach the out-of-pocket limit, the plan would pay all costs for the rest of the plan year.

Out-of-pocket (OOP) maximum: The defined limit of combined expenses (copayments, deductibles, and coinsurance) that an individual (or a family) will have to pay during a single insurance year. Under the Advantage Plan, members have an OOP maximum for prescription drug copays and a separate OOP maximum for copayments, deductibles, and coinsurance associated with other medical services.

2017 Minnesota Advantage Health Plan Schedule of Benefits

2016 - 17 Benefit Provision	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
A. Preventive Care Services • Routine medical exams, cancer screening • Child health preventive services, routine immunizations • Prenatal and postnatal care and exams • Adult immunizations • Routine eye and hearing exams	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible (single/family)	$150/300	$250/500	$550/1,100	$1,250/2,500
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care • Outpatient visits in a physician's office • Chiropractic services • Outpatient mental health and chemical dependency • Urgent Care clinic visits (in & out of network)	$25/30* copay per visit Annual deductible applies	$30/35* copay per visit Annual deductible applies	$60/65* copay per visit Annual deductible applies	$80/85* copay per visit Annual deductible applies
D. In-network Convenience Clinics & Online Care (deductible waived)	$10 copay	$10 copay	$10 copay	$10 copay
E. Emergency Care (in or out of network) • Emergency care received in a hospital emergency room	$100 copay Annual deductible applies	$100 copay Annual deductible applies	$100 copay Annual deductible applies	25% coinsurance Annual deductible applies
F. Inpatient Hospital Copay (waived for admission to Center of Excellence)	$100 copay Annual deductible applies	$200 copay Annual deductible applies	$500 copay Annual deductible applies	25% coinsurance Annual deductible applies
G. Outpatient Surgery Copay	$60 copay Annual deductible applies	$120 copay Annual deductible applies	$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics, Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance Annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
K. MRI/CT Scans	5% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
L. Other expenses not covered in A-K above, including but not limited to: • Ambulance • Home Health Care • Outpatient Hospital Services (non-surgical) • Radiation/chemotherapy • Dialysis • Day treatment for mental health and chemical dependency • Other diagnostic or treatment related outpatient services	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin, or a 3-cycle supply of oral contraceptives Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	$14/25/50	$14/25/50	$14/25/50	$14/25/50
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)	$800/1,600	$800/1,600	$800/1,600	$800/1,600
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	$1,200/2,400	$1,200/2,400	$1,600/3,200	$2,600/5,200

*The level of the office visit copayment for the employee and his or her family is dependent upon whether the employee has completed the Health Assessment in each Open Enrollment period, and agreed to accept a health coach call. Employees who have completed the Health Assessment and accept a health coaching call are entitled to the lower copayment. Employees hired after the close of Open Enrollment will be entitled to the lower copayment.

This chart applies only to in-network coverage. Point-of-Service (POS), coverage is available only for members whose permanent residence is outside the State of Minnesota and outside the service areas of the health plans participating in Advantage. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical] and college students. It is also available to dependent children and spouses permanently residing outside the service area. These members pay a $350 single or $700 family deductible and 30% coinsurance to the out-of-pocket maximum described in Section O above. Members pay the drug copayment described at Section M above to the out-of-pocket maximum described at Section N. This benefit must be requested.

A standard set of benefits is offered in all SEGIP Advantage Plans. There are still some differences from plan to plan in the way that benefits, including the transplant benefit, are administered, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount. Beginning in 2016, benefits for palliative care and for the treatment of autism have been added, and are fully described in the Advantage Summary of Benefits.

Dental Schedule of Benefits for 2016-2017

Annual Maximum per person (does not apply to Orthodontia) $1500		
Covered Services	**In-network Benefits**	**Out-of-network Benefits**
Diagnostic and preventive care		
Preventive care; examinations, xrays, oral hygiene & teeth cleaning	100% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)
Fluoride treatment (to age 19)	100% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)
Space maintainers	100% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)
Annual Deductible	**$50 per person $150 per family**	**$125 per person**
Restorative care and prosthetics		
Fillings (customary restorative materials)	**80**% coverage after deductible	50% coverage of the allowed amount after deductible
Sealants	**80**% coverage after deductible	50% coverage of the allowed amount after deductible
Oral surgery (simple extractions and root canals)	**80**% coverage after deductible	50% coverage of the allowed amount after deductible
Periodontics (gum disease therapy)	**80**% coverage after deductible	50% coverage of the allowed amount after deductible
Endodontics (root canal therapy)	**80**% coverage after deductible	50% coverage of the allowed amount after deductible
Inlays and overlays	**80**% coverage after deductible	50% coverage of the allowed amount after deductible
Restorative crowns	**80**% coverage after deductible	50% coverage of the allowed amount after deductible
Fixed or removable bridgework	50% coverage after deductible	50% coverage of the allowed amount after deductible
Full or partial dentures	50% coverage after deductible	50% coverage of the allowed amount after deductible
Dental relines or rebases	50% coverage after deductible	50% coverage of the allowed amount after deductible
Orthodontics - $2400 Lifetime Maximum (does not start over if you change dental plans)	50% coverage (deductible does not apply). Coverage is limited to dependents under age 19.	50% coverage of the allowed amount (deductible does not apply). Coverage is limited to dependents under age 19.

Emergency services are covered at the same benefit level as non-emergency services.

See Certificate of Coverage for specific plan limitations

Dental Plan highlights

The following information is made available for your reference. Your dental plan will remain in force throughout the end of plan for 2017 plan year or until the end of your continuation period, if earlier.

Premiums

You pay the full cost of dental coverage for yourself and your eligible family members. The monthly cost varies depending on whether you cover yourself only or yourself and other eligible family members. Premiums are increasing by 13.5%.

Comprehensive coverage

Both SEGIP dental plans provide comprehensive coverage that includes many preventive (periodic examinations, x-rays, cleanings, etc.) and restorative (fillings, restorative crowns, root canals, extraction, etc.) services.

Provider networks

Each SEGIP dental plan offers a network of dental providers. You are not required to select a primary care clinic or dentist, but to get the highest benefit available you should receive your care from an in-network dentist listed in the plan directory. If you don't receive your care through an in-network provider, you will not receive the highest level of benefits or you may not receive any benefit at all.

The SEGIP website provides links to the provider directories published by our dental carriers. To access, click on the Open Enrollment tab on the SEGIP website. You may also call your plan's customer service office to learn whether your dentist will be included in your plan's provider network during the 2017 insurance year. Please note, participating dentists may change during the plan year.

Availability by county

The State Dental Plan, administered by Delta Dental, offers total coverage in all counties of Minnesota. The HealthPartners State of Minnesota Dental Plan also offers total coverage in all counties of Minnesota. Please check your network providers prior to scheduling appointments, as network providers can change throughout the plan year.

Predetermination of benefits

When services other than preventive care are recommended, ask your dentist to submit a request for a predetermination of benefits or pre-estimate to your plan. This ensures that you understand the amount your plan will pay and the amount that will be your responsibility.

How can I get more information about Open Enrollment?

Via the Internet

A list of participating doctors and clinics is available to help you make your Primary Care Clinic (PCC) selection. This list also includes the PCC number that you will need in order to enroll. Each carrier assigns a unique clinic number for each clinic. To access, click on the Open Enrollment tab on the SEGIP website at: mn.gov/mmb/segip. Then, click on the link entitled, "2017 Advantage Clinic Directory."

The Open Enrollment tab on the SEGIP website also provides links to the provider directories published by the three Minnesota Advantage Health Plan administrators: BlueCross BlueShield, HealthPartners, and PreferredOne. To access, click on the Open Enrollment tab on the SEGIP website.

SEGIP carriers

Each SEGIP health insurance carrier, and your pharmacy benefits manager, prepares an online provider directory that lists its participating doctors, dentists, and pharmacies. You may access this information through the SEGIP website or you may call your insurance carrier. A doctor/clinic may choose to terminate the relationship with an insurance company during the year. However, you may only switch carriers during Open Enrollment.

SEGIP's Open Enrollment Service Center

For answers to questions about rates, insurance billing, eligibility, coverage or for help with enrollment issues, you can call SEGIP's Open Enrollment Service Center for assistance. The Service Center is available from October 26, 2016, through November 8, 2016, Monday through Friday from 8:00 AM to 4:00 PM. Call 651-355-0100, 800-664-3597 in greater Minnesota. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

Employee meetings

Employee meetings will be held in selected locations around Minnesota from October 10 - October 21, 2016. You may view the SEGIP website for a schedule of meetings throughout the state.

Summary of Benefits

Your Summary of Benefits for the Minnesota Advantage Health Plan and Certificates of Coverage for the dental plans are, available on the SEGIP website at: mn.gov/mmb/segip.

Important Plan Note

The descriptions in this book are meant only to highlight the benefits provided by each carrier. Please refer to the Certificate of Coverage or Summary of Benefits for a complete description of all benefits and exclusions. If there are any differences between this document and the plan' Certificates of Coverage or Summaries of Benefits the Certificate of Coverage and Summary of Benefits will govern.

The state expects to continue the State Employee Group Insurance Program (SEGIP) indefinitely. However, the state reserves the right to change or discontinue all or any part of the program, consistent with the state's rights and obligations under law and collective bargaining agreements.

The Plan assumes fraud or intentional misrepresentation if participant enrolls a dependent who does not meet the Plan's definition of a dependent. Upon 30-day notice, coverage will be rescinded to the effective date of coverage. You may be liable for all claims paid by the Plan on behalf of an ineligible dependent.

Minnesota Management and Budget (MMB) Notice of Collection of Private Data

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide the data.

What data will we use?

We will use the data you provide us at this time, as well as data you previously provided us, about yourself, your spouse, or dependent(s). If you provide any data about that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Disability status is needed only to determine eligibility for insurance continuation for your dependent. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws.

Why we ask you for this data?

We ask for this data so that we can successfully administer SEGIP.

This data is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested data helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The data is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We may ask for data about you, your spouse or dependents that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct insurance benefit transaction. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws (in compliance with Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173)). If you provide any data about you, your spouse, or dependents that is not necessary, we will not use it for any purpose.

Do you have to answer the questions we ask?

You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, your dependent(s) may not be approved to participate in the program or may lose coverage under the program. If you do provide the data, it will be used as described.

What will happen if you do not answer the questions we ask?

If you do not answer these questions, the insurance benefit transaction you requested for you or your spouse, dependent or other insurance benefit transaction may be delayed or denied.

Who else may see this data about you and your spouse and dependents?

We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used?

We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

To obtain more information about SEGIP plans

Information available via the Internet

Many SEGIP plans provide information online. Our health and dental plans' provider lists are also available. You can reach them through links on the SEGIP website at: mn.gov/mmb/segip. To access, click on the Open Enrollment tab on the SEGIP website. Next, click on the link entitled "Links to Participating SEGIP Insurance Carriers."

Contact plans by phone or Internet

BlueCross and BlueShield of Minnesota
(651) 662-5090
(800) 262-0819
(888) 878-0137 TTY
www.bluecrossmn.com
National PPO: Blue Card
(800) 810-2583 or
www.bluecrossmn.com/SEGIP

PreferredOne
(763) 847-4477
(800) 997-1750
(763) 847-4013 TTY
www.preferredone.com/segip
National PPO: Multiplan PHCS
(800) 678-7427 or
www.multiplan.com

HealthPartners
(952) 883-7900
(888) 343-4404
(952) 883-5127 TTY
www.healthpartners.com/segip
National PPO: CIGNA
(888) 343-4404

Navitus Health Solutions
(866) 333-2757
(920) 225-7005 TTY
www.navitus.com

State Dental Plan
Delta Dental
(651) 406-5916
(651) 406-5923 TTY
(800) 553-9536
(888) 853-7570 TTY
www.deltadentalmn.org/segip

HealthPartners State of Minnesota Dental Plan
(952) 883-7900
(888) 343-4404
(952) 883-5127 TTY
www.healthpartners.com/segip

Hartford
SEGIP Disability Insurance
(800) 752-9713

Ochs, Inc.
Minnesota Life, Disability Insurance and AD&D Insurance
(651) 665-3789
(800) 392-7295

121 Benefits
SEGIP Pre-tax Plans
(612) 253-6633
(800) 300-1672
www.121benefits.com

Contact MMB/SEGIP
MMB's Open Enrollment Service Center
8:00 A.M. to 4 P.M.
(651) 355-0100
(800) 664-3597
mn.gov/mmb/segip