



# Open Enrollment 2018

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# Open Enrollment 2018

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## The annual Open Enrollment period is October 26 – November 8, 2017

- Open Enrollment is your opportunity to change your benefit elections for the upcoming calendar year.
- To participate in the Flexible Spending Accounts (pre-tax), you must enroll every year. Even if you are currently participating, re-enrollment is required if you plan to participate in 2018.
- You may complete the StayWell health assessment and agree to accept a call from a health professional to receive the \$5.00 reduction for your office visit copay.
- If you do not want to make changes to your health, dental, child life, optional employee or spouse life, long-term or short term disability, you do not need to re-enroll. However, even if you decide to keep your current coverage, your costs will change in 2018.

## What's Open:

- Medical
- StayWell health assessment
- Dental
- Employee and Spouse Life
- Child Life
- Short Term Disability
- Long Term Disability
- Managers Income Protection Plan
- Pre-tax Plans

## What's New in 2018

### Premiums

The premiums for the Minnesota Advantage Health Plan will increase by 2.85%. The single premium will increase to \$31.54. This is an increase of \$.88 per month. The family coverage premium will be \$215.16 per month. This is a change of \$15.96 per month.

Dental insurance premiums will increase by 2.0%. The Health Partners State of Minnesota Dental plan and the State Dental Plan-Delta Dental will both have the same premium, \$5.00 per month for single coverage and \$38.66 per month for family coverage.

The Short-Term Disability (STD) premium will increase by 11.29%. The Long-Term Disability (LTD) premiums will not change. The Optional Life Insurance (Employee, Spouse, and Child) will not change for 2018. The Basic Life Insurance will decrease by 3.4% and Managerial Life insurances will decrease by 3.38% - 3.46%.

### Medical

- CVS/caremark is the new Pharmacy Benefits Manager
- Advantage Value Benefits for Diabetes

### Reminder Dependent Verification

Eligible dependents may be added to coverage during Open Enrollment. Verification of eligibility is required. Following Open Enrollment, SEGIP will send a letter to the address on file requesting documentation verifying the relationship of the provisionally enrolled dependent. Appropriate documentation must be provided within 30 days from the date on the letter. If a dependent is not properly verified, they will not be enrolled for the 2018 plan year. Although all dependents enrolled during Open Enrollment will receive insurance cards, coverage is pending until they are positively verified.

# Open Enrollment Materials on the Internet

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FIND MORE INFORMATION AT: [mn.gov/mmb/segip](http://mn.gov/mmb/segip)

## Steps to your Open Enrollment

Information and links you need are at: [mn.gov/mmb/segip](http://mn.gov/mmb/segip) click on the Open Enrollment Tab.

### Gather and review information

Review your current benefits at Employee Self Service: [www.state.mn.us/employee](http://www.state.mn.us/employee). You will need your employee ID # and password to login. See your HR office, if you need your ID number. There is an, "I forgot my password link," if needed.

Review the medical Primary Care Clinic (PCC) choices at: [mn.gov/mmb/segip](http://mn.gov/mmb/segip)

- Check your health clinic's cost level, it may change each year and vary by carrier.
- Check your health clinic's quality rating at: [www.mnhealthscores.org](http://www.mnhealthscores.org) to ensure you are receiving quality health care.

### Enroll

Go to Employee Self Service at: [www.state.mn.us/employee](http://www.state.mn.us/employee) (employee ID number and password are needed).

- Click on "State of MN Self Service".
- Click on "Benefits Enrollment", under benefits, (you may be asked to confirm your home address).
- Click on "Select" in the Open Enrollment row.
- Your selections are listed. Click on "Edit" to make a change to an election available during Open Enrollment.

**Reminder:** You must enroll in a pre-tax account every year to participate.

- Under each selection you may change your coverage, or add/drop dependents. You must designate a PCC for each dependent you add. If you are changing carriers, you need to designate PCC for yourself and each covered dependent.
- Review your dependents to ensure they are eligible under plan rules.
- After you have made all of your changes:
- Click on "Continue".
- Complete your enrollment by clicking on the **Accept** button.

**Reminder:** You must click on **"Accept" prior to midnight on November 8, 2017** or your elections will not be made.

- A printable Confirmation Statement of your elections online will appear at the end of your enrollment.
- Online Confirmation Statements can only be viewed October 26 – November 8, 2017. After Open Enrollment, benefit elections for 2018 must be viewed on your Benefits Summary via Employee Self Service (after December 1, 2017).
- If you did not make Open Enrollment elections or changes, you will be able to view your 2018 enrollments on your Benefits Summary via Self Service after December 1, 2017.
- If you added dependent coverage, you must provide requested documentation of eligibility by the date stated in the letter mailed to your home following Open Enrollment. Unverified dependents will not be added to coverage as of January 1, 2018.

BlueCross BlueShield, HealthPartners and PreferredOne will mail members new cards. PreferredOne will mail new cards to those with cost level changes or new dependents. The Dental Plans will mail new cards. CVS/caremark will mail new cards to members in mid December.

**Reminder:** Receiving a card is not a guarantee of eligibility.

Click on: [segip.staywell.com](http://segip.staywell.com) to complete the health assessment.

- By completing the assessment during Open Enrollment and agreeing to a follow-up call you will receive a \$5.00 reduction in office visit copays for you and your covered dependents in 2018.
- Enroll in a wellness program.

**All elections are final as of midnight, November 8, 2017.**

# What's Open

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## Employees on state's bi-weekly payroll

USE THE INTERNET TO MAKE THE FOLLOWING CHANGES FROM OCTOBER 26 - NOVEMBER 8, 2017:

### Medical

- Enroll or waive coverage.
- Change medical insurance carriers.
- Add or drop eligible dependents.
- Verify eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Gain a \$5.00 reduction in office visit copays by completing the StayWell health assessment and agreeing to a health professional call.
- Effective dates: January 1, 2018 – December 31, 2018

### Dental

- Enroll or waive coverage.
- Change dental insurance carriers.
- Add or drop eligible dependents.
- Verify eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: January 1, 2018 – December 31, 2019

### Long Term Disability (LTD)

- Enroll in or increase your LTD coverage.
- Effective date: January 1, 2018\*.

### Short Term Disability

- Enroll or increase (even if declined in the past you can enroll now).
- Effective date: January 1, 2018\*

### Managers Income Protection Plan (IPP)

- Managers may increase the disability elimination period.
- Managers may reduce the elimination period by one 30-day unit.
- Effective date: January 1, 2018\*.

### Optional Life Insurance

- Enroll or increase Employee Optional and Spouse Optional
- Enroll in Child Life

### Flexible Spending Accounts (FSA)

- Enroll or re-enroll in the 2018 Dependent Care (daycare) Expense Account (DCEA), the 2018 Medical/Dental Expense Account (MDEA) and/or the Transit Expense Accounts (TEA). If you currently participate in a SEGIP FSA, and want to participate in 2018, you must re-enroll during Open Enrollment.
- Transit expenses deducted directly through payroll such as monthly parking or bus pass deductions will continue.
- For those participating in the 2017 MDEA, note that if you have made all 2017 contributions, you may be eligible for a carryover of up to \$500 from your 2017 balance into 2018.

- For participants in the transit accounts, if you have money left in the account at the end of 2017 you may carry it over into the new plan year only if you enroll for 2018 during Open Enrollment.
- Effective dates: January 1, 2018 through December 31, 2018.

\* You must be actively at work in order for these changes to go into effect.

## **Employees on leave (if coverage has been continued)**

USE THE INTERNET TO MAKE THE FOLLOWING CHANGES FROM OCTOBER 26 - NOVEMBER 8, 2017:

### **Medical**

- Enroll or waive coverage.
- Change medical insurance carriers.
- Add or drop eligible dependents.
- Verify eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Gain a \$5.00 reduction in office visit copays by completing the StayWell health assessment and agreeing to a health professional call.
- Effective dates: January 1, 2018 – December 31, 2018

### **Dental**

- Enroll or waive coverage.
- Change dental insurance carriers.
- Add or drop eligible dependents.
- Verify eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: January 1, 2018 – December 31, 2019

WHEN YOU RETURN TO WORK YOU MAY MAKE THE FOLLOWING SELECTIONS:

### **Long Term Disability (LTD)**

- Enroll in or increase your LTD coverage.
- Effective date: January 1, 2018\*.

### **Short Term Disability**

- Enroll or increase (even if declined in the past you can enroll now).
- Effective date: January 1, 2018\*.

### **Managers Income Protection Plan (IPP)**

- Managers may increase the disability elimination period.
- Managers may reduce the elimination period by one 30-day unit.
- Effective date: January 1, 2018\*.

### **Optional Life Insurance**

- Enroll or increase Employee Optional and Spouse Optional
- Enroll in Child Life

### **Flexible Spending Accounts (FSA)**

- Enroll or re-enroll in the 2018 Dependent Care (daycare) Expense Account (DCEA), the 2018 Medical/Dental Expense Account (MDEA) and/or the Transit Expense Accounts (TEA). If you currently participate in a SEGIP FSA, and want to participate in 2018, you must re-enroll during Open Enrollment.
- Transit expenses deducted directly through payroll such as monthly parking or bus pass deductions will continue.

- For those participating in the 2017 MDEA, note that if you have made all 2017 contributions, you may be eligible for a carryover of up to \$500 from your 2017 balance into 2018.
- For participants in the transit accounts, if you have money left in the account at the end of 2017 you may carry it over into the new plan year only if you enroll for 2018 during Open Enrollment.
- Effective dates: January 1, 2018 through December 31, 2018.

\* You must be actively at work in order for these changes to go into effect.

Use the paper applications to enroll in Pre-tax plans if your leave will end prior to January 1, 2018. If your leave crosses over into the new year, those on FMLA in the new year can use the paper applications and begin contributions for 2018 via billing. Those whose unpaid leave will end on or after January 1, 2018, may be invited to make a new prospective election within 30 days of their return from leave date.

Effective dates: Your election will take effect on January 1, 2018, if you return to work before that date. If you return after January 1, 2018, you must submit a new election form upon return. Coverage is prospective. Contact SEGIP to review your situation.

## **Employees that participate in SEGIP but are not on the state’s central payroll**

USE THE INTERNET TO MAKE THE FOLLOWING CHANGES FROM OCTOBER 26 - NOVEMBER 8, 2017:

### **Medical**

- Enroll or waive coverage.
- Change medical insurance carriers.
- Add or drop eligible dependents.
- Verify eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Gain a \$5.00 reduction in office visit copays by completing the StayWell health assessment and agreeing to a health professional call.
- Effective dates: January 1, 2018 – December 31, 2018

### **Dental**

- Enroll or waive coverage.
- Change dental insurance carriers.
- Add or drop eligible dependents.
- Verify eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: January 1, 2018 – December 31, 2019

WHEN YOU RETURN TO WORK YOU MAY MAKE THE FOLLOWING SELECTIONS:

### **Long Term Disability (LTD)**

- Enroll in or increase your LTD coverage.
- Effective date: January 1, 2018\*.

### **Short Term Disability**

- Enroll or increase (even if declined in the past you can enroll now).
- Effective date: January 1, 2018\*.

### **Managers Income Protection Plan (IPP)**

- Managers may increase the disability elimination period.
- Managers may reduce the elimination period by one 30-day unit.



- Effective date: January 1, 2018\*.

### **Optional Life Insurance**

- Enroll or increase Employee Optional and Spouse Optional
- Enroll in Child Life

CONTACT YOUR HUMAN RESOURCES OFFICE TO DETERMINE IF YOU ARE ELIGIBLE TO PARTICIPATE IN THE FLEXIBLE SPENDING OR PRE-TAX ACCOUNTS

\* You must be actively at work in order for these changes to go into effect.

## **Retired employees who receive a continuing state contribution to the cost of insurance benefits (remember to use your new Retiree ID number)**

USE THE INTERNET TO MAKE THE FOLLOWING CHANGES FROM OCTOBER 26 - NOVEMBER 8, 2017:

### **Medical**

- Change medical insurance carriers.
- Complete the StayWell health assessment and agree to accept a call from a health professional to receive the \$5.00 reduction in office visit copays for you and covered dependents.
- Cancel family health insurance, or remove dependents.
- Effective dates: January 1, 2018 – December 31, 2018

### **Dental**

- Change dental insurance carriers.
- Waive coverage (once waived, you cannot re-enroll).
- Effective dates: January 1, 2018 – December 31, 2019

NOTE: Open Enrollment is not an opportunity to add dependents or family health insurance. As a retiree, you may only add dependents under the following circumstances:

1. At the time your spouse or other eligible dependent loses other group coverage. You must provide evidence of the loss and enroll within 30 days of loss of coverage.
2. If you become newly married and enroll your new spouse within 30 days of the date of marriage. Verification of the marriage will be required.

# Medical Plan Highlights

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Minnesota Advantage Health Plan is the medical benefits program for all state employees.

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 features

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

- Uniform comprehensive set of benefits across carriers.
- No copays for preventive care such as immunizations, well-child care and annual check-ups.
- The opportunity to learn more about your personal health by completing a health assessment during Open Enrollment. By taking the survey and agreeing to a follow-up call from a health professional, you will lower the amount of your office visit copay and enjoy access to several wellness programs.
- Most medical care is coordinated through your PCC and you will generally need a referral to see a specialist.
- You may self-refer to certain specialists including:
  - obstetricians/gynecologists,
  - chiropractors
  - mental health/chemical dependency
  - routine eye exams providers

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 be covered by the same carrier.
- You may change your PCC and cost level as often as monthly. Clinic changes are effective the first of the month following the date you request the change by calling your carrier.
- Referrals to a specialist for an office visit will be covered at the same cost level as your PCC.
- We advise you choose a carrier that is available in the county in which you live.
- BlueCross BlueShield and HealthPartners provide PCC throughout all counties in Minnesota. PreferredOne provides coverage in all counties, except Houston County where there is limited access.

## How does Advantage work?

Under Advantage, you share in the cost of specific medical services by paying out-of-pocket costs in the form of deductibles, office visit copayments or 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.

The amount of cost sharing that is paid when using health care services varies depending upon the cost level of the PCC that you choose. Clinics may have changed cost levels for 2018. To check the cost level of your clinic, refer to the Advantage Clinic Directory on the SEGIP website. Look for the Open Enrollment tab. Select Employee Information and the Minnesota Advantage Plan. To access clinics, click on "Clinic Directory" under the 2018 heading. You may also call your insurance carrier listed on page 29 for assistance with questions about 2018 clinics.

Although you will pay out-of-pocket (OOP) costs under Advantage, cost levels one and two feature the same low OOP maximum. The OOP maximum for cost level three and four are set higher, as the cost to deliver care under these systems is higher than costs in cost levels one and two clinics. Once you've reached your annual OOP maximum limit, the Advantage Plan will pay the remaining medical costs for eligible services for the rest of the plan year.

Most employees can enroll in SEGIP's Medical/Dental Expense Account, a program that will allow your OOP costs to be paid with pre-tax dollars minimizing your health care expenses. See the *Optional Coverage Highlights* section of the Open Enrollment materials for details. Please note that restrictions exist for employees who are eligible and enrolled in a high deductible plan with a Health Savings Account (HSA).

NOTE: For two state employees enrolled in Advantage who are married to each other and enroll with the same health carrier, out-of-pocket expenses incurred by one spouse can be applied to the family maximum of the spouse who carries family coverage. It is your responsibility to notify your carrier when the out-of-pocket maximum has been met.

**CVS/caremark will be 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 will be accessible at [www.caremark.com](http://www.caremark.com). The out-of-pocket maximum remains unchanged at \$800 single and \$1,600 family, regardless of the cost level of a participant's Primary Care Clinic.

## How to find Primary Care Clinics (PCC) and more

A list of participating clinics is available to help you make your PCC selection. This list includes your PCC's clinic number which you will need in order to enroll. To find the list, go to the SEGIP website, at: [mn.gov/mmb/segip](http://mn.gov/mmb/segip). To access clinics, click on the "Open Enrollment" tab. Next, click on Employees and then click Minnesota Advantage Health Plan.

The SEGIP page 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 SEGIP Quick Links Tab on the SEGIP website, at: [mn.gov/mmb/segip](http://mn.gov/mmb/segip), click and then click on the link entitled, "Carrier Contacts".

To ask specific questions, call the carrier directly. The carriers' phone numbers are listed on page 29 of this booklet.

## Point of Services (POS) Benefits – Out of state coverage under the Advantage Plan

Under Advantage, each health plan offers a National Preferred Provider Organization (PPO) available outside the SEGIP service area for those permanently living outside the service area of the Minnesota Advantage Health Plan. POS is also available to employees on temporary assignment, paid leave (including sabbatical) and college students. POS is also available to dependent children and spouses permanently residing outside the service area. Access to POS benefits must be requested by completing and submitting the POS form and calling the carrier. Benefits in the National PPO vary depending on specific circumstances and the member's status.

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

## Convenience Care and Online Care

Convenience care clinics are available at the \$10 copay level 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. A list of convenience care clinics and locations is available at: [mn.gov/mmb/segip](https://mn.gov/mmb/segip) or you may call your carrier member services number on the back of your card.

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 virtuwel [virtuwel.com](https://virtuwel.com) and Doctors on Demand [www.doctorondemand.com](https://www.doctorondemand.com).

## 2018-2019 Minnesota Advantage Health Plan Schedule of Benefits

2018 - 2019 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 <ul style="list-style-type: none"> <li>• Routine medical exams, cancer screening</li> <li>• Child health preventive services, routine immunizations</li> <li>• Prenatal and postnatal care and exams</li> <li>• Adult immunizations</li> <li>• Routine eye and hearing exams</li> </ul>	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 <ul style="list-style-type: none"> <li>• Outpatient visits in a physician's office</li> <li>• Chiropractic services</li> <li>• Outpatient mental health and chemical dependency</li> <li>• Urgent Care clinic visits (in &amp; out of network)</li> </ul>	\$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) <ul style="list-style-type: none"> <li>• Emergency care received in a hospital emergency room</li> </ul>	\$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

<b>2018 - 2019 Benefit Provision</b>	<b>Cost Level 1 - You Pay</b>	<b>Cost Level 2 - You Pay</b>	<b>Cost Level 3 - You Pay</b>	<b>Cost Level 4 - You Pay</b>
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: <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Home Health Care</li> <li>• Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> <li>• Radiation/chemotherapy</li> <li>• Dialysis</li> <li>• Day treatment for mental health and chemical dependency</li> <li>• Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	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

*\*Employees who complete the Health Assessment during Open Enrollment and agree to a health coaching call receive the lower office visit copayment for both the employee and dependents. Employees hired after the close of Open Enrollment will automatically receive the lower copayment.*

*This chart applies only to in-network coverage. Point-of-Service (POS), coverage is available only to members whose permanent residence is outside both the State of Minnesota and the Advantage plan's service area. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical]; and college students. It also applies to dependent children and spouses permanently residing outside the service area. Members covered by this category 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.*

*The Advantage Plan offers a standard set of benefits regardless of the selected carrier. There are differences in how each carrier administers the benefits, including the transplant benefit, 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.*

The Minnesota Legislature's Subcommittee on Employee Relations did not approve the state employee labor agreements on October 5, 2017. That means we cannot offer new and enhanced medical benefits for 2018, and the current 2017 medical benefits will remain in effect for 2018. The medical benefits described here reflect this change

# StayWell Health Assessment

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Employees will have an opportunity to take the health assessment provided by StayWell and join healthy lifestyle programs. Taking the health assessment during Open Enrollment and agreeing to a follow-up call from a health professional, will gain the \$5.00 reduction in the office visit copay for you and eligible dependents in 2018. The assessment is confidential. Aggregate group data helps identify future health improvement initiatives.

In addition to the financial benefit of reduced copay, employees taking the assessment can join the StayWell healthy lifestyle programs at no cost during 2018. Employees have an opportunity to review their individual health potential report. This report shows current health status, risks, and potential for improvement based on their responses when taking the assessment. Topics include managing blood pressure, cholesterol, weight and stress; physical activity; nutrition; tobacco cessation; healthy pregnancy, and back health.

Remember, to be eligible for a lower office visit copay in 2018 you must:

Log-on at: [segip.staywell.com](http://segip.staywell.com) and take your health assessment between October 26 and November 8, 2017.

Agree to accept a follow-up call from a health professional when prompted in your health assessment. It is the final question of your assessment. If your results show you are at risk and you have agreed to a follow-up call, a StayWell health professional will contact you to discuss your results and offer programs that help you achieve your health goals.

If you took the assessment during last year's Open Enrollment, you must take it again and agree to a follow-up call in order to receive the lower office visit copay for 2018. For more information regarding the optional assessment visit: [segip.staywell.com](http://segip.staywell.com)

## Dental Plan Highlights

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Dental insurance is open for election changes during this year's Open Enrollment. During this Open Enrollment employees may enroll, waive, add or drop eligible dependents.

Dependents to age 26 are eligible for dental coverage through SEGIP.

The state offers two dental carriers:

- The State Dental Plan, administered by Delta Dental of Minnesota and HealthPartners State of Minnesota Dental Plan.
- Benefits for both plans are similar, but there are some differences between the two carriers in the way benefits are administered.

## Dental Plan features

### Dental Plan Features:

- \$1500 maximum payable benefit per member per year
- Coverage for both In-Network and Out-of-Network dentists
- 100% coverage for In-Network preventative care
- 80% coverage for In-Network basic and major restorative services
- 50% coverage for prosthetics
- 50% coverage for orthodontics up to age 19 with a separate \$2,400 out-of-pocket maximum

**Comprehensive coverage**

Both the State Dental Plan (Delta Dental) and Health Partners State of Minnesota Dental Plan provide comprehensive coverage that includes preventive services, like periodic examinations, x-rays, cleanings, etc. and restorative services like fillings, crowns, root canals, extractions and more. Details are available in the Certificate of Coverage.

**Provider networks**

State Dental Plan (Delta Dental) and Health Partners State of Minnesota Dental Plan offer a network of dental providers. You are not required to designate a dental clinic, but you must receive your care from a dentist listed in the plan directory, if you want to receive the highest level of benefit. If you receive care from an Out-of-Network provider you will not receive the highest level of benefits.

In-Network dental clinics and providers are listed in the dental clinic directories. The directories can be reviewed on the SEGIP website [mn.gov/mmb/segip](http://mn.gov/mmb/segip). To access, click on the "Open Enrollment" tab. You may also call your carrier's customer service number to learn whether your dentist is included in your plan's provider network during the upcoming plan year. Please note that participating dentists and dental clinics may change throughout the year.

**Predetermination of benefit**

When services, other than preventive care, are needed, ask your dentist to submit a request for a predetermination of benefits to your plan. A predetermination will be issued to you that includes an estimate of coverage by your dental plan and what your estimated out-of-pocket expense will be.



# Dental Schedule of Benefits for 2018-2019

**Annual Maximum** per person \$1,500 (does not apply to Orthodontia).

**Orthodontics Lifetime Maximum** per person \$2,400 (does not start over if you change dental plans).

	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
Annual Deductible	\$50 per person \$150 per family	\$125 per person

## Diagnostic and preventive care (deductible does not apply)

<b>Covered Services</b>	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
Preventive care; examinations, x-rays, oral hygiene & teeth cleaning	100% coverage	50% coverage of the allowed amount
Fluoride treatment (to age 19)	100% coverage	50% coverage of the allowed amount
Space maintainers	100% coverage	50% coverage of the allowed amount

## Restorative care and prosthetics (deductible applies)

<b>Covered Services</b>	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
Fillings (customary restorative materials)	80% coverage	50% coverage of the allowed amount
Sealants	80% coverage	50% coverage of the allowed amount
Oral surgery	80% coverage	50% coverage of the allowed amount
Periodontics (gum disease therapy)	80% coverage	50% coverage of the allowed amount
Endodontics (root canal therapy)	80% coverage	50% coverage of the allowed amount
Inlays and overlays	80% coverage	50% coverage of the allowed amount
Restorative crowns	80% coverage	50% coverage of the allowed amount
Fixed or removable bridgework	50% coverage	50% coverage of the allowed amount
Full or partial dentures	50% coverage	50% coverage of the allowed amount
Dental relines or rebases	50% coverage	50% coverage of the allowed amount
Orthodontics	50% coverage Coverage is limited to dependents under age 19 (deductible does not apply)	50% coverage of the allowed amount Coverage is limited to dependents under age 19 (deductible does not apply)

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

See Summary of Benefits for specific plan limitations.

The Minnesota Legislature's Subcommittee on Employee Relations did not approve the state employee labor agreements on October 5, 2017. That means we cannot offer new and enhanced dental benefits for 2018, and the current 2017 dental benefits will remain in effect for 2018. The dental benefits described here reflect this change.

**Dependent Eligibility for Medical and Dental Coverage  
State Employee Group Insurance Program (SEGIP)**

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Spouse	<ul style="list-style-type: none"> <li>• Must be legally married under Minnesota law to an insurance eligible employee, <b>and</b></li> <li>• Your spouse is not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in addition to a health plan with a deductible of \$750 or greater</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of your certified marriage certification, <b>and</b></li> <li>2. Copy of the front page for your most recent federal tax return confirming this dependent is your spouse, OR a document dated within the last 60 days showing current relationship status such as a household bill. The document must include your spouse's name, the date, and your mailing address, <b>and</b></li> <li>3. Completed Spouse/Former Spouse Certification Form</li> </ol>
Former Spouse	<ul style="list-style-type: none"> <li>• The divorce must occur while the employee is covered, <b>and</b></li> <li>• Must have been covered on the employee's plan at the time of the divorce and have covered children-in-common, <b>and</b></li> <li>• May not have obtained other group coverage since the divorce, <b>and</b></li> <li>• Not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in exchange for a health plan with a deductible of \$750 or greater</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of your divorce decree signed by a judge or court administrator, <b>and</b></li> <li>2. Completed Spouse/Former Spouse Certification Form</li> </ol>
Biological Children	<ul style="list-style-type: none"> <li>• To age 26</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of your child's certified birth certificate naming you as the child's parent</li> </ol>
Adopted children	<ul style="list-style-type: none"> <li>• To age 26 if adopted <b>or</b></li> <li>• To age 18 if placed with you for adoption</li> </ul>	<ol style="list-style-type: none"> <li>1. Final copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption, or</li> <li>2. Copy of the child's certified birth certificate naming you (or your spouse) as the child's parent</li> </ol>
Step Children	<ul style="list-style-type: none"> <li>• To age 26</li> <li>• You must be legally married to the child's parent</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of the child's certified birth certificate naming your spouse as the child's parent, <b>and</b></li> <li>2. Copy of your certified marriage certification and a current financial document naming both you and your spouse (see spouse)</li> </ol>
Foster Children (ward, legal guardian, legal custody)	<ul style="list-style-type: none"> <li>• To age 26</li> <li>• Full and permanent legal and physical custody</li> </ul>	<ol style="list-style-type: none"> <li>1. Completed Foster Child Certification Form, <b>and</b></li> <li>2. Final copy of court document showing your name (and/or your spouse) confirming the permanent custodial relationship, <b>and</b></li> <li>3. Copy of the front page of your (or your spouse's) most recent federal tax return confirming this dependent is your (or your spouse's) tax dependent</li> </ol>
Grandchildren	<ul style="list-style-type: none"> <li>• To age 25</li> <li>• Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 <b>or</b></li> <li>• Financially dependent upon you and has resided with you continuously from birth</li> <li>• <b>-OR-</b></li> <li>• If you have legally adopted your grandchild or are the foster parent of your grandchild follow those eligibility rules</li> </ul>	<ol style="list-style-type: none"> <li>1. Completed Grandchild Certification Form, <b>and</b></li> <li>2. Copy of your grandchild's certified birth certificate, naming your (or your spouse's) child as your grandchild's parent, <b>and</b></li> <li>3. Copy of your child's certified birth certificate naming you (or your spouse) as the parent, <b>and</b></li> <li>4. Document dated within the last 6 months establishing that this grandchild currently resides with you, <b>and</b></li> <li>5. Copy of your most recent federal tax return listing this child as your (or your spouse's) tax dependent</li> <li>6. If your grandchild has lived with you continuously from birth a copy of your federal tax return from the year this grandchild was born</li> </ol>
Disabled Children	<ul style="list-style-type: none"> <li>• Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, <b>and</b></li> <li>• Chiefly dependent upon you for principal support, and maintenance, <b>and</b></li> <li>• You must provide proof of such incapacity and dependency annually as requested by your health plan administrator</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of the child's certified birth certificate naming you or your spouse as the child's parent, OR appropriate court order / adoption decree naming you as the child's legal guardian</li> </ol>

**Also covered:** any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.

**Change in status or dependent eligibility:** It is your responsibility to notify SEGIP of any change in a dependent's status (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30 days of a life event or during Open Enrollment. You must notify SEGIP within 60 days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals, and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact, or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in *Your Employee Benefits* located on the SEGIP website at <https://mn.gov/mmb/segip>.

# Optional Coverage Highlights

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**Short Term Disability (STD) Insurance** – Replaces income if you are unable to work due to a non-related work injury or illness. You may purchase a monthly replacement amount, no greater than 66 and 2/3 of your gross income (not to exceed \$5,000 per month). The STD payments are not reduced if you are collecting sick or vacation pay. There are no pre-existing conditions on your STD coverage. The 2018 premiums will increase by 11.29%.

**Long Term Disability (LTD) Insurance** — If eligible, the plan provides income replacement in the event that a disability renders you unable to work for an extended period of time. If you want this protection, you may purchase or increase LTD coverage only during Open Enrollment. The premium rates for LTD coverage are not changing in 2018. See the “Rates” section of this booklet to learn about the increments of coverage you can purchase. The maximum LTD benefit that an employee may purchase is approximately 60% of their gross monthly income to a maximum benefit of \$7,000.

**Optional Life Insurance**— Optional Employee, Spouse and Child Life insurance will be open for enrollment. Employees and spouses not previously insured under the Optional Life plans may enter the program with \$5,000 of life coverage for themselves and/or their spouse. Current optional life participants may increase optional life insurance coverage based on the current amount in force. For amounts and limits please refer to the rates section on page 22.

Child Life will also be open for enrollment to those who have not previously enrolled. Eligible children or young adults up to age 26 may be enrolled in a \$10,000 child life insurance policy without evidence of insurability. There is one monthly premium, regardless of the number of children covered.

**Manager’s Income Protection Plan (IPP)** — If eligible, this plan provides life insurance and income replacement in the event that a disability renders you unable to work for an extended period of time. You may decrease our period of elimination by one 30 day unit, without evidence of insurability, during Open Enrollment.

NOTE: Payments from other wage replacement benefits to which you may be entitled to, such as those provided by Social Security Disability or Minnesota State Retirement Disability, may result in a reduction of monthly benefits paid by your SEGIP Long Term Disability and Manager’s Income Protection Plan coverage. Call Ochs, Inc. for more details. The telephone number for Ochs, Inc. is listed on page 29 of this booklet.

## Pre-tax plans or Flexible Spending Accounts (FSAs)

These plans include the Medical/Dental Expense Account (MDEA), the Dependent (Daycare) Expense Account (DCEA), and the Transit Expense Account (TEA). These plans allow you to set aside dollars before taxes to cover out-of-pocket health and/or dental expenses with the MDEA and dependent daycare expenses with DCEA. Participants generally save 25%-30% on taxes. The MDEA and DCEA are only available for dependents recognized by the Internal Revenue Service. The Transit Expense Account (TEA) allows you to set aside dollars before taxes to cover certain costs associated with your commute to work. The TEA cannot be used for commuting expenses of your dependents.

The MDEA can be used to help cover the deductibles, copays, and coinsurance you may incur under your medical, dental or out-of-pocket vision expenses, prescription drugs and certain, limited over-the-counter drugs.

121Benefits provides MDEA participants with a debit card, for ease of access. The red Benny Card will be replaced with the new blue Benefit Card over the next three years. MDEA participants have the option to use the Debit Card or submit receipts manually for reimbursement. Regardless of the method used, you must retain documentation of expenses. You may be asked by 121 Benefits or the IRS to substantiate your expenses. The Benny Card has a 3-year life cycle. When the card is nearing expiration a new card is automatically sent in the month before it expires. Watch for the new Benefits Card (Blue) to replace the red Benny Card. You may check the expiration date on your card to anticipate whether you should be receiving a new card for December for plan year 2018.

Currently, the following maximums will be allowed in 2018:

- The MDEA maximum is \$2,650 per employee.
- The DCEA annual maximum is \$5,000 per family.
- The TEA maximum is listed on the 121 Benefits website (not eligible for dependents).

Plan carefully when determining the amount of money you set aside. The minimum amount you may set aside in MDEA or DCEA is \$100 per year. Also, DCEA money that you elected and is not used or reimbursed during the plan year will not be reimbursed, due to the, "Use or lose," rule. Remember, MDEA participants may be eligible for a carryover from 2017 into 2018 of up to \$500, if you have made all 2017 contributions.

If you want to participate in 2018, you must re-enroll during Open Enrollment. All necessary information is available on the internet.

NOTE: Medical and dental premiums are deducted from your paycheck on a pre-tax basis. Do not include this cost in your Medical/Dental Expense Account election.

## **Special notice regarding the Transit Expense Accounts**

If you already pay for parking or transit pass expenses through a state payroll deduction, you are automatically enrolled in a plan that allows you to make those payments before taxes. You should not enroll in the Transit Expense Account (TEA) unless you have additional eligible out-of-pocket transit expenses. Current monthly Federal limits for the Transit Expense Accounts are available on the 121 Benefits website, [www.121benefits.com](http://www.121benefits.com) for both qualified parking expense and for bus pass or vanpool expenses. These limits could change for 2018. Updated information will be provided when available. The minimum amount you may set aside is \$50 per account per year.

**New this year the Transit Expense Account** will only allow the purchase of Commuter Cards (Bus or Light Rail) to be purchased with your Debit Card (the red Benny Card or the blue Benefit Card). You must use your Debit Card at recognized transit stores or on-line providers. For more information see the 121benefits website. The IRS no longer allows the reimbursement of paper receipts for the purchase of Commuter Cards.

TEA expenses must be submitted within 180 days of when they were incurred or paid or they will not be reimbursed. If you have money left in your Transit Expense Account at the end of 2017, it will be rolled forward to 2018, only if you enroll in the same Transit Expense Account during Open Enrollment for the 2018 plan year.

## **Accidental Death & Dismemberment (AD&D) Insurance**

If you're eligible for this coverage, it pays cash benefits when accidental injuries result in death or loss of body parts. You may purchase coverage for you or your spouse without evidence of insurability at any time. The AD&D rates will remain unchanged for 2018.

You may make the following optional coverage selections with evidence of insurability or cancel optional coverage at times other than Open Enrollment by submitting a paper application form. The application is available on the SEGIP home page at: [mn.gov/mmb/segip](http://mn.gov/mmb/segip). Download and print the form, then submit the

completed application to SEGIP via scan and email the pdf file to [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us) or fax it to SEGIP at (651) 296-5445.

For more information about SEGIP optional plans:

See the **2018 optional insurance costs** on the following pages to learn the rates you will have to pay for optional coverage plans.

# 2018 Advantage Health Plan Rates

## 100% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
Advantage BlueCross	630.80	599.26	31.54	1224.16	1040.54	183.62	1854.96	1639.80	215.16
Advantage HealthPartners	630.80	599.26	31.54	1224.16	1040.54	183.62	1854.96	1639.80	215.16
Advantage PreferredOne	630.80	599.26	31.54	1224.16	1040.54	183.62	1854.96	1639.80	215.16

## 75% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
Advantage BlueCross	630.80	449.46	181.34	1224.16	780.42	443.74	1854.96	1229.88	625.08
Advantage HealthPartners	630.80	449.46	181.34	1224.16	780.42	443.74	1854.96	1229.88	625.08
Advantage PreferredOne	630.80	449.46	181.34	1224.16	780.42	443.74	1854.96	1229.88	625.08

## 50% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
Advantage BlueCross	630.80	299.64	331.16	1224.16	520.28	703.88	1854.96	819.92	1035.04
Advantage HealthPartners	630.80	299.64	331.16	1224.16	520.28	703.88	1854.96	819.92	1035.04
Advantage PreferredOne	630.80	299.64	331.16	1224.16	520.28	703.88	1854.96	819.92	1035.04

## 0% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
Advantage BlueCross	630.80	0	630.80	1224.16	0	1224.16	1854.96	0	1854.96
Advantage HealthPartners	630.80	0	630.80	1224.16	0	1224.16	1854.96	0	1854.96
Advantage PreferredOne	630.80	0	630.80	1224.16	0	1224.16	1854.96	0	1854.96

# 2018 Dental Plan Rates

## 100% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	34.36	29.36	5.00	67.32	33.66	33.66	101.68	63.02	38.66
HealthPartners State of MN Dental Plan	34.36	29.36	5.00	67.32	33.66	33.66	101.68	63.02	38.66

## 75% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	34.36	22.02	12.34	67.32	25.26	42.06	101.68	47.28	54.40
HealthPartners State of MN Dental Plan	34.36	22.02	12.34	67.32	25.26	42.06	101.68	47.28	54.40

## 50% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	34.36	14.68	19.68	67.32	16.84	50.48	101.68	31.52	70.16
HealthPartners State of MN Dental Plan	34.36	14.68	19.68	67.32	16.84	50.48	101.68	31.52	70.16

## 0% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
	Health Plan	Total	State	Employee	Total	State	Employee	Total	State
State Dental Plan (Delta)	34.36	0	34.36	67.32	0	67.32	101.68	0	101.68
HealthPartners State of MN Dental Plan	34.36	0	34.36	67.32	0	67.32	101.68	0	101.68

Updated 10/6/2017

# 2018 Optional Coverage Rates

## Life Insurance

You must be actively at work for any increase in optional coverage to take effect.

You and your spouse may enroll in Optional Life Insurance coverage without evidence of good health according to the amounts listed in the table below.

Now insured for:	May add:
\$ 0	\$5,000
\$ 5,000 to \$35,000	\$5,000
\$ 40,000 to \$55,000	\$10,000

Now insured for:	May add:
\$ 60,000 to \$75,000	\$15,000
\$ 80,000 to \$99,999	\$20,000
\$ 100,000 or more	\$25,000

In addition to the amounts open for enrollment listed above, you may add the following amount with evidence of good health at any time:

### Optional Employee or Spouse Life Insurance

Per \$5,000 in Coverage

Age of Employee or Spouse	MONTHLY	SEMI-MONTHLY
under age 30	0.30	0.15
age 30 - 34	0.40	0.20
age 35 - 39	0.46	0.23
age 40 - 44	0.56	0.28
age 45 - 49	0.96	0.48
age 50 - 54	1.76	0.88
age 55 - 59	2.76	1.38
age 60 - 64	4.50	2.25
age 65 - 69	7.26	3.63
age 70 - 74	11.76	5.88
age 75 - 79	19.00	9.50
age 80 - 84	30.76	15.38
age 85 - 89	61.50	30.75

### Child Life Insurance

Coverage Amount	MONTHLY	SEMI-MONTHLY
\$10,000	0.84	0.42

### Accidental Death and Dismemberment Insurance

Cost For \$5,000 in Coverage

MONTHLY	SEMI-MONTHLY
0.16	0.08



# 2018 Long-term disability insurance

You must be actively at work for any increase in optional coverage to take effect.

You may not purchase more than approximately 60% of your gross monthly salary; benefits paid will be capped at that amount.

<b>gross annual</b>	<b>salary</b>	<b>max monthly benefit from all sources</b>	<b>max monthly benefit payable</b>	<b>monthly cost</b>	<b>semi monthly cost</b>
6,001	6,500	300	300	1.62	.81
6,501	7,000	350	350	1.89	.95
7,001	8,000	400	400	2.16	1.08
8,001	9,000	450	450	2.43	1.22
9,001	10,000	500	500	2.70	1.35
10,001	11,000	550	550	2.97	1.49
11,001	12,000	600	600	3.24	1.62
12,001	12,500	650	650	3.51	1.76
12,501	13,000	700	700	3.78	1.89
13,001	14,000	750	750	4.05	2.03
14,001	15,000	800	800	4.32	2.16
15,001	16,000	850	850	4.59	2.30
16,001	18,000	900	900	4.86	2.43
18,001	19,000	950	950	5.13	2.57
19,001	20,000	1,000	1,000	5.40	2.70
20,001	22,000	1,100	1,100	5.94	2.97
22,001	24,000	1,200	1,200	6.48	3.24
24,001	26,000	1,300	1,300	7.02	3.51
26,001	28,000	1,400	1,400	7.56	3.78
28,001	30,000	1,500	1,500	8.10	4.05
30,001	32,000	1,600	1,600	8.64	4.32
32,001	34,000	1,700	1,700	9.18	4.59
34,001	36,000	1,800	1,800	9.72	4.86
36,001	38,000	1,900	1,900	10.26	5.13
38,001	40,000	2,000	2,000	10.80	5.40
40,001	42,000	2,100	2,100	11.34	5.67
42,001	44,000	2,200	2,200	11.88	5.94
44,001	46,000	2,300	2,300	12.42	6.21
46,001	48,000	2,400	2,400	12.96	6.48
48,001	50,000	2,500	2,500	13.50	6.75
50,001	52,000	2,600	2,600	14.04	7.02
52,001	54,000	2,700	2,700	14.58	7.29
54,001	56,000	2,800	2,800	15.12	7.56
56,001	58,000	2,900	2,900	15.66	7.83
58,001	60,000	3,000	3,000	16.20	8.10
60,001	61,000	3,100	3,100	16.74	8.37
61,001	62,000	3,200	3,200	17.28	8.64

<b>gross annual</b>	<b>salary</b>	<b>max monthly benefit from all sources</b>	<b>max monthly benefit payable</b>	<b>monthly cost</b>	<b>semi monthly cost</b>
62,001	63,000	3,300	3,300	17.82	8.91
63,001	64,000	3,400	3,400	18.36	9.18
64,001	65,000	3,500	3,500	18.90	9.45
65,001	67,000	3,600	3,600	19.44	9.72
67,001	69,000	3,700	3,700	19.98	9.99
69,001	71,500	3,800	3,800	20.52	10.26
71,501	73,000	3,900	3,900	21.06	10.53
73,001	75,000	4,000	4,000	21.60	10.80
75,001	77,000	4,100	4,100	22.14	11.07
77,001	79,000	4,200	4,200	22.68	11.34
79,001	81,000	4,300	4,300	23.22	11.61
81,001	83,000	4,400	4,400	23.76	11.88
83,001	85,000	4,500	4,500	24.30	12.15
85,001	87,000	4,600	4,600	24.84	12.42
87,001	89,000	4,700	4,700	25.38	12.69
89,001	91,000	4,800	4,800	25.92	12.96
91,001	93,000	4,900	4,900	26.46	13.23
93,001	96,000	5,000	5,000	27.00	13.50
96,001	98,000	5,100	5,100	27.54	13.77
98,001	100,000	5,200	5,200	28.08	14.04
100,001	102,000	5,300	5,300	28.62	14.31
102,001	104,000	5,400	5,400	29.16	14.58
104,001	106,000	5,500	5,500	29.70	14.85
106,000	108,000	5,600	5,600	30.24	15.12
108,001	110,000	5,700	5,700	30.78	15.39
110,001	112,000	5,800	5,800	31.32	15.66
112,001	114,000	5,900	5,900	31.86	15.93
114,001	116,000	6,000	6,000	32.40	16.20
116,001	118,000	6,100	6,100	32.94	16.47
118,001	120,000	6,200	6,200	33.48	16.74
120,001	122,000	6,300	6,300	34.02	17.01
122,001	124,000	6,400	6,400	34.56	17.28
124,001	126,000	6,500	6,500	35.10	17.55
126,001	128,000	6,600	6,600	35.64	17.82
128,001	130,000	6,700	6,700	36.18	18.09
130,001	132,000	6,800	6,800	36.72	18.36
132,001	133,500	6,900	6,900	37.26	18.63
133,501	135,500	7,000	7,000	37.80	18.90

\*The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security and any other income you may receive.

# 2018 Short-Term Disability Insurance

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monthly benefit	semi monthly	monthly
300	2.07	4.14
400	2.76	5.52
500	3.45	6.90
600	4.14	8.28
700	4.83	9.66
800	5.52	11.04
900	6.21	12.42
1000	6.90	13.80
1100	7.59	15.18
1200	8.28	16.56
1300	8.97	17.94
1400	9.66	19.32
1500	10.35	20.70
1600	11.04	22.08
1700	11.73	23.46
1800	12.42	24.84
1900	13.11	26.22
2000	13.80	27.60
2100	14.49	28.98
2200	15.18	30.36
2300	15.87	31.74
2400	16.56	33.12
2500	17.25	34.50
2600	17.94	35.88
2700	18.63	37.26
2800	19.32	38.64
2900	20.01	40.02
3000	20.70	41.40
3100	21.39	42.78
3200	22.08	44.16
3300	22.77	45.54
3400	23.46	46.92
3500	24.15	48.30
3600	24.84	49.68
3700	25.53	51.06
3800	26.22	52.44
3900	26.91	53.82
4000	27.60	55.20
4100	28.29	56.58
4200	28.98	57.96
4300	29.67	59.34
4400	30.36	60.72
4500	31.05	62.10
4600	31.74	63.48
4700	32.43	64.86
4800	33.12	66.24
4900	33.81	67.62
5000	34.50	69.00

\*You may enroll in short-term disability in amounts up to 2/3 of your gross monthly salary.

## ***How can I get more information about Open Enrollment?***

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Your Agency Human Resource Representative or Designated Department Insurance Representative (DDIR) are trained to answer your questions or direct you to the appropriate source of information.

### **Text Message**

It's easy, subscribe to SEGIP text message by texting "mn SEGIP" to 468311.

### **Electronic Enrollment**

Open Enrollment elections are most secure when submitted electronically through the state's secure Employee Self Service System.

**SEGIP page** [mn.gov/mmb/segip](http://mn.gov/mmb/segip)

### **Advantage Plan Clinic Directory**

You may access a consolidated list of the clinics included in all the Minnesota Advantage Health Plans via the SEGIP website or you may call your insurance carrier.

### **SEGIP Carriers**

Each SEGIP health and dental insurance carrier, as well as your pharmacy benefit manager (CVS/caremark) prepares an online clinic 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, or provider may choose to terminate their relationship with an insurance carrier during the year. However, you may only switch carriers during Open Enrollment.

### **SEGIP's Service Center**

For answers about rates, insurance billing, eligibility, or for help with enrollment, you can call SEGIP's Open Enrollment Service Center at 651-355-0100 or 800-664-3597. Consumers with hearing or speech difficulties can contact their preferred Telecommunications Relay Service. SEGIP operators are on duty Monday through Friday from 7 a.m. to 4 p.m., from October 10 through December 16, 2017 (closed on holidays observed by the state of Minnesota, such as Veterans' Day observed on Friday, November 11, 2017 and the Thanksgiving holidays, November 24 – 25, 2017). You can also reach the Service Center by e-mailing Open Enrollment questions to: [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us)

Similar to last year SEGIP Open Enrollment Service Center will extend hours to 7:30 p.m. on the last day of enrollment, Wednesday, November 8, 2017.

### **Employee Meetings**

Employee meetings will be held in selected locations throughout Minnesota. The meeting schedule is on the SEGIP website. Click on the "Open Enrollment" tab or ask your HR or DDIR. Exclusive retiree meetings will also be held in late October and early November for retirees and potential retirees. The list of retiree meeting locations is available on the SEGIP website and on the Minnesota Retired State Employee Association at: [www.mrsea.org](http://www.mrsea.org).

# Important Open Enrollment Notes:

## Electronic enrollment

You can enroll via Employee Self Service seven days per week, 24 hours per day, during the period from October 26 through November 8, 2017. However, as with most 24-hour systems, there are brief periods each day when it is possible that Self Service may not be available to accept your enrollment. This may happen each day around 12:15p.m. to 12:30p.m. and between 8:00 p.m. to 9:00 p.m. in the evening, when the system is running special administration processes. You do not have to avoid these times altogether, but be aware that it is possible the system may become unavailable for a very short period and you will get a message asking you to re-try in a few minutes.

State personnel policy allows you to use your computer at work to complete your StayWell health assessment and your Open Enrollment elections.

If problems with vision, hearing, or speech make internet enrollment inconvenient, ask your agency's HR or DDIR for assistance.

If after completing enrollment via the internet, you find that you want to make changes or corrections, you may do so by repeating the internet enrollment process during the October 26 – November 8, 2017 Open Enrollment period. However, to make changes, you should re-enter information only in the section that you want to change. Remember to click "Accept" to make elections. Print and review your Confirmation Statement.

You will be required to "Review and Accept" all your elections. Print or electronically save your Confirmation Statement after accepting your Open Enrollment elections to ensure your new elections have been recorded. Check to ensure that all dependents appear in the lower section with, "Yes" in the appropriate columns for medical or dental insurance.

No changes may be made after November 8, 2017.

## Payroll deductions

For employees on the state's central payroll system, the first deduction for your portion of all benefits, including the pre-tax expense accounts that begin on January 1, will be taken from the pay check you are issued on January 5, 2018. The first deduction for any coverage that requires evidence of good health will be taken when the coverage is approved by the carrier. That coverage will take effect the day it is approved.

# ***NOTICE OF COLLECTION OF PRIVATE DATA***

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Minnesota Management and 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, your obligation to provide the data, and the result of providing or not providing the requested data.

## **What data will we use?**

We will use the data you provide us at this time, as well as data 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.

## **Why we ask you for this data?**

We ask for this data so that we can successfully administer employee insurance benefits. This data is used to process your request to add, change, or drop coverage for yourself and your spouse or dependents. The requested data also helps us to determine eligibility, to identify, and to contact you and your spouse and dependents. The data is used to administer programs, develop new programs, to determine if programs are properly managed and meet member needs, and to comply with federal and state laws and rules.

## **Do you have to answer the questions we ask?**

You are not required to provide any of the data but certain data must be collected or we may be unable to administer the programs or provide you your benefits.

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

If you do not provide the requested data, you or your spouse and dependent may not be approved to participate in a program or may lose coverage under the program or the participation may be delayed.

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

We may give data about you, your spouse and dependents to the insurance and service providers you have chosen, as well as SEGIP's other contracted vendors, so that they may help administer the programs. We may also provide this data to 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, rule, 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 or allowed under law 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

Submit the completed “Enrollment Form” to: Minnesota Management & Budget, 658 Cedar Street, St. Paul, MN 55155, fax to (651) 296-5445 or scanned documents in a pdf format can be emailed to [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us). Applications MUST be received in the SEGIP Employee Insurance Division no later than November 8, 2017. Applications received after that date will not be processed.

Information available via the Internet

SEGIP plans provide information online. You can reach them through links on the SEGIP home page at: [mn.gov/mmb/segip](http://mn.gov/mmb/segip). To access, click on the “Open Enrollment” tab on the SEGIP home page. Next, click on the link entitled “Links to Participating SEGIP Insurance Carriers.”

## Health Plan addresses and phone numbers

Carrier	Address	Phone Numbers
<b>Minnesota Advantage Health Plan - BlueCross BlueShield, Coordinated Plan</b>	BlueCross BlueShield of Minnesota P.O. Box 64560 St. Paul, MN 55164-9756 <a href="http://www.bluecrossmn.com/segip">www.bluecrossmn.com/segip</a>	1-800-262-0819 1-888-878-0137 - TTY
<b>Medicare Blue RX</b>	<a href="http://www.YourMedicareSolutions.com">www.YourMedicareSolutions.com</a>	1-877-838-3827 711 - TTY
<b>National PPO for Advantage - Blue Cross Blue Card</b>	<a href="http://www.bluecrossmn.com/segip">www.bluecrossmn.com/segip</a>	1-800-810-2583
<b>Minnesota Advantage Health Plan - HealthPartners</b>	HealthPartners Attn: Membership Accounting P.O. Box 297 Minneapolis, MN 55440-0297 <a href="http://www.healthpartners.com/segip/">www.healthpartners.com/segip/</a>	952-883-7900 1-888-343-4404 952-883-5127-TTY
<b>HealthPartners Freedom Plan</b>	HealthPartners Attn: Membership Accounting P.O. Box 297 Minneapolis, MN 55440-0297 <a href="https://www.healthpartners.com/segip/my-health-plan/retirees/index.html">https://www.healthpartners.com/segip/my-health-plan/retirees/index.html</a>	952-883-7979 1-800-233-9645 1-800-443-0156 - TTY
<b>National PPO for Advantage – HealthPartners</b>	<a href="http://www.healthpartners.com/segip/">www.healthpartners.com/segip/</a>	1-888-343-4404

<b>Carrier</b>	<b>Address</b>	<b>Phone Numbers</b>
<b>Minnesota Advantage Health Plan - PreferredOne</b>	PreferredOne Administrative Services 6105 Golden Hills Drive Golden Valley, MN 55416 <a href="http://www.preferredone.com/segip">www.preferredone.com/segip</a>	763-847-4477 1-800-997-1750 763-847-4013 - TTY
<b>National PPO for Advantage – PreferredOne</b>	Multiplan PHCS <a href="http://www.multiplan.com">www.multiplan.com</a>	1-866-241-7427
<b>UCare for Seniors</b>	UCare Attn: Group UCare for Seniors 500 Stinson Boulevard NE Minneapolis, MN 55413 <a href="mailto:Groupsales@ucare.org">Groupsales@ucare.org</a> <a href="http://www.ucare.org">www.ucare.org</a>	612-676-6900 1-877-598-6574 612-676-6810 – TTY 1-800-688-2534 - TTY
<b>CVS/caremark</b>	CVS/caremark Claims Department P.O. Box 52136 Phoenix, AZ 85072-2136 <a href="http://www.caremark.com">www.caremark.com</a>	844-345-3234 (toll free)
<b>Employee Insurance Division, State Employee Group Insurance Program MMB</b>	MMB - Employee Insurance Division 400 Centennial Office Building 658 Cedar Street St. Paul, MN 55155 <a href="http://mn.gov/mmb/segip">mn.gov/mmb/segip</a>	651-355-0100 1-800-664-3597
<b>Medicare</b>	<a href="http://www.Medicare.gov">www.Medicare.gov</a>	1-800-MEDICARE (1-800-633-4227) 1-877-468-2048 TTY/TDD
<b>Social Security</b>	<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>	1-800-772-1213 1-800-325-0778

Consumers with hearing or speech difficulties can contact MMB by using their preferred Telecommunications Relay Service.