

Frequently Asked Questions for Single Premium – Two SEGIP Participants

General Questions

1) Can I waive participation in medical coverage entirely?

- A. No. Full-time employees must have coverage under an active SEGIP policy. They can be covered as an individual enrollee or as a dependent under another SEGIP employee's family policy.

2) Can I waive participation in dental coverage entirely?

- A. Dental is not open for changes during 2017 Open Enrollment.

3) Can I carry coverage for my adult child who is also a state employee?

- A. Yes, provided they are under age 26.

4) What steps do I need to take to waive my single medical and/or dental coverage?

- A. During Open Enrollment you will need to access the employee self-serve site. On this site you'll need to complete download and print the Open Enrollment 2017 Waive Coverage Form. You may waive medical coverage by completing this form. The must be completed and returned to SEGIP no later than November 8, 2016. Dental is not open for changes during 2017 Open Enrollment.

5) Can I waive single coverage if I am covered as a dependent on another SEGIP policy?

- A. You may only waive single medical coverage when you are otherwise covered by an active SEGIP employee (e.g. spouse; parent if under age 26). If the policy is through a retiree, FEWD, or COBRA policy, you cannot waive your active employee coverage.

6) If I am covered as a dependent under my spouse's SEGIP medical or dental policy, can I opt out of my spouse's coverage any time?

- A. No, like all dependents you must have a qualified event to be removed from a policy. The qualifying events are listed in the applicable labor contracts.

7) What if I waive medical coverage and my spouse (or parent) fails to enroll me in coverage?

- A. You will retain your previous medical coverage, since employees eligible for the full employer contribution must carry at least single medical.

8) What if I waive dental coverage and my spouse (or parent) fails to enroll me in coverage?

- A. Your dental coverage will remain waived for plan year 2016 and 2017.

9) If I waive coverage as a single enrollee and enroll under my spouse's coverage, can we have different claims administrators (carriers)?

- A. No. The policy holder determines the claims administrator for all family members covered under medical or dental coverage.

10) If I waive coverage as a single enrollee and I am enrolled under my spouse's policy, will my spouse be required to verify me as a dependent?

- A. Yes, due to privacy reasons, each time you enroll a spouse or a new dependent, the policy holder will be required to verify eligibility.

11) What if I waive coverage as a single enrollee and my spouse enrolls me in coverage but fails to adequately verify that I am a dependent?

- A. You will be enrolled in your employee only medical coverage via the default provision outlined in the contract. Your dental coverage will remain waived for plan year 2016-2017.

12) If children were previously verified under one employee, do they have to be re-verified if covered by a different employee?

- A. Yes, due to privacy reasons, each time you enroll a spouse or a new dependent, the policy holder will be required to verify eligibility.

13) Can my spouse enroll me in spouse life?

- A. No. The plan allows spouses and adult dependent children to cover each other for medical and dental only.

14) What may be the advantage of keeping my single policy?

- A. Among the advantages are:
- You can choose a distinct carrier.
 - It is less expensive for two single policies.
 - You may also be able to limit your out-of-pocket costs, if only one individual wants to be covered in a cost level 3 or 4 clinic.

15) Can I go back to my single coverage at any time because I am an employee?

- A. No. The exception to this is explained in the Your Employee Benefits booklet located on the SEGIP Website: mn.gov/mmb/segip.

16) If the employee is covering another state employee (e.g. employee's spouse; dependent under age 26) and his/her employer contribution changes from full employer contribution to partial employer contribution, what happens to the coverage of the covered dependent?

- A. There are two considerations. First, the employee eligible for the partial contribution now has the option to waive their coverage. If the employee who is experiencing a change from full to partial contribution waives their family coverage, the employee-dependent losing coverage must enroll via paper application for medical and/or dental coverage. If the employee who is now enrolling covers their spouse or other dependents, they will be required to respond to dependent verification requests.

17) Can I be on my spouse's medical and not spouse's dental?

- A. Yes, you are not required to be on both of your spouse's policies.

18) If my spouse is covering me in addition to an adult child and the adult child ages off (reaches age 26), what happens to my coverage?

- A. You will remain enrolled on family coverage. Your next opportunity to elect two individual policies will occur with the next open enrollment (remember dental open enrollments occur every two years).

19) If my spouse and I are covered under one policy and my spouse elects a different cost level than I do (e.g. I choose Cost Level 1 and my spouse chooses Cost Level 4), what is the family deductible?

- A. The family deductible is based on the participant with the highest cost level clinic. For example, if one family member has a cost level 4 primary clinic, your family deductible will be \$2,000.

20) If I have a single policy covering an ex-spouse and a child in common, and my new spouse, who is also a state employee chooses family coverage and includes me as a dependent, what happens to the ex-spouse on my coverage?

- A. Your ex-spouse is no longer eligible to be on your coverage and will be removed.

21) Can both spouses carry child life on the same child?

- A. No. You cannot cover an individual under the same policy twice.

22) If I am a covered dependent under my spouse's policy and I become disabled, what happens to my coverage?

- A. You can remain a dependent on your spouse's plan.

23) If my spouse and I carry two single policies and my spouse is then ordered by the courts to cover his/her dependents (QMO), is that a qualifying event that would allow me to be covered by my spouse?

- A. No, the QMO does not affect the actively working spouse. However the spouse who had not been on previously could be added during the next annual Open Enrollment.

24) What happens if my spouse and I divorce while I am a covered dependent?

- A. Currently, if there is a dependent in common, the ex-spouse typically remains covered as an ex-spouse on the medical and dental policy. You may remain a covered dependent. However, you may elect your own separate individual coverage, only if you submit your request within 30 days of the divorce. This request must be accompanied by a notarized request to waive the coverage as an ex-spouse. In addition, you may remain covered for the remainder of the year. You may re-enroll as a policy holder during the next Open Enrollment (this request must be accompanied by a notarized request to waive the coverage as an ex-spouse).

25) What happens if my spouse, who is covering me as a dependent, leaves state employment?

- A. You will experience a qualified life event and you must notify SEGIP to enroll within 30 days for your own medical coverage. You may have the option to do the same for dental, only if you had been covered as a dependent on their dental, as well. If you fail to enroll, you will be defaulted into single medical coverage with no dental coverage.

26) Can I elect dental coverage for myself but enroll in my spouse's medical?

- A. Yes, you're not required to be on both of your spouse's policies.

27) Can I cover my adult grandchildren who work for the state?

- A. No, only spouses and dependent children may be covered.

28) If I continue single coverage but my spouse has family coverage, and we are using the same carrier, can our deductibles be combined?

- A. Yes, it's allowed and noted in the summary of benefits (for medical only). You are responsible for notifying the carrier when you've met the deductible for the out-of-pocket maximums.

29) Do I have to elect a waiver of coverage each year?

- A. No.

30) What happens if my adult child (who is a state employee and is currently on my SEGIP coverage) gets married?

- A. The adult child has the opportunity to submit an application for their own family coverage within 30 days of the marriage.

31) Can I still elect a Medical Dental Expense Account if my spouse carries me as a dependent on their medical and/or dental coverage?

A. Yes

Open Enrollment Questions

32) What happens if my spouse attempts to enroll me on their policy as a dependent during the annual Open Enrollment, but fails to submit the election?

A. You will not be added to your spouse's policy and you will retain your current medical coverage. If you have waived dental and your spouse fails to add you to their dental coverage, you will not have dental coverage for two years or until the next dental Open Enrollment.

33) If I had waived coverage as an individual enrollee during my new hire (or newly eligible) enrollment period and my spouse, who is also a state employee, failed to either enroll me or complete the dependent verification paperwork, what will happen?

A. You will be defaulted into a single medical carrier and not be allowed to enroll in dental.

34) What if I change my mind regarding the waiver coverage after the annual Open Enrollment?

A. You will need to wait for the next annual Open Enrollment, or experience a qualified life event to enroll in your own single coverage and for the other policy holder to drop you from their policy.

35) What steps do I need to take to verify that I am eligible to be covered by another state employee?

A. During the annual Open Enrollment, you must go into employee self-service and print out the Enrollment 2017 Waive Coverage Form. Additionally, your spouse must enroll you as a dependent under their policy (medical and/or dental) and successfully confirm the election (double check the Confirmation Statement to ensure your spouse or dependent child appears as a covered dependent). The employee requesting waiver must submit the Open Enrollment 2017 Waive Coverage Form which needs to be completed and returned to SEGIP before open enrollment ends. Additionally, the employee who added you as a dependent will receive a Dependent Verification letter. All requested forms and documents must be completed and returned to SEGIP within the stated deadline. If any of these steps are missed, you will not be added as a dependent.

36) What happens if I am a covered dependent and my spouse removes me from the family medical and dental coverage during the annual Open Enrollment, but I have failed to enroll in a single policy?

A. You will be enrolled in single medical coverage only via the default process, if you are eligible for a full employer contribution. You cannot be defaulted into single dental coverage.

37) If I become a dependent under my spouse's coverage, can I take the health assessment during Open Enrollment?

- A. Yes, taking the assessment as a dependent will give you access to StayWell programs during the upcoming year. However, the office copay reduction is only gained for the family medical insurance if the policy holder takes the health assessment during the Open Enrollment period.

38) What happens if I am a covered dependent, and during the next Open Enrollment I elect single medical and dental coverage but my spouse does not drop me as a dependent?

- A. Your spouse must drop you from the coverage and you must successfully enroll in your own coverage. The earlier of the two elections held by your spouse will prevail.

39) What if I want to make a change after Open Enrollment?

- A. Outside of Open Enrollment, changes are only allowed due to a qualified life event within the applicable timeframe.

40) If my family circumstance changes between the end of the Open Enrollment period and the 1st of the year, what should I do?

- A. Please contact SEGIP as soon as possible to discuss the impact of your situation and to find out if it impacts your benefits in any way.

Retirement Questions

41) What if I go on my spouse's medical and dental coverage and after that I choose to retire in the new plan year?

- A. You remain on your spouse's medical and dental coverage as a dependent. You are not eligible to participate as an individual policy holder under the retiree group.

42) If I cover my spouse plus dependents and my spouse retires from the state, is my spouse's retirement a qualified event that will allow me to change to single coverage?

- A. No, each dependent remains on your policy until they experience their own qualified life event or until the next occurring Open Enrollment. The dependent is not a policy holder and would not be eligible to convert active coverage into retiree coverage.

43) What happens if I am covered by my spouse as a dependent under the spouse's family medical and dental policy and my spouse retires?

- A. You will have 30 days to elect your own single medical and dental coverage. If you fail to do so, you will be enrolled into single medical only via the default process.

44) If I am eligible for the CERP plan under the applicable labor contract/plan and I am covered by my spouse as a dependent, what happens when I retire?

- A. You will remain on your spouse's plan as a dependent. You will not be eligible for the CERP and you forfeit the opportunity or the CERP benefit. When your spouse retires, and they are non-CERP eligible, you/your spouse is eligible to pay the full cost of insurance for dependent retiree coverage.

LOA/Lay-Off Questions

45) What happens if my spouse carries family medical and dental coverage and goes on a leave of absence?

- A. If the employer contribution is lost, the SEGIP eligible dependent has 30 days from the loss of the contribution to request enrollment for the family medical and dental coverage. If this period is missed, you will remain on direct bill for the full premium cost. Additionally, if coverage is canceled for non-payment, the active SEGIP employee will be enrolled in single medical via default without an opportunity to add other family members. Dental coverage will remain terminated. Failure to pay premiums while on leave is not a qualified life event.

46) If my spouse is laid off and is eligible for a 6 month employer contribution, what happens to my medical and dental coverage?

- A. You have 30 days from the initial date of layoff to submit an application for single or family medical coverage. If your spouse had carried you on dental, as well, you would have 30 days from the initial date of layoff to request single or family dental. If you miss the 30 day period you will be defaulted into single medical only.