



Dental Insurance 2017 – 2018

*Open Enrollment summary for Retirees
and Former Employees with Disabilities*

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An overview of your dental benefits

This booklet describes the benefits for:

- Retirees
- Former eligible employees with disabilities

These benefits have been negotiated and agreed to by unions and SEGIP. They must be approved by the State Employee Relations Committee (SER). In the event benefits are not approved by SER the plan will revert to last year's Schedule of Benefits.

This booklet is designed to help you locate information on Minnesota Management & Budget's (MMB) SEGIP website so you can make decisions about the SEGIP dental benefits that will be available for the next two years. Use it during the Open Enrollment period to learn the details and costs of your dental coverage options and to sign up for the coverage you desire. After Open Enrollment, you're encouraged to keep the booklet as a reference guide for your dental benefits.

For information about Open Enrollment, state retirees and former employees with disabilities may call the SEGIP Service Center at 651-355-0100 or 800-664-3597. Participants with hearing or speech disabilities can contact SEGIP using their preferred Telecommunications Relay Service. The Service Center is available Monday through Friday from 7:00 AM to 4:00 PM, October 2 – November 8, 2017.

Eligibility

If you are a retiree or former state employee with a disability, you and your eligible dependents are able to continue your dental coverage, at your own expense, through SEGIP.

Caution: If you choose not to continue your dental coverage with SEGIP at any time, you and your eligible dependents may never re-enroll in the SEGIP dental plans.

Current participants in SEGIP may change plans or carriers during a dental Open Enrollment period. For explanations of the different options available to retirees and former employees with disabilities, see page 2 under the Open Enrollment heading.

Important Plan Note

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

Dental plans offered in 2018-2019

The following alphabetical listing shows the dental plans available to you through the State Employee Group Insurance Program for 2018 and 2019.

- HealthPartners State of Minnesota Dental Plan
- State Dental Plan (Delta Dental)

Both the State Dental Plan and the HealthPartners State of Minnesota Dental Plan are available in all Minnesota counties.

Premiums

You pay the full cost of dental coverage for yourself and your eligible family members. The monthly cost varies on whether you cover yourself only or yourself and other eligible family members. Premiums are increasing by 2.0%.

2018 Dental Plan	Retiree/Former Employee Only	Family	Surviving Spouse Only
HealthPartners State of Minnesota Dental Plan	34.36	101.68	34.36
State Dental Plan (Delta Dental)	34.36	101.68	34.36

Availability by county

The HealthPartners State of Minnesota Dental Plan offers total coverage in all counties of Minnesota. The State Dental Plan, administered by Delta Dental, offers total coverage in all counties of Minnesota.

It is advisable that you enroll in the SEGIP dental plan that is available in your home county. Your Open Enrollment dental plan selection will be in force for plan years 2018 and 2019.

Open Enrollment

The Open Enrollment period for the 2018 – 2019 dental plans is October 26, 2017 – November 8, 2017. Retirees may only change dental plans or carriers during this period. Retirees may not add family coverage. Former Employees with Disabilities may add or terminate dependents from coverage during Open Enrollment and/or change their dental carrier. Participants are advised to ensure any dependents added meet eligibility requirements. Dependent eligibility can be found on the SEGIP website at mn.gov/mmb/segip. Following Open Enrollment, you may be required to provide documentation verifying the status of your dependent.

Please note that you and your family members cannot enroll in different dental plans.

Check with your carrier during Open Enrollment to see if your provider will be in the network for the new insurance year. Please note, current participation does not guarantee availability through the term of this dental contract. If your current carrier will be available to you and you do not want to change your dental carrier for 2018 – 2019, you do not need to take any action.

The new plan period is January 1, 2018 through December 31, 2019. Your dental coverage selection will be effective from January 1, 2018 through December 31, 2019. Your current coverage remains in effect through December 31, 2017.

Retirees may:

- Change carrier during Open Enrollment.
- Add eligible dependents only within 30 days of retiree's marriage or dependents loss of other group dental coverage.
- Terminate covered dependents

Former eligible employees with disabilities may:

- Change carrier.
- Add eligible dependents.
- Terminate covered dependents

To **change** dental plans:

(You DO NOT have to return forms if you want to keep the dental plan you have now.)

1. **Review the lists of In-network providers** available on the SEGIP website or call the carrier to ask if your dentist is part of the In-network provider group.
2. **Review the plan design** and 2018 premium rates on page 5.
3. **Remove and complete the form** on page 11 of this booklet and mail it directly to the plan you choose. The envelope must be postmarked by midnight, November 8, 2017. Addresses are listed on page 9.
4. **Promptly notify your current carrier of cancelation** of the change by completing the form on page 13 of this booklet and mailing it directly to the plan you are cancelling.

Plan Highlights

The state offers two dental plans. HealthPartners State of Minnesota Dental Plan is administered by HealthPartners and The State Dental Plan is administered by Delta Dental of Minnesota. Benefits in both plans are similar, but there are some differences in the way benefits are administered. The annual maximum benefit will be increased to \$2,000.

Dental Plan Features

Your SEGIP dental plan offers the following benefits:

Comprehensive Coverage

The SEGIP dental plans provide comprehensive coverage that includes many preventive services such as periodic examinations, x-rays, and cleanings. The plan also provides coverage for corrective and restorative services like fillings, restorative crowns, root canals, and extractions. Review the plan's Summary of Benefits, available on the SEGIP website for detailed information on frequency and limitations of covered services.

Provider Networks

Each SEGIP dental plan offers a network of dental providers. Using an In-network dentist provides you the highest level of coverage available. If using an Out-of-network provider, you will not receive the highest level of benefits or you may not receive any benefit at all.

Provider networks are available at mn.gov/mmb/segip.

- click 2018 Open Enrollment (far right)
 - click on Retiree or FEWD
 - click on State Dental Plan (you must select State Dental Plan **Group 216**)
- or
- HealthPartners State of MN Dental Plan

Predetermination of Benefit

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 provides a guide for you to understand the approximate amount your plan will pay and the amount that you are responsible for.

Transition of Care

There are some differences in the benefits and the administration of the benefits between the two dental plans the state offers. If you or your dependents are undergoing dental treatment that will extend into the next plan year and are considering changing plans, call your new plan to understand how this will affect your dental benefit. This particularly pertains to orthodontia treatment.

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).

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

Diagnostic and preventive care (deductible does not apply)

Covered Services	In-network Benefits	Out-of-network Benefits
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)

Covered Services	In-network Benefits	Out-of-network Benefits
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.

Other Information

Dental plan addresses and phone numbers

HealthPartners State of Minnesota Dental Plan

Attn: Membership Accounting
P.O. Box 297
Minneapolis, MN 55440-0297
952-883-7900
888-343-4404

Minnesota Management & Budget

400 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155
651-355-0100
1-800-664-3597

State Dental Plan

Delta Dental of Minnesota
P.O. Box 330
Minneapolis, MN 55440-0330
Eligibility & Claims questions:
651-406-5916 or 800-553-9536
Premium Billing & Payment questions:
651-406-5909 or 800-926-5530
statemnindbilling@deltadentalmnadmin.org

Glossary

Deductible: The amount that a covered person must pay before the insurance plan covers a benefit. The deductible renews each plan year. Some plans have separate deductibles for specific services, such as Out-of-network provider services.

Dependent: Generally, the spouse and children of an insured person, as defined in the insurance policy or plan. Verification or documentation of the legal relationship is required when requested.

Effective Date: The date on which an insurance policy or plan goes into effect and coverage begins.

Family Coverage: Dental insurance for the retiree or former employee with a disability and all eligible dependents (family can be one or more than one dependent).

In-Network: The group of dental care providers with whom a carrier has contracted to provide services to members of the plan. Networks may change during the year, so ask if a provider is still participating with your carrier before you receive services.

Open Enrollment: The period during which participants in the State Employee Group Insurance Program have an opportunity to change from one plan or carrier to another.

Provider: A dentist or other licensed dental practitioner who provides dental services. A participating provider is a provider who contracts with a carrier to provide services to members of the dental insurance plan.

Summary of Benefits: A document, available to participants, describing details of coverage. Insured plans call this a certificate of coverage and self-insured plans call this a summary of benefits.

Exclusive Retiree Open Enrollment Meetings

It is not necessary to register to attend. Meetings will begin with a one hour presentation. Carriers will take individual questions at their tables during the final hour. Meetings may end early if attendance dictates. Questions about these meetings should be directed to SEGIP.

Date	Time	Location
October 24, 2017	2:00 p.m. - 3:30 p.m.	Southdale Library 7001 York Avenue South Edina, MN 55435
October 26, 2017	10:00 a.m. - 12:00 noon	MnDOT Duluth 1123 Mesaba Avenue Duluth, MN 55811
October 27, 2017	10:00 a.m. - 12:00 noon	Brainerd Fire Department 23 Laurel Street Brainerd, MN 56401
October 30, 2017	10:00 a.m. - 12:00 noon	MSRS Building, 60 Empire Drive Rm. 106 St. Paul, MN 55103
October 31, 2017	10:00 a.m. - 12:00 noon	MSRS Building, 60 Empire Drive Rm. 106 St. Paul, MN 55103
November 1, 2017	10:00 a.m. - 12:00 noon	MnDOT Mankato 2151 Bassett Drive Mankato, MN 56001
November 2, 2017	10:00 a.m. - 12:00 noon	MnDOT Rochester 2900 – 48 th Street N.W. Rochester 55901

Notice of Collection of Private Data

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

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 and your spouse and dependent(s). We will use the data to administer existing programs, develop new programs, insure existing programs are effective and efficient, comply with both state and federal laws and regulations, and to process your enrollment requests. If you provide any data about you or your dependents 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 benefits. This data is used to process your request to add, waive, or change coverage for yourself. The requested data helps us to determine eligibility, to identify you, and to contact you, your spouse, and dependents.

Do you have to answer the questions we ask? You are not required to provide the data requested. If you do not provide the requested data you may be unable to waive your state employee medical coverage.

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, 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, your spouse and dependents to your insurance carrier, 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. 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.

August, 2017