

# Dental Insurance 2020

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*Open Enrollment summary for retirees  
and former employees with disabilities*

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# ***An overview of your dental benefits***

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This booklet describes the dental benefits for:

- Retirees
- Eligible former employees with disabilities

This booklet is designed to provide you with information about the SEGIP dental benefits that will be available for the next plan year. 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 7 – November 20, 2019 (our office will be closed Monday, November 11, 2019 in observation of Veteran's Day).

## **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 will not be eligible to 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 3 under the Open Enrollment heading.

## **Important Plan Note**

Legislative approval is statutorily required to implement the plan design changes noted in this book. If the legislature does not give these changes approval or an interim pass, the plan design changes noted in this book will not occur and premiums will increase as noted but the medical premium will increase at a rate higher than 7.85%.

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.

## Dental plans offered in 2020-2021

The following alphabetical listing shows the dental plans available to you through the State Employee Group Insurance Program for 2020-2021.

- HealthPartners State of Minnesota Dental Plan
- State Dental Plan (Delta Dental – Group 216)

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

## What's New

- Diagnostic and Preventive paid services will not apply towards the \$2,000 plan annual maximum
- Lifetime orthodontic coverage maximum increases to \$3,000. Applies to new orthodontic cases started after 01/01/2020.
- There will no longer be a two-year waiting period for repairs on already repaired teeth

## 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 2.25%.

Remember to update your auto payment amount if you are using a monthly automated payment system through your bank beginning in January for the updated premiums.

<b>2020 Dental Plan</b>	<b>Retiree/Former Employee Only</b>	<b>Family</b>	<b>Surviving Spouse Only</b>
HealthPartners State of Minnesota Dental Plan	\$40.74	\$120.54	\$40.74
State Dental Plan (Delta Dental – Group 216)	\$40.74	\$120.54	\$40.74

# Open Enrollment

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The Open Enrollment period for the 2020 dental plans is **October 31, 2019 – November 20, 2019**.

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 2020, you do not need to take any action.

The new plan period is January 1, 2020 through December 31, 2021. Your dental coverage selection will be effective from January 1, 2020 through December 31, 2021. Your current coverage remains in effect through December 31, 2019.

## **Retirees may:**

- Change carrier
- Terminate covered dependents

## **Retirees may add eligible dependents:**

- Within 30 days of becoming newly married
- Within 30 days of their dependent losing other group dental coverage

## **Former eligible employees with disabilities may:**

- Change carrier
- Add eligible dependents
- Terminate covered dependents

**Participants are advised to ensure any added dependents meet eligibility requirements.** Dependent eligibility can be found on the SEGIP website at [mn.gov/mmb/segip](http://mn.gov/mmb/segip). Following Open Enrollment, you will be required to provide documentation to verify the status of your dependent.

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

To **change** dental plans:

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 2020 premium rates on page 2.
3. **Remove and complete the form** on page 8 of this booklet and mail it directly to the plan you choose. The envelope must be postmarked by midnight, November 20, 2019. Addresses are listed on page 6.
4. **Promptly notify your current carrier of cancellation** of the change by completing the form on page 10 of this booklet and mailing it directly to the plan you are cancelling.

# Plan Highlights

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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 is \$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](http://mn.gov/mmb/segip).

- State Dental Plan (you must select State Dental Plan **Group 216**)
- or
- HealthPartners State of MN Dental Plan

### Predetermination of Benefits

When services other than preventive care are recommended, ask your dentist to submit a request for a predetermination of benefits or pre-estimate to your plan. This 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 benefits. This particularly pertains to orthodontia treatment.

# Dental Schedule of Benefits for 2020-2021

**Annual Maximum** per person \$2,000 (does not apply to Preventive Care or orthodontia).

**Orthodontics Lifetime Maximum** per person \$3,000 (does not start over if you change dental plans).

blank	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
Examinations, 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
Sealants	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
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
Dental Implants	80% coverage	50% coverage of the allowed amount
Fixed or removable bridgework	80% coverage	50% coverage of the allowed amount
Full or partial dentures	80% coverage	50% coverage of the allowed amount
Dental relines or rebases	80% coverage	50% coverage of the allowed amount
Orthodontics	80% coverage (deductible does not apply)	50% coverage of the allowed amount (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.

# Other Information

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## 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 Group 216

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

## Glossary

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**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. Contact SEGIP with any questions about the meetings.

<b>Date</b>	<b>Time</b>	<b>Location</b>
October 28, 2019	10:00 a.m. – 12:00 noon	St. Joseph’s Church 8701 36th Avenue North New Hope, MN 55427
October 29, 2019	1:30 p.m – 3:30 p.m	Southdale Public Library 7001 York Avenue South Edina, MN 55435
October 30, 2019	10:00 a.m. – 12:00 noon	Brainerd Fire Department 23 Laurel Street Brainerd, MN 56401
October 31, 2019	10:00 a.m. – 12:00 noon	MnDOT Duluth 1123 Mesaba Avenue Duluth, MN 55811
November 1, 2019	10:00 a.m. – 12:00 noon	MnDOT Mankato 2151 Bassett Drive Mankato, MN 56001
November 4, 2019	10:00 a.m. – 12:00 noon	MN Department of Education 1500 Highway 36 West Roseville, MN 55113
November 6, 2019	10:00 a.m. – 12:00 noon	MnDOT Rochester 2900 48 <sup>th</sup> Street NW Rochester, MN 55901
November 7, 2019	1:30 p.m. – 3:30 p.m.	Southdale Library 7001 York Avenue S Edina, MN 55435
November 8, 2019	10:00 a.m. – 12:00 noon	MnDOT St. Cloud 3725 12 <sup>th</sup> Street N St. Cloud, MN 56303

# *Notice of Collection of Private Data*

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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