

Open Enrollment for Retirees 65 and Older



Medical plan
premiums,
plan changes,
contacts,
and more

Open Enrollment for 2026

Visit mn.gov/segip-oe for more information

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Call 651-355-0100, 800-664-3597 or email segip.mmb@state.mn.us
to get this document in a format that is accessible to you.



Open Enrollment is Oct. 30 through Nov. 19

Now is your chance to change medical insurance coverage.

It's Open Enrollment time for state of Minnesota retirees who take part in the State Employee Group Insurance Program (SEGIP).

This booklet highlights the two medical plans SEGIP sponsors for retirees who are 65 and older. You may also cover a spouse who is eligible.

Get familiar with how your plan works. You need to meet the plan and plan administrator's current requirements highlighted in this book in order to continue coverage.

SEGIP Member Services

Call 651-355-0100 or 800-664-3597

- 7 a.m. to 4 p.m., weekdays
- 7 a.m. to 7 p.m., Nov. 19
- Closed Nov. 11, for Veterans Day
- Telecommunications Relay: Use the service you prefer.

Email: segip.mmb@state.mn.us

Important Reminders

- If you are already enrolled and do not want to make any changes to your medical insurance, you do not need to take any action.
- Changes you make now take effect Jan. 1, 2026.
- Once you leave a SEGIP-sponsored retiree group, you are not allowed to return. You will see a lot of Medicare advertising. The ads are not for Medicare coverage offered through SEGIP.
- This book does not describe all procedures and requirements of the health plans. For example, this book may say something has 100% coverage. But you may need approval from Blue Cross and Blue Shield of Minnesota or HealthPartners before you get care.
- The age 65 and over plan documents are available on the Blue Cross or HealthPartners. Go to page 20 for help finding them.
- Call 651-355-0100, 800-664-3597 or email segip.mmb@state.mn.us to get this document in a format that is accessible to you.



People Who Are Age 65 or Older

You have two options for medical insurance through SEGIP.

Choose either:

- Blue Cross and Blue Shield of Minnesota Coordinated Plan which includes Medicare Part D prescription drug coverage through Group MedicareBlue Rx.
- HealthPartners Medicare Group Solution which includes Medicare Part D prescription drug coverage.



Meetings for Retirees Only

The Nov. 5 meeting is online through Webex. All other meetings are in person only.

- You do not need to preregister.
- SEGIP staff and plan representatives will be there. In the first hour, they will give a presentation. In the second hour, you can talk with the representatives directly.
- To request an accommodation, such as an ASL interpreter or real-time captioning (CART), contact SEGIP Member Services at 651-355-0100, 800-664-3597 or email segip.mmb@state.mn.us two weeks before the meeting.

Date	Time	Location
Monday, Oct. 20	10 a.m. to noon	St. Paul, Radisson Hotel, Capitol Ridge Building 161 St. Anthony Ave., St. Paul, MN 55103
Tuesday, Oct. 21	10:30 a.m. to 12:30 p.m.	Duluth - MnDOT 1123 Mesaba Ave., Duluth, MN 55811
Wednesday, Oct. 22	10 a.m. to noon	Eagan Community Center 1501 Central Parkway, Eagan, MN 55121
Thursday, Oct. 23	10 a.m. to noon	Rochester - MnDOT 2900 48th St. N.W., Rochester, MN 55901
Friday, Oct. 24	10 a.m. to noon	Mankato - MnDOT 2151 Bassett Drive, Mankato, MN 56001
Monday, Oct. 27	10 a.m. to noon	Eagan Community Center 1501 Central Parkway, Eagan, MN 55121
Tuesday, Oct. 28	1 to 3 p.m.	Minnesota Pollution Control Agency 520 Lafayette Road, St. Paul, MN 55155
Thursday, Oct. 30	10:30 a.m. to 12:30 p.m.	Baxter/Brainerd -- MnDOT 7694 Industrial Park Road, Baxter, MN 56425
Friday, Oct. 31	10 a.m. to noon	MnDOT - St. Cloud 3725 12th St. N., St. Cloud, MN 56303
Monday, Nov. 3	10 a.m. to noon	St. Paul DOC 1450 Energy Park Drive, St. Paul, MN 55108
Wednesday, Nov. 5	10 a.m. to noon	Live online. Go to mn.gov/segip-oe and select the Webex link.

Take These Four Steps



Step 1: Understand what changes.

- Attend a meeting in person or online. Go to page 3 for the times, dates, and locations.
- The HealthPartners copay for an office visit with a specialist will be \$35 in 2026.
- Call Blue Cross 800-262-0819 or 711 TTY or HealthPartners 866-993-7428 directly if you have questions about the doctors, hospitals, clinics, and other providers in the network, or plan details.



Step 2: Find out how much you will pay for insurance each month in 2026.

Compare the rates for 2026 on page 8.

- Blue Cross and Blue Shield of Minnesota Coordinated Plan premium increases 7.3%. The premium will be \$413.00 a month
- HealthPartners Medicare Group Solution Plan premium increases 43.5%. The premium will be \$548.50 a month.



Step 3: Make your decision.

- Keep the same coverage you have now?
- Change to Blue Cross or HealthPartners?



Step 4: Act.

- If you pay through your bank, update the amount of your automatic payment.
- If you have auto pay set up with your plan, the payment is automatically updated.
- If you have MSRS reimburse you from your Health Care Savings Plan, contact MSRS with the new amount.

To keep the same coverage you have now

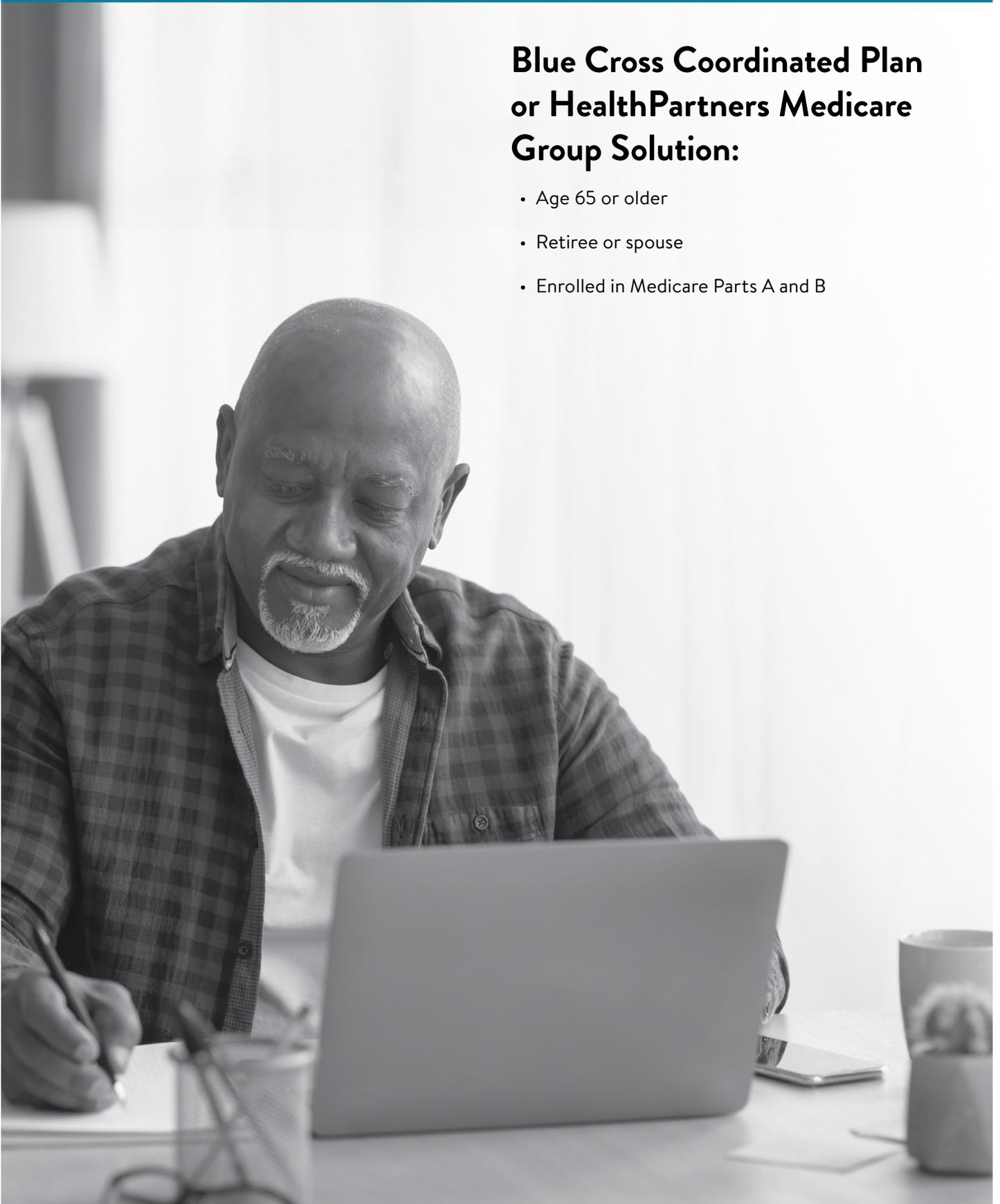
If you do not want to make any changes, you do not complete any forms. You keep the plan you have today.

To change to Blue Cross or HealthPartners

- Follow the instructions on page 11 to enroll in the Blue Cross and Blue Shield of Minnesota Coordinated Plan.
- Follow the instructions on page 12 to enroll in the HealthPartners Medicare Group Solution Plan.

Blue Cross Coordinated Plan or HealthPartners Medicare Group Solution:

- Age 65 or older
- Retiree or spouse
- Enrolled in Medicare Parts A and B



Cost

Retirees pay the full cost of health coverage. What you pay each month depends on the plan you choose and who you cover.

As part of the SEGIP retiree group, your plan offers benefits and coverage you can't buy on your own. This includes:

- Paying \$0 for medications that are covered under Medicare Part B (after deductible if you have one). Often, plans require enrollees to pay at least 20% or more of the cost of these drugs.
- Low deductibles and out-of-pocket costs when you get care.
- \$0 deductible for prescription drug coverage.
- Prescription drug Part D copays that do not exceed \$50. You will not pay a percentage of the drug costs, even for the most expensive Part D covered prescriptions.
- A plan that moves with you. These plans offer nationwide coverage.

You Are a Retiree's Surviving Spouse

As a surviving spouse who had coverage at the time of the retiree's death you may continue to take part in SEGIP.

You Are a Surviving Spouse	Blue Cross Blue Shield	Health Partners
Spouse 65+ only	\$413.00	\$548.50

You Are a Retiree 65 and Older	Blue Cross Blue Shield	Health Partners
Retiree only	\$413.00	\$548.50
Retiree's Spouse 65 and older	\$413.00	\$548.50

You will receive separate invoices.



Benefits and Providers

The plan you choose determines what is covered, who will provide your care, and how your coverage works. The Certificates of Coverage or Summary of Benefits govern if there are differences among those documents and the highlights in this book.

Finding Lists of Providers and Plan Summaries Online

Blue Cross and Blue Shield of Minnesota

Details on 2026 coverage will be available on the Blue Cross website starting Oct. 16. Go to bluecrossmn.com/segip to find links to information in the “**Resources for your health plan**” section:

- Coordinated Plan Benefit Overview
- State of Minnesota Retiree Coordinated Plan Certificate
- Group MedicareBlue Rx Group Formulary
- Group MedicareBlue Rx Summary of Benefits
- Find a Pharmacy
- Find a Doctor for Coordinated Plan members

Go to bcbsglobalcore.com to find doctors and hospitals outside of the United States, Puerto Rico and U.S. Virgin Islands.

HealthPartners

Details on 2026 coverage will be available on the HealthPartners website around Nov. 1. Go to healthpartners.com/segip to find links to information in these sections:

Medicare retirees

- Plan information booklet (PDF)
- Summary of Benefits (PDF)

Pharmacy

- Select “I’m a Medicare retiree” to review the list of covered drugs, find a pharmacy, or compare costs



Connection to Medicare

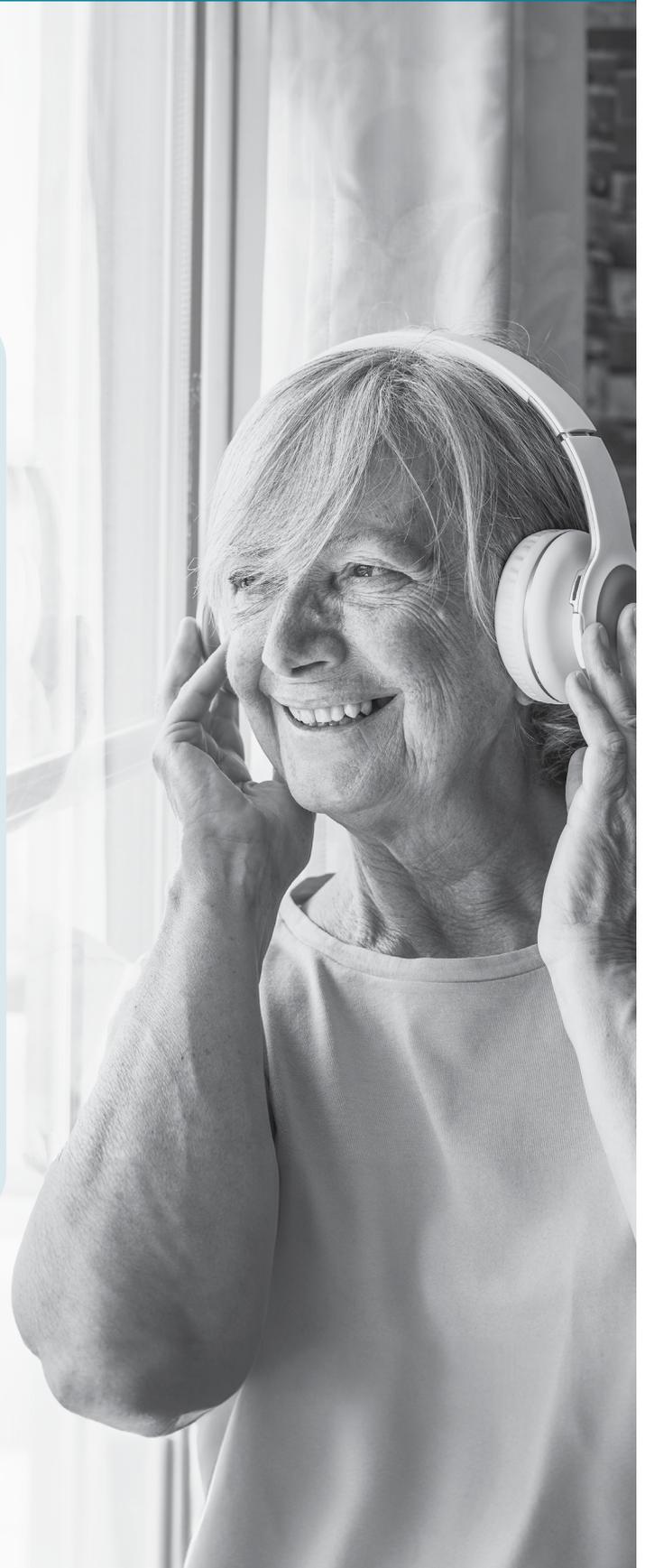
SEGIP coverage for people 65 and older coordinates with Medicare Part A and Part B. Unlike the Minnesota Advantage Health Plan coverage you had when you were under 65, your Medicare Part D drug coverage when you are 65 or older is provided by the HealthPartners or Blue Cross plan you select.



Important Plan Statements

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

If you enroll someone as a dependent who does not meet the Plan's definition of a dependent, you will be liable for all claims paid by the Plan for that individual. The state assumes that this is fraud or intentional misrepresentation. You will receive a 30-day notice that coverage will be rescinded effective the date the coverage started.



Blue Cross Coordinated Plan

If You Want To Move to Blue Cross

- Complete the SEGIP enrollment form on page 24. Mail the form to the Blue Cross Coordinated Plan address on page 20. It must be postmarked by Nov. 19.
- If you are currently enrolled in HealthPartners Medicare Solution, mail the disenrollment form on page 26 to the HealthPartners address on page 20.

Blue Cross will mail two forms to your home address:

- Enrollment Form for State of Minnesota Coordinated Plan
- Group MedicareBlue Rx (PDP) Participant Enrollment Form

If you want coverage through Blue Cross, complete and mail those two forms to Blue Cross before the date in your letter.

If you have Blue Cross and want to keep it, do not fill out any forms. Watch your mail. New ID cards will be issued for 2026.



Using the Plan

To get the best value, go to providers that contract with Blue Cross.

While you may go to any provider who accepts Medicare, there are advantages to seeing a provider who is in the Blue Cross and Blue Shield of Minnesota Aware and National BlueCard networks. These include:

- You're not in the middle. Providers will file medical claims for you and Blue Cross pays the provider directly. Providers in the Aware and National BlueCard networks are responsible for other processes to make sure your care gets paid for.
- You'll pay less. Providers agree to accept the "allowed amount" as payment in full. You are only responsible for the deductible, coinsurance, and copays for eligible services. Providers that do not have a contract with Blue Cross may charge more for services than Blue Cross allows. The provider may require you to pay charges above the allowed amount. It's called balance billing.

How much you pay when you get care.

You pay a deductible before your plan starts to help with costs. You only pay it once each calendar year.

- Inpatient care (hospital or skilled nursing facility): Medicare Part A covers this care. You pay a \$200 deductible. After that, you may pay up to \$600. The most you will pay out of pocket for inpatient care in one year is \$800.
- Outpatient care: Medicare Part B covers doctor's visits, medical supplies, etc. After you pay the deductible, you pay \$0 when you get care.
- Prescription drugs: Medicare Part D covers prescription drugs. This plan does not have a Part D deductible. You will pay a copay when you get medications.

Details about the coverage and what you pay start on page 15.

HealthPartners Medicare Group Solution

If You Want to Move to HealthPartners

- Complete the SEGIP enrollment form on page 24. Mail the form to the HealthPartners address on page 20. It must be postmarked by Nov. 19.
- If you are currently enrolled in Blue Cross Coordinated Plan, mail the disenrollment form on page 26 to the Blue Cross address on page 20. Blue Cross will send an additional disenrollment form for you to complete.

HealthPartners will mail the 2026 Medicare Group Solution Enrollment Packet to your home address:

- Complete and return the enclosed enrollment form to HealthPartners immediately or complete the enrollment form online. The form you receive at home will include a website address specific to your enrollment if you'd like to complete the application online.

If you have HealthPartners and want to keep it, do not fill out any forms. Watch your mail. New ID cards will be issued for 2026.



Using the Plan

If you live in Minnesota, Puerto Rico, or any other state (excluding North Dakota, South Dakota and eight* Wisconsin counties):

You will receive one member ID card from HealthPartners. It will say HealthPartners Journey. You will use that card when you get care and at the pharmacy. The provider will bill HealthPartners for your care. HealthPartners will work with Medicare as needed.

*Residents in Barron, Burnett, Douglas, Dunn, Pierce, Polk, St. Croix, and Washburn counties in Wisconsin, along with North Dakota and South Dakota residents, will receive two ID cards from HealthPartners. One is for your Retiree National Choice (RNC) medical coverage. The other is for your Part D prescription drug coverage. When you get care, present both your original Medicare and HealthPartners medical ID card. The provider will bill Medicare first and then HealthPartners. Use the prescription drug card at the pharmacy.

How much you pay when you get care.

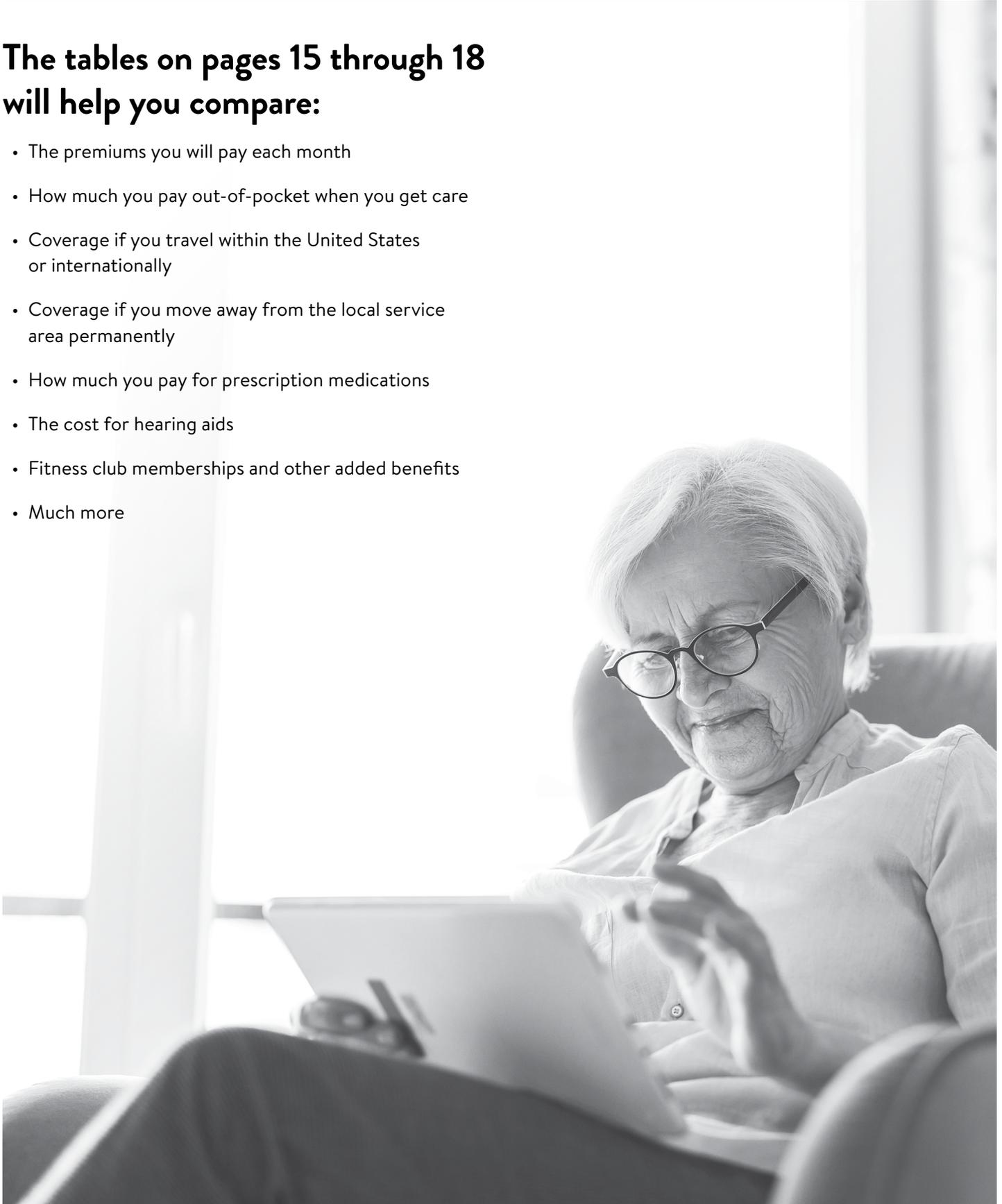
This plan does not have deductibles. You'll have a copay when you get care.

Go to the table starting on page 15 for more details about the coverage and what you pay. It shows copays such as \$0 for preventive care, \$15 for primary care, \$35 for specialty care visits, and \$100 if you are hospitalized.

Compare Your Options

The tables on pages 15 through 18 will help you compare:

- The premiums you will pay each month
- How much you pay out-of-pocket when you get care
- Coverage if you travel within the United States or internationally
- Coverage if you move away from the local service area permanently
- How much you pay for prescription medications
- The cost for hearing aids
- Fitness club memberships and other added benefits
- Much more



What if a SEGIP-Sponsored Plan Is Not Right for You?

First, make sure you understand what you would be giving up. When you leave a SEGIP-sponsored retiree plan, you are not allowed to return. While you will find plans where you pay less in premiums each month, you will likely pay much more when you need care or prescription drugs. Some of the more common benefits people compare include:

- Inpatient hospital copays that are hundreds of dollars per day versus per stay or per year.
- Inpatient skilled nursing care coverage that require three-day hospital stays, in addition to high copays.
- Medicare Part D prescription drugs that cost you a percentage of the price of a medication versus a flat copay of \$10 to \$50 a month.
- Outpatient diagnostic tests such as observation stays, MRIs and procedures like cataract surgery that cost you hundreds of dollars versus \$0.
- Medicare Part B drugs including infusion and injectable medications provided at an in-office or outpatient setting that cost you 20% or more of the drug's cost versus \$0.
- Medicare plans with no Part D prescription drug coverage or a high Part D deductible versus the \$0 deductible coverage you have now.

If you are going to compare your options, start by talking with a Medicare expert working in your current Blue Cross or HealthPartners plan. These people understand the nuances of the coverage SEGIP sponsors. Once you're familiar with your current plan's details, you'll be better able to evaluate options. Minnesota Aging Pathways (formerly Senior Linkage Line), is a service from the Minnesota Board on Aging. You can call 800-333-2433, between 8 a.m. and 4:30 p.m. weekdays. Or go to mn.gov/aging-pathways.

Note: This book contains general information only. SEGIP does not sell or recommend Medicare plans. For official Medicare information, visit [Medicare.gov](https://www.Medicare.gov) or speak with someone licensed to sell Medicare.



**Once you leave a
SEGIP-sponsored retiree group,
you are not allowed to return.**



SEGIS-Sponsored Plans for Retirees 65 and Older

See the plan's Certificate or Summary of Benefits for details. Page 20 will help you find the documents on the Blue Cross and HealthPartners websites. **The table displays what you will likely pay when you get care.** The most you will pay in 2026 for covered services are the out-of-pocket maximums.

2026 plan information	Blue Cross and Blue Shield of Minnesota Coordinated Plan	HealthPartners Medicare Group Solution
Premium per month per person	\$413.00	\$548.50
Medical Care Annual Out-of-Pocket Maximum	*\$1,057	\$3,400
Prescription Drug Annual Out-of-Pocket Maximum	\$2,100	\$2,100
Deductible: Part A Services	\$200	\$0
Deductible: Part B Services	*\$257	\$0
Deductible: Part D Medications	\$0	\$0
How the Plans Work	You pay the premium each month. You pay copays, coinsurance, and deductibles for care until you reach the out-of-pocket maximum. You only pay the deductibles once each year, not each time you get care. Under Part A, you also pay a one-time \$600 coinsurance. For prescriptions, you pay copays until you reach the out-of-pocket maximum.	You pay the premiums each month. You pay copays, and the coinsurance, for care, up to the out-of-pocket maximum. You pay copays for prescription drugs up to the out-of-pocket maximum.
Network Providers	In Minnesota: Aware Outside Minnesota: National BlueCard. If you see a provider who does not contract with BCBS, the provider may require you to pay the difference between the amount the provider bills and the amount BCBS allows.	You may see any provider that accepts Medicare.
Type of Policy	Works with Medicare and includes a Medicare Prescription Drug Plan.	*Works with Medicare and includes a Medicare Prescription Drug Plan. The county where you live determines other details about the policy.

*Notes:

- 2026 out-of-pocket maximum for BCBS will change if Medicare changes the 2026 Part B deductible.
- 2025 Part B deductible set by Medicare was \$257. Medicare may change it in 2026. As of Oct. 2, 2025 Medicare has not announced the 2026 Part B deductible.
- Residents of North Dakota, South Dakota, and eight western Wisconsin counties who choose HealthPartners will have Retiree National Choice (RNC) coverage. Others will have Journey coverage. Details on page 12.

Outpatient Hospital	Blue Cross and Blue Shield of Minnesota Coordinated Plan	HealthPartners Medicare Group Solution
Outpatient Surgery	Medicare Part B deductible, then \$0	\$0
Lab/X-Ray, CT scan, MRI, other outpatient diagnostic tests		\$0
Emergency Services		\$50 copay, waived if admitted
Urgent Care Visits		\$35
Ambulance in the U.S.		\$0
Inpatient	Blue Cross and Blue Shield of Minnesota Coordinated Plan	HealthPartners Medicare Group Solution
Hospital	\$200 inpatient deductible, then you pay 20% of the first \$3,000 in eligible costs.	\$100 copay per admission
Skilled Nursing Facility	3-day hospital stay waived for Skilled Nursing Facility.	\$0 copay for 100 days per year 3-day hospital stay waived in Journey, but required in RNC.
Mental Health	Your total cost will not be more than \$800 per person each year for all Part A services.	\$100 copay per admission, unlimited days
Substance Use Disorder		\$100 copay per admission, unlimited days
Outpatient Medical	Blue Cross and Blue Shield of Minnesota Coordinated Plan	HealthPartners Medicare Group Solution
Preventive	\$0	\$0
Physician Office Visit--primary care	Medicare Part B deductible, then \$0	\$15 copay
Physician Office Visit--specialty care		\$35 copay
Medications Delivered in Physician Office Setting and Paid under Medicare Part B		\$0
Yearly Routine Eye and Hearing Exams		\$0

Outpatient Medical (Continued)	Blue Cross and Blue Shield of Minnesota Coordinated Plan	HealthPartners Medicare Group Solution
Outpatient Mental Health	Medicare Part B deductible, then \$0	\$15 copay individual \$7.50 copay group
Outpatient Substance Use Disorder		\$15 copay individual \$7.50 copay group
Podiatry		\$35 copay
Physical, Occupational, Speech and Language Therapy		\$35 copay
Home Health Care		\$0
Chiropractic Care (Medicare covered)		\$20 copay
Chiropractic Care (Non Medicare covered)	\$0 when meeting medical necessity rules	No coverage. You pay the full cost.
Acupuncture (Medicare covered)	Medicare Part B deductible, then \$0	\$35 copay
Acupuncture (Non Medicare covered)	\$0 when meeting medical necessity rules. Limit of 20 visits per year.	\$35 copay
Durable Medical Equipment including prosthetics	Medicare Part B deductible, then \$0	10% of the cost
Hearing Aids	20% for basic hearing aids every 3 years with an in-network provider. You pay for upgrades.	Through TruHearing network only. Covers one per ear, per year. Cost varies based on hearing aid technology: \$99 standard, \$199 advanced, \$499 premium
Prescription Drugs	Blue Cross and Blue Shield of Minnesota Coordinated Plan	HealthPartners Medicare Group Solution
Generic	\$10 copay	\$10 copay
Preferred Brand	\$30 copay	\$30 copay
Brand and Specialty	\$50 copay	\$50 copay
Supplemental, not covered by Medicare <ul style="list-style-type: none"> • Cough and Cold • Sexual Dysfunction 	You pay 25% of the cost	No coverage. You pay the full cost.
Mail Order or Preferred Pharmacy	3-month supply for 2 copays	3-month supply for 2 copays through Healthdyne mail order only.

Added Benefits	Blue Cross and Blue Shield of Minnesota Coordinated Plan	HealthPartners Medicare Group Solution
Fitness Club Membership	Silver Sneakers Fitness Program	Silver Sneakers Fitness Program
Nurseline, over the phone 24/7 access	No	Yes
Online care	Doctor on Demand, Medicare Part B deductible, then \$0	Virtuwell and Teladoc \$0 copay
Other Wellness Benefits	Wellness Discount Marketplace: blue365deals.com/bcbsmn	Current members, log in to healthpartners.com/segip to find HealthyDiscounts. Non-members, call for details.
Eyeglasses and frames allowance	Eyewear discounts available	Up to a 35% discount
Travel and Out-of-Area Benefits	Blue Cross and Blue Shield of Minnesota Coordinated Plan	HealthPartners Medicare Group Solution
Domestic Travel Benefits	No limitation on time.	No limitation on time if the provider accepts Medicare. Assist America if more than 100 miles from home.
International Travel, U.S. Territories	Part B deductible, then \$0. Blue Cross Global Core	You pay 20% of the costs for emergency and urgently needed care. Assist America
International Ambulance	You pay \$0.	You pay 20% of the cost.
Option to Live Outside of Service Area	Yes	Yes

Coverage in Special Circumstances

Family Coverage/Life Events

If you chose coverage for yourself but not family members when you retired, there are two scenarios where you may add dependents.

You have 30 days to act if:

- Your spouse or other dependent loses coverage through their employer or other employer group.
- You are newly married.

If you are eligible to add coverage

Submit a Qualifying Status Change form to SEGIP. You'll find it in the Find a Form section of the website. Requirements also include:

- If your dependent lost coverage, you need a document on company letterhead. The document must state the coverage your dependent had and the date it ended. Be sure it includes the date of the event that is causing the loss of coverage.
- In 2026, the premium each month to cover a spouse age 65 or older is \$413.00 if you selected the Blue Cross Coordinated Plan and \$548.50 if you selected HealthPartners Medicare Group Solution. Coverage for someone under age 65 is \$979.02 for an individual and \$1,899.96 for two or more people. The Minnesota Advantage Health Plan covers people under age 65.

Surviving Spouses

A spouse who is covered through SEGIP when the retiree dies may continue to participate in SEGIP.

Divorce after Retirement

- If you and your spouse are age 65 or older: you can keep your SEGIP-sponsored medical coverage.
- If your spouse is under 65: notify your medical plan administrator right away and contact SEGIP for more information.



Contact SEGIP prior to an event such as a marriage.



Plan Contact Information

Administrator	Address and Website	Phone Numbers
Blue Cross and Blue Shield of Minnesota Coordinated Plan	MN Mail Processing Center Blue Cross and Blue Shield of Minnesota PO Box 982801 El Paso, TX 79998 bluecrossmn.com/segip	800-262-0819 711 – TTY
MedicareBlue Rx	bluecrossmn.com/segip	877-838-3827 711 – TTY
National PPO for Advantage - Blue Cross Blue Card	bluecrossmn.com/segip	800-810-2583
HealthPartners Medicare Group Solution, including prescription drug coverage	HealthPartners Attn: Riverview Membership Accounting PO Box 21662 Eagan, MN 55121-0662 healthpartners.com/segipmedicare Select Pharmacy from the top of the page for information on prescription drug coverage.	952-883-7428 866-993-7428
State Employee Group Insurance Program (SEGIP)	MMB - Employee Insurance 400 Centennial Office Building 658 Cedar St. St. Paul, MN 55155 mn.gov/mmb/segip	651-355-0100 800-664-3597 segip.mmb@state.mn.us
Medicare and Social Security SEGIP cannot answer questions related to Social Security or Medicare. Contact the right agency below for help with those questions.	Website	Phone Numbers
Medicare	www.medicare.gov	800-MEDICARE 800-633-4227 877-468-2048 TTY/TDD
Social Security	www.ssa.gov	800-772-1213 800-325-0778

Glossary

Allowed amount: A set amount that an insurance company and provider have agreed to as payment for a specific health care service or product. If you see a provider who is not in your health plan's network, you may have to pay the difference between the allowed amount and the amount the provider charges.

Brand name drugs: Drugs sold under a specific trademark and protected by a patent. The patent gives the drug company exclusive rights to make and sell that drug for a certain period.

Certificate of Coverage: A contract that details the conditions of the coverage you have with an insurance company. The certificate of coverage for the Coordinated Plan from Blue Cross is on the website. When looking for information on MedicareBlue Rx on the site, look for the Summary of Benefits.

Coinsurance: This is a percentage. It's what you pay for certain services after you've paid the deductible. For example, a coinsurance of 10% means the plan pays 90% of the cost of the service and you pay 10%.

Copay: This is a set dollar amount. You often pay it when you get a medical service. For example, the copay primary care office visit is \$15 while a speciality care office visit is \$35. The copay is \$0 for preventive care such as annual check-ups.

Deductible: How much you pay for care each year before your plan starts to pay for certain services. For example, the Coordinated Plan through Blue Cross has a \$200 deductible for in-patient care. You can get some care without paying the deductible first. For example, you can usually get checkups and an annual flu shot without paying the deductible.

Dependent: Someone who is eligible for coverage under your policy or plan, usually a spouse and children. Go to the Family Eligibility section of SEGIP's website to learn more.

Effective date: The date on which coverage begins under an insurance policy or plan.

Eligible expenses: The medical expenses a health plan covers. Some health providers may charge more than what an insurance plan considers eligible. In these cases, the covered person is responsible for paying the additional costs.

Explanation of Benefits: This document shows you the total charges for your visit. It helps you understand how much your health plan pays, and what you'll pay when you get a bill from your provider.

Evidence of coverage: This document describes in detail the health care benefits covered by the health plan. It provides documentation of what that plan covers and how it works, including how much you pay.

Formulary: A list of medications that's covered by your plan. The decisions on what drugs to cover is made by a committee of physicians and pharmacists working with the health plan or company that manages the prescription drug part of the benefit.

Generic drugs: A medication that has been on the market long enough that no single manufacturer has an exclusive right to make or sell it.

In-network: The health care providers your plan administrator works with to provide you care. Ask if a provider is still participating with your plan before you seek services because networks may change during the year.

Medicare: Health insurance sponsored by the federal government for people 65 or older, or people with End-Stage Renal Disease, Lou Gehrig's disease, and some disabilities. It pays part of an individual's medical expenses for hospital, clinic, provider, drug, and other medical care. SEGIP-sponsored plans for people 65 and older work with Medicare. In fact, you have to have Medicare Parts A and B in order to qualify for a SEGIP plan.

Medicare Part A: Pays for inpatient hospital services and care provided in skilled nursing facilities.

Medicare Part B: Pays for medically necessary doctors' services, outpatient hospital services, and other medical services and supplies not covered by Part A. Part B also covers specific drugs, including infusion and injectable medications provided at an in-office or outpatient setting.

Medicare Part C: Private coverage that combines Medicare parts A, B and often D into one plan. It's also called Medicare Advantage. (It is not connected to the Minnesota Advantage Health Plan for state employees.)

Medicare Part D: Is prescription drug coverage through Medicare. SEGIP-sponsored plans include prescription drug coverage in the premium you pay each month. Do not buy Part D coverage outside of SEGIP. Doing so takes away your SEGIP-sponsored coverage.

Open Enrollment: The one time each year when people can change medical plan administrators. Open enrollment for SEGIP-sponsored coverage is Oct. 30 to 11:59 p.m. on Nov. 19, 2025. The term is sometimes used for the Medicare Annual Enrollment Period. Medicare annual enrollment is not connected to SEGIP open enrollment.

Out-of-pocket costs: What you pay for health care products and services. Deductibles, copays, and co-insurance are all part of what you pay out of pocket.

Outpatient services: Care that does not require an overnight stay.

Preferred brand: Often two brand-name drugs can treat the same condition. Usually a pharmacy benefits manager can get one less expensively than the other. That drug becomes a preferred drug. That's why copays are less for preferred medications.

Preferred Provider Organization (PPO): A PPO is a type of health plan. The PPO uses a network of providers including physicians and hospitals. As a retiree age 65 and older, your costs may be higher if you get care outside the network, even if the provider accepts Medicare and is willing to see you.

Prescription Drug Plan (PDP): A type of prescription drug coverage. People age 65 and older with coverage through SEGIP should not buy a PDP, or Medicare Part D prescription drug plan. Drug coverage is included in the premium paid each month to Blue Cross or HealthPartners. If you participate in SEGIP and buy a PDP outside of your SEGIP-sponsored plan, Medicare disenrolls you from the SEGIP plan.

Primary care: Routine medical care, usually provided in a doctor's office. Internist, family or general practitioner, obstetrician-gynecologist, osteopath, and pediatricians all provide primary care.

Provider: A doctor, therapist, chiropractor, dentist, or another licensed medical practitioner. Your medical plan has a list of providers who have agreed to provide you services. These are your in-network participating providers.

Retiree Plan: Medical coverage options sponsored by SEGIP for state retirees and their dependents. There are plans for people age 65 and older, general retirees under age 65, and special retirees under age 65.

Senior Plan: Medical plan sponsored by SEGIP for a state retiree and their spouse who are age 65 and older.

Summary of Benefits: A document that provides details about coverage through HealthPartners Medicare Group Solution and Group MedicareBlue Rx. When searching for information on other SEGIP-sponsored plans, look for the certificate of coverage.

Notice of Intent to Collect Private Data

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). As an individual seeking to or participating in a group insurance program, you are asked to provide certain data for the purpose of the administration of group insurance benefits. This notice explains why MMB is requesting private data, how the data will be used, who has access to the data, and what may happen if you do not provide the requested data.

Use of Data. The data requested by MMB may be used for the following purposes:

- To determine eligibility for group insurance benefits
- To administer group insurance benefits
- As required by State and federal law, rule, or regulation

Right of Refusal.

You are not required to provide any of the requested data, however, if you do not provide the requested data, group insurance program benefits may be denied or delayed for you, your spouse, or your dependent(s), as applicable.

Access to Data. The data that you provide may be shared with:

- Authorized personnel whose jobs reasonably require access
- Insurance and service providers, and other contracted vendors
- Any other person or entity authorized by federal or state law to access the data, including but not limited to the Office of the Legislative Auditor, the Minnesota Department of Health, the Minnesota Department of Commerce, or others as authorized by a court order

The parents of a minor may access private data about the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from accessing the data.