

# COBRA

For individuals and families continuing  
their state employee insurance coverage.



Premiums,  
plan changes,  
contacts,  
and more

## Open Enrollment for 2026

Visit [mn.gov/segip-oe](https://mn.gov/segip-oe) for more information

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## 2026 Open Enrollment is Oct. 30 through Nov. 19

### Your chance to change insurance coverage.

You participate in COBRA through the State Employee Group Insurance Program. Between Oct. 30 and Nov. 19, 2025 **those who are eligible may:**

- Change between Blue Cross and Blue Shield of Minnesota and HealthPartners as the administrator of your medical insurance
- Change between Delta Dental Group 216 and HealthPartners Dental as the administrator of your dental insurance
- Add or cancel medical, dental, or vision coverage for family members or other dependents

### If you do not want to make any changes to your benefits, you do not need to fill out any forms.

Don't forget to update the amount of your automatic payment if you have one set up through your bank. Payments are due by the due date on your invoice.

### 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](mailto:segip.mmb@state.mn.us)

# Important Reminders

- Make sure SEGIP has your current contact information. You'll find details below.
- Changes you make to your benefits now will take effect Jan. 1, 2026. They will be in force through Dec. 31, 2026 or as long as you are eligible for COBRA, whichever comes first.
- This book provides an overview of the procedures and requirements of the plans, though it can't cover every aspect of a plan in detail. For instance, while this book states a service has 100% coverage, you may need to obtain approval from the plan administrator before receiving that service. Look for details about the coverage in the Summary of Benefits on [SEGIP's website](#).
- The Summary of Benefits for the 2026 Minnesota Advantage Health Plan and the State Dental Plan will be available on [SEGIP's website](#) in January 2026. Links to vision and life insurance benefit summaries are also on the website.
- The state updated its eligibility rules for former spouses, grandchildren, and foster children. You can find this updated language on [SEGIP's website](#) and in the 2026 Summary of Benefits.
- You can cancel COBRA coverage at any time. Cancellation is effective the first of the next month. Once you cancel the coverage, you can't get it back.
- Contact SEGIP's COBRA office at 651-539-5563 to get this document in a format that is accessible to you.

## Update Your Contact Information

**When you have a new address, phone number or email address, SEGIP needs it in writing so you don't miss vital information. You may:**

- **Go to Self Service.** Even though you're separated from the state, you have access to Self Service. Select the About Me tile.
- Send an email to [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us). Write COBRA in the subject line.
- Make changes on your bill and send it back to the address on the bill.
- Send SEGIP's COBRA office a letter at Minnesota Management and Budget, COBRA, 400 Centennial Office Building, 658 Cedar St., St. Paul, MN 55155



# Take These Four Steps

## 1 Understand your options

- On page 9 you will see the copay changed for office visits related to mental health care at cost level 3 and 4 clinics. It is \$10 less than in 2025.
- Go to page 8 to review changes to dental networks, orthodontia care, and more.
- MetLife now offers the state's vision plan through its Superior Vision Network. Details start on page 12.
- Make sure your primary care clinic (PCC) is still in the network. Its cost level can change every year, too. The same clinic can have a different cost level between HealthPartners and Blue Cross. Go to the SEGIP website to **review the 2026 Clinic Directory**.
- Call Blue Cross (800-262-0819 or 711 TTY) or HealthPartners (866-993-7428 or 711 TTY) directly if you have questions about specialists, hospitals, clinics, and other providers in the 2026 network.

## 2 Find out how much you will pay for insurance each month in 2026

- How much you pay for medical, dental, and vision coverage is changing. See the table on page 4.
- The cost level of your primary care clinic determines in part how much you and your family members pay when you get medical care. The lower the clinic cost level, the less you pay. Go to page 9 to compare the difference across clinic cost levels 1 through 4. Page 6 explains how the plan works if you and your family members select clinics at different cost levels.
- If you relocate, go on vacation, or live in a community outside of Minnesota or the counties that border the state in North Dakota, South Dakota, Wisconsin, and Iowa, go to pages 7 and 11 for information on getting care outside of the Minnesota Advantage Health Plan service area.

## 3 Make your decision

- Keep the same coverage you have now?
- Change between Blue Cross and HealthPartners, or Delta Dental Group 216 and HealthPartners Dental.
- Add dependents to medical, dental, or vision or drop them from the plan?
- Change primary care clinics only?

## 4 Act

If you pay through your bank, update the amount of your automatic payment.

### To keep the same coverage you have now

If you do not want to make any changes, you do not complete any enrollment forms. You keep the coverage you have today and pay the new premium each month.

### Change between Blue Cross and HealthPartners or Delta Dental and HealthPartners Dental

- Be sure to use the new PCC clinic number. Complete the COBRA Open Enrollment Form on page 20. Return the form by Nov. 19, 2025. Late forms cannot be processed.

### Add eligible dependents to medical, vision, or dental coverage or drop them from a plan

- Send in the enrollment for on page 20 by the deadline.
- You need to provide proof that the dependent(s) you add is eligible for coverage. After Open Enrollment, you will get a letter from SEGIP. It explains the deadline what documents you must send in.

### Change primary care clinics only

Get the new primary care clinic's ID number. Go to SEGIP's website to **access the 2026 Clinic Directory**. Then call the number on the back of your Blue Cross or HealthPartners ID card. The number is also on page 18. The change takes effect the day you call unless you give them a date in the future. You can do this at any time. It doesn't have to happen during open enrollment.

# How Much You Pay Each Month in 2026

## Medical Coverage

Minnesota Advantage Health Plan through either Blue Cross Blue Shield of Minnesota or HealthPartners

Medical Coverage	Single	Family
2026 monthly premium	\$998.60	\$2,936.56

## Dental Coverage

State Dental Plan through either Delta Dental Group 216 or HealthPartners Dental

Dental Coverage	Single	Family
2026 monthly premium	\$49.31	\$145.92

## Vision Coverage

MetLife Superior Vision Network

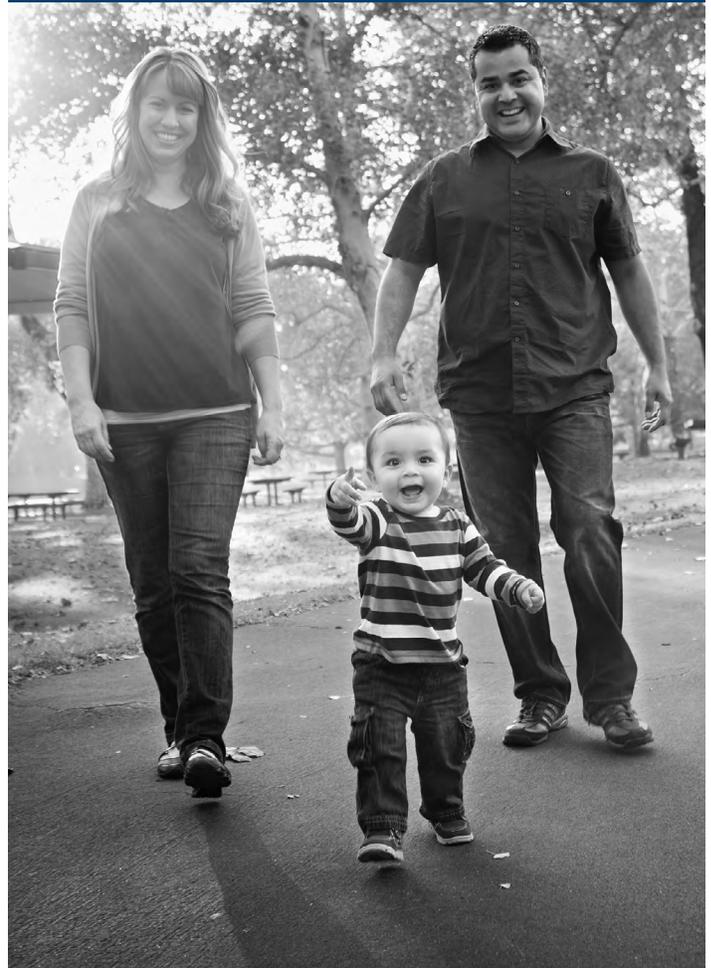
Vision Coverage	Single	Family
2026 monthly premium	\$4.26	\$12.22

## Life Insurance Coverage

Securian Financial

Life Insurance Coverage	Monthly Premium
Basic Life	\$15.59
Managers (1.5x)	\$43.68
Managers (2x)	\$63.18
Child Life	\$.86

Because you are no longer a state employee or the eligible dependent of an employee, you pay the full cost of your coverage plus a 2% administrative fee. This fee is included in the medical, dental, vision, and life insurance rates on this page.



# You Need to Know

## Medical insurance ID cards will be mailed; check them for mistakes

Both Blue Cross and HealthPartners will send new plan ID cards around Jan. 1, 2026. Check all cards to make sure the names, primary care clinics, and other information is correct. If you see something wrong, contact Blue Cross or HealthPartners right away. If you do not receive a card, contact your plan administrator directly.

If you have Vision coverage, watch for a new MetLife Vision plan ID card in the mail.

## Important Plan Statements

- The descriptions in this book highlight the benefits provided by the Minnesota Advantage Health Plan, State Dental Plan, and Vision plan. Refer to the Summary of Benefits for a complete description of all benefits, exclusions, and rules. Get the documents and more information on [SEGIP's website](#).
- 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 from SEGIP that coverage will be rescinded effective the date the coverage started.
- The state updated its eligibility rules for former spouses, grandchildren, and foster children. You can find this updated language on [SEGIP's website](#) and in the 2026 Summary of Benefits.

## The deadline is Nov. 19, 2025

Enrollment forms must be received at Minnesota Management and Budget by Nov. 19, 2025.

Forms received after this date cannot be accepted or processed. Email your form to [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us) to avoid traditional mail delays.



## Notice about Creditable Drug Coverage

If you (and/or your dependents) will become eligible for Medicare in the next 12 months, you'll want to know that the prescription drug coverage you have through the Minnesota Advantage Health Plan is Creditable Coverage. Go to SEGIP's Open Enrollment website to learn what it is and why it matters to you. After Open Enrollment, search for creditable coverage on [SEGIP's website](#) to review the full disclosure.

# Using the Minnesota Advantage Health Plan

**Choose either Blue Cross and Blue Shield of Minnesota or HealthPartners to administer your Minnesota Advantage Health Plan coverage.**

## Clinic cost levels: \$, \$\$, \$\$\$, \$\$\$\$

Clinic cost levels determine in part how much you pay when you get care. Depending on the PCC you choose, your copay when you see a doctor may be \$35. It could also be \$40, \$70, or \$90. Your PCC's cost level also limits the most you'll have to pay for care under the plan in a year. For example, if you're covering just yourself in 2026, your out-of-pocket maximum may be as low as \$1,700 or as high as \$3,600. The amount depends on the cost level of the PCC you choose. Once you reach your out-of-pocket maximum, the Minnesota Advantage Health Plan pays the rest of your medical bills allowed under your plan for the year.

## Choosing a primary care clinic and how it impacts what you pay

Every person covered by the plan chooses a primary care clinic (PCC). This clinic is the hub for the care you need. If you do not choose a PCC, your plan administrator will assign you one based on where you live.

To get care elsewhere, you usually need a referral from your PCC. That referral means your visit is covered at the same copay as your PCC. If you don't get a referral, you pay the entire medical bill yourself. There is often no coverage if you get care without a referral, unless it's emergency or urgent care.

### Here are the referral exceptions—five types of providers you can see without a referral from your PCC:

- Obstetricians/gynecologists
- Chiropractors for acute care
- Mental health providers
- Substance use disorder providers
- Eye doctors for routine eye exams

You can find HealthPartners and Blue Cross PCCs on [SEGIP's Find a Clinic webpage](#). Use the links to the Blue Cross or HealthPartners website to find specific doctors or specialists (including OB/GYNs, chiropractors, mental health providers, and others).

## Family coverage cost levels

You and your family members may choose different PCCs under the same health plan administrator. The PCCs can even be at different cost levels. The family member whose clinic cost level is the highest sets your family's deductible and out-of-pocket cap for the year.



**Go to page 9 (Schedule of Benefits) to compare what you'll pay at clinic cost levels 1 through 4.**

Then find your clinic's cost level in the [2026 Primary Care Clinic Directory](#) on SEGIP's Open Enrollment website. Remember HealthPartners and Blue Cross may have different cost levels for the same clinic.

# Prescription Drugs and Out-of-Area Care

## CVS Caremark manages the prescription drug benefit that's part of the Minnesota Advantage Health Plan.

- You will use a CVS Caremark ID card.
- Go to [caremark.com](https://www.caremark.com). Register or sign in to find a pharmacy near you or to find out if your medications are on the approved list.
- You will pay for most prescription medications. How much you pay depends on the tier its in:
  - Tier 1, mainly generic medications, but some brands. You pay up to \$18 for most prescriptions in Tier 1.
  - Tier 2, preferred brand drugs and some generics. You pay \$30 for most prescriptions in Tier 2.
  - Tier 3, more costly non-preferred brand drug options. You pay \$55 for most prescriptions in Tier 3.

Copays and tiers are different for some medications that treat people who have diabetes. Search for **Advantage Value for Diabetes on SEGIP's website.**

You must get specialty drugs through CVS Specialty. Specialty medications usually treat more complex conditions. **Sign into your account on caremark.com** for more information.

The most you'll pay out-of-pocket each year for covered prescription drugs is \$1,050 for single and \$2,100 for family coverage. When you reach that amount, insurance pays for all eligible prescription drug expenses for that year.

## Getting care outside the Minnesota Advantage Health Plan Service Area

Did you relocate? Do you live outside Minnesota and the Wisconsin, Iowa, North Dakota and South Dakota counties that border the state? What happens if you need care while on vacation outside the service area?

### It's easy to get care outside the Minnesota Advantage Health Plan service area. Just use your Blue Cross or HealthPartners National Network.

Call the number on the back of your medical plan ID card to find current providers where you are.

- Convenience care clinics are still an option when you're away from Minnesota. Call the number on the back of your ID card to find out which Convenience/ Retail clinics are in your national network.
- Get emergency care and urgent care from the closest facility. It is covered whether the facility is in your national network or not.

You still get your prescriptions through CVS Caremark. Call 844-345-3234 to find a pharmacy or go to [caremark.com](https://www.caremark.com).

The Out-of-Area Benefits Schedule on page 11 outlines how the care is covered.

## You also need to know:

- Use providers that are part of your national network.
- You will pay the entire bill if you seek care from a provider who is not in-network. There is no out-of-network coverage, except for emergencies and urgent care.
- Go to the Out of Area Schedule of Benefits on page 11 for details. There are separate deductibles for care you get in Minnesota or in counties that border the state, and for care you get away from the area. Your prescription drug coverage stays the same when you are outside the service area. Continue to use the CVS Caremark pharmacy network. Your prescription copays do not change.

# Dental and Vision

## Dental plan

The table on page 13 gives you details about how the dental plan works and what it covers.

### Changes to Orthodontia, Networks, and More

Starting Jan. 1, 2026 your dental plan will pay more for braces, retainers, and other orthodontic care.

- The plan pays up to \$3,200 per person for orthodontic care. It's the new lifetime maximum.
- Your lifetime maximum stays the same even if you switch between Delta Dental Group 216 and HealthPartners Dental.

## National Dental Network

You now have access to a national dental network through Delta Dental or HealthPartners Dental. This gives you more choices if you see a dentist outside Minnesota who is not in the State Dental Plan network.

When you use a dentist in the Delta or HealthPartners national network, you pay:

- Exams, x-rays, and preventive care: \$0
- Fillings, gum treatment, dentures, implants, and similar services: 40% of the cost
- Single coverage deductible: \$100
- Family coverage deductible: \$300
- Call the customer service number on the back of your dental ID card if you have questions about the national network.
- See the Schedule of Benefits on page 13 for highlights. You'll find the rules and details in the 2026 Summary of Benefits. You can find it online in January.

## Vision plan

MetLife will offer the state's vision plan in 2026 through its Superior Vision Network. If you had vision coverage in 2025, that coverage rolls over to 2026 if you remain eligible. The table on pages 14 and 15 highlights the vision plan and how it works. You'll **find more details on SEGIP's website.**



# 2026 Minnesota Advantage Health Plan Schedule of Benefits

Refer to the Advantage Health Plan Summary of Benefits on [SEGIP's website](#) for more information.

2026 Benefit Provision	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
<b>A. Preventive Care Services Routine medical exams, cancer screening</b> <ul style="list-style-type: none"> <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>	\$0 copay Not subject to Annual deductible			
<b>B. Annual First Dollar Deductible</b> (single/family)	\$250 / 500	\$400 / 800	\$750 / 1,500	\$1,500 / 3,000
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, e-visits, and Urgent Care</b> <ul style="list-style-type: none"> <li>Outpatient visits in a physician's office or telemedicine</li> <li>Chiropractic services</li> <li>Urgent Care clinic visits (in and out of service area/in or out of network)</li> </ul>	\$35 copay per visit Annual deductible applies	\$40 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies	\$90 copay per visit Annual deductible applies
<b>C1. Office visits for mental health and Substance Use Disorder</b> <ul style="list-style-type: none"> <li>Outpatient office visits only in a provider's office or telemedicine</li> </ul>	\$0 copay per visit Not subject to Annual deductible	\$0 copay per visit Not subject to Annual deductible	\$40 copay per visit Annual deductible applies	\$60 copay per visit Annual deductible applies
<b>D. In-Network Convenience/Retail Clinics</b> (in person or virtual care). See summary for covered virtual care providers	\$0 copay per visit Not subject to Annual deductible	\$0 copay per visit Not subject to Annual deductible	\$0 copay per visit Not subject to Annual deductible	\$0 copay per visit Not subject to Annual deductible
<b>E. Emergency Care</b> (in service area/in or out-of-network) Emergency care received in a hospital emergency room	\$100 copay Not subject to Annual deductible	\$125 copay Not subject to Annual deductible	\$150 copay Not subject to Annual deductible	\$350 copay Not subject to Annual deductible
<b>F. Inpatient Hospital</b>	\$100 copay Annual deductible applies	\$200 copay Annual deductible applies	\$500 copay Annual deductible applies	25% coinsurance Annual deductible applies
<b>G. Outpatient Surgery</b>	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies

<b>2026 Benefit Provision (Continued)</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>
<b>H. Hospice Care</b>	\$0 copay per visit, Not subject to Annual deductible	\$0 copay per visit, Not subject to Annual deductible	\$0 copay per visit, Not subject to Annual deductible	\$0 copay per visit, Not subject to Annual deductible
<b>I. Prosthetics, Durable Medical Equipment</b>	20% coinsurance Not subject to Annual deductible	20% coinsurance Not subject to Annual deductible	20% coinsurance Not subject to Annual deductible	25% coinsurance Annual deductible applies
<b>J. Lab (including allergy shots), Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
<b>K. MRI/CT Scans</b>	10% coinsurance Annual deductible applies	15% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies	30% coinsurance Annual deductible applies
<b>L. Other expenses not covered in A-K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>Ambulance</li> <li>Home Health Care</li> <li>Outpatient Hospital Services (non-surgical):</li> <li>Radiation/chemotherapy</li> <li>Dialysis</li> <li>Day treatment for mental health and Substance Use Disorder</li> <li>Other diagnostic or treatment related outpatient services</li> </ul>	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs. Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	Tier 1 - \$18			
	Tier 2 - \$30			
	Tier 3 - \$55			
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs</b> (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
<b>O. Plan Maximum Out-of-Pocket Expense</b> (excluding prescription drugs) (single/family)	\$1,700 / 3,400 Combined in and out of area services	\$1,700 / 3,400 Combined in and out of area services	\$2,400 / 4,800 Combined in and out of area services	\$3,600 / 7,200 Combined in and out of area services

**Important note:** this chart describes coverage within the Minnesota Advantage Plan's service area. Covered out-of-area services have a different cost-sharing structure: claims will be processed similar to Cost Level 3 with the out-of-pocket maximums described in section O above and with a separate out-of-area deductible (\$750 single/\$1,500 family). Most care must be received within the national network of the selected plan administrator.

Members pay the drug copayment described in section M above to the out-of-pocket maximum described in section N.

This Plan uses an embedded deductible: if any family member reaches the individual deductible, then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.

# 2026 SEGIP Out-of-Area Benefits Schedule for the Minnesota Advantage and High Deductible Health Plans

2026 Benefit Provision	MN Advantage Health Plan	MN Advantage High Deductible Health Plan (HDHP)
<b>A. Preventive Care Services</b> <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>	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible
<b>B. Annual First Dollar Deductible</b> (single/family)	\$750 /1,500	\$1,750 \$3,500 per family member \$4,000 family
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy</b> <ul style="list-style-type: none"> <li>Outpatient visits in a physician's office or telemedicine</li> <li>Chiropractic services</li> </ul>	\$70 Copayment per visit Annual Deductible applies	30% coinsurance Annual Deductible applies
<ul style="list-style-type: none"> <li>Outpatient visits only in a provider's office or telemedicine for mental health and substance use disorder</li> </ul>	\$40 Copayment per visit Annual Deductible applies	30% coinsurance Annual Deductible applies
<ul style="list-style-type: none"> <li>Urgent Care clinic visits (in or out of network/in or out of service area)</li> </ul>	Covered at in-network and in-service-area selected PCC levels	Covered at in-network and in-service-area selected PCC levels
<b>D. In-Network Convenience/Retail Clinics</b> (in person or virtual care). See summary for covered virtual care providers	\$0 copay per visit Not subject to Annual deductible	30% coinsurance Annual Deductible applies
<b>E. Emergency Care</b> (in service area/in or out-of-network) Emergency care received in a hospital emergency room	Covered at in-network and in-service-area selected PCC levels	Covered at in-network and in-service-area selected PCC levels
<b>F. Inpatient Hospital</b>	\$500 copay Annual deductible applies	30% coinsurance Annual deductible applies
<b>G. Outpatient Surgery</b>	\$250 copay Annual deductible applies	30% coinsurance Annual deductible applies

2026 Benefit Provision (Continued)	MN Advantage Health Plan	MN Advantage High Deductible Health Plan (HDHP)
<b>H. Hospice and Skilled Nursing Facility</b>	\$0 copay Not subject to Annual deductible	30% coinsurance Annual Deductible applies
<b>I. Prosthetics and Durable Medical Equipment</b>	20% coinsurance Not subject to Annual Deductible	30% coinsurance Annual Deductible applies
<b>J. Lab (including allergy shots), Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility Copayments)	20% coinsurance Annual Deductible applies	30% coinsurance Annual Deductible applies
<b>K. MRI/CT scans</b>	25% coinsurance Annual Deductible applies	30% coinsurance Annual Deductible applies
<b>L. Other expenses not covered in A – K above, including but not limited to:</b> <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 substance use disorder</li> <li>• Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	20% coinsurance Annual Deductible applies	30% coinsurance Annual Deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs.	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55 Not subject to Annual Deductible	Tier 1 - \$30 Tier 2 - \$50 Tier 3 - \$75 Annual Deductible applies
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (single/family)</b>	\$1,050 / 2,100	N/A
<b>O. *Plan Maximum Out-of-Pocket Expense (single/family)</b> (Including prescription drugs for HDHP plan)	\$1,700 / 3,400 (cost levels 1, 2) \$2,400 / 4,800 (cost level 3) \$3,600 / 7,200 (cost level 4)	\$3,250 / 6,500 (cost levels 1, 2) \$4,250 / 8,500 (cost level 3) \$5,250 / 10,500 (cost level 4)

Out-of-area coverage is available outside the Advantage Plan's service area using your health plan administrator's national network. Out-of-area deductibles are separate from in-area SEGIP deductibles (except for urgent care) but do accumulate to out-of-pocket maximums.

\* Your out-of-pocket maximum will be the Plan Maximum Out-of-Pocket Expense (Letter O) of the Primary Care Clinic you choose. For HDHP Family coverage, there is an embedded \$5,250 (cost level 1, 2) or \$7,250 (cost level 3, 4) per family member Out-of-Pocket Maximum. The Family Out-of-Pocket Maximum shown above is the maximum amount that a family will pay in any one calendar year for all family members.

# 2026 Dental Schedule of Benefits

**Annual Maximum per person \$2,200** (does not apply to Preventive Care, Diagnostic Care, or Orthodontia).

**Orthodontics Lifetime Maximum per person \$3,200** (does not start over if you change dental administrators).

	State Dental Plan Network	National Network	Out-of-network
Annual Deductible	\$50 per person \$150 per family	\$100 per person \$300 per family	\$125 per person

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

Covered Services	State Dental Plan Network	National Network	*Out-of-network
Examinations, dental cleanings, and routine x-rays	100% coverage	100% coverage	50% coverage
Fluoride treatment (to age 19)	100% coverage	100% coverage	50% coverage
Space maintainers	100% coverage	100% coverage	50% coverage
Sealants	100% coverage	100% coverage	50% coverage

## Restorative care and prosthetics (deductible applies)

Covered Services	State Dental Plan Network	National Network	*Out-of-network
Fillings (customary restorative materials)	80% coverage	60% coverage	50% coverage
Oral surgery	80% coverage	60% coverage	50% coverage
Periodontics (gum disease therapy)	80% coverage	60% coverage	50% coverage
Endodontics (root canal therapy)	80% coverage	60% coverage	50% coverage
Inlays and onlays	80% coverage	60% coverage	50% coverage
Restorative crowns	80% coverage	60% coverage	50% coverage
Dental implants	80% coverage	60% coverage	50% coverage
Fixed or removable bridgework	80% coverage	60% coverage	50% coverage
Full or partial dentures	80% coverage	60% coverage	50% coverage
Dental relines or rebases	80% coverage	60% coverage	50% coverage
Orthodontics (deductible does not apply)	80% coverage	60% coverage	50% coverage

\*Out-of-network percentage is of the allowed amount. You are responsible for the difference between the allowed amount and what is charged.

Emergency services are covered at the same benefit level as non-emergency services, whether care is received in the State Dental Plan network, the National Network, or Out-of-network.

See Summary of Benefits for specific plan limitations.

# 2026 MetLife Vision Benefit Highlights

## Eyeglasses instead of contacts

A materials copay of \$10 applies to lenses and frames for in-network benefits.

Network: Superior Vision Network  
Frequency: Once per calendar year

## Standard Lenses

Benefit	In-Network Benefit after copay	Out of Network Reimbursement
Single Vision	100% coverage	Reimbursed up to \$40
Lined Bifocal	100% coverage	Reimbursed up to \$60
Lined Trifocal	100% coverage	Reimbursed up to \$80
Lenticular	100% coverage	Reimbursed up to \$100

## Lens Enhancements

Benefit	In-Network Benefit	Out of Network Reimbursement
Standard Progressive	Covered in full	Up to \$50
Premium / Custom Progressive Services	<ul style="list-style-type: none"> <li>• Premium: Member pays \$40</li> <li>• Ultra: Member pays \$90</li> <li>• Ultimate: Member pays \$125</li> </ul>	Not Covered
Polycarbonate Lenses (Adult)	Covered in full	Applied to standard lens reimbursement
Polycarbonate Lenses (Dependent Child)	Covered in full	Applied to standard lens reimbursement
UV Coating	Member pays \$12	Applied to standard lens reimbursement
Anti-reflective Coating (variable by type)	<ul style="list-style-type: none"> <li>• Standard: Member pays \$35</li> <li>• Premium: Member pays \$48</li> <li>• Ultra: Member pays \$60</li> <li>• Ultimate: Member pays \$85</li> </ul>	Applied to standard lens reimbursement
Scratch Resistant Coating	Covered in full	Applied to standard lens reimbursement
Photochromic Lenses - plastic	Covered in full	Applied to standard lens reimbursement
Tints	Covered in full	Applied to standard lens reimbursement
Hi Index 1.67 / 1.74	Covered in full	Applied to standard lens reimbursement
Blue Light Filtering	Up to \$15	Applied to standard lens reimbursement
Digital Single Vision	Member pays \$30	Applied to standard lens reimbursement
Polarized	Member pays \$75	Applied to standard lens reimbursement

# 2026 Vision Benefit Highlights (continued)

## Frames

In-Network Benefit after copay	Out of Network Reimbursement
<p><b>\$200 allowance</b> An additional \$50 frame allowance and 20% off amount over the allowance is available through select providers.</p>	<p><b>\$75 allowance</b> Members without access to in-network providers within 30 miles receive a \$200 allowance.</p>

## Contact Lenses instead of eyeglasses

Benefit	In-Network Benefit	Out of Network Reimbursement
Standard fitting and follow-up	\$10 copay, then covered in full	Applied to contact lens allowance
Specialty fitting and follow-up	\$10 copay, then plan pays \$50	Applied to contact lens allowance
Necessary Contact Lenses	Covered in full	\$210 allowance
Elective Contact Lenses - Conventional	<b>\$200 allowance,</b> 20% off the amount over the allowance	<b>\$105 allowance</b> Members without access to in-network providers within 30 miles receive a \$200 allowance.
Elective Contact Lenses - Disposable	<b>\$200 allowance,</b> 10% off the amount over the allowance	<b>\$105 allowance</b> Members without access to in-network providers within 30 miles receive a \$200 allowance.

# 2026 Vision Benefit Highlights (continued)

## Laser Vision Correction

Savings of up to 20% - 35% off the national average at network providers.

## Low Vision Benefit

Allowed once every other calendar year.

Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Benefits are not available at retail chains, including Costco®, Walmart® and Sam's Club®.

### In-network and out-of-network benefits:

#### Supplemental testing:

- Maximum of two (2) tests covered in full within a two (2) year period up to the benefit maximum.

#### Supplemental aids:

- 75% of the allowable amount up to the benefit maximum every two (2) years.

#### Benefit Maximum:

- \$1,000 every two (2) years.

## Network Availability

For participants without access to in-network providers within 30 miles, an out-of-area Vision plan is available. For details and to confirm if this plan applies to you, please call MetLife Vision Customer Service at 1-800-GET-MET8.



# Coverage in Special Circumstances

## Family Coverage/Life Events

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

### You have 30 days to act if:

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

### 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 [SEGIP's website](#).

Requirements also include:

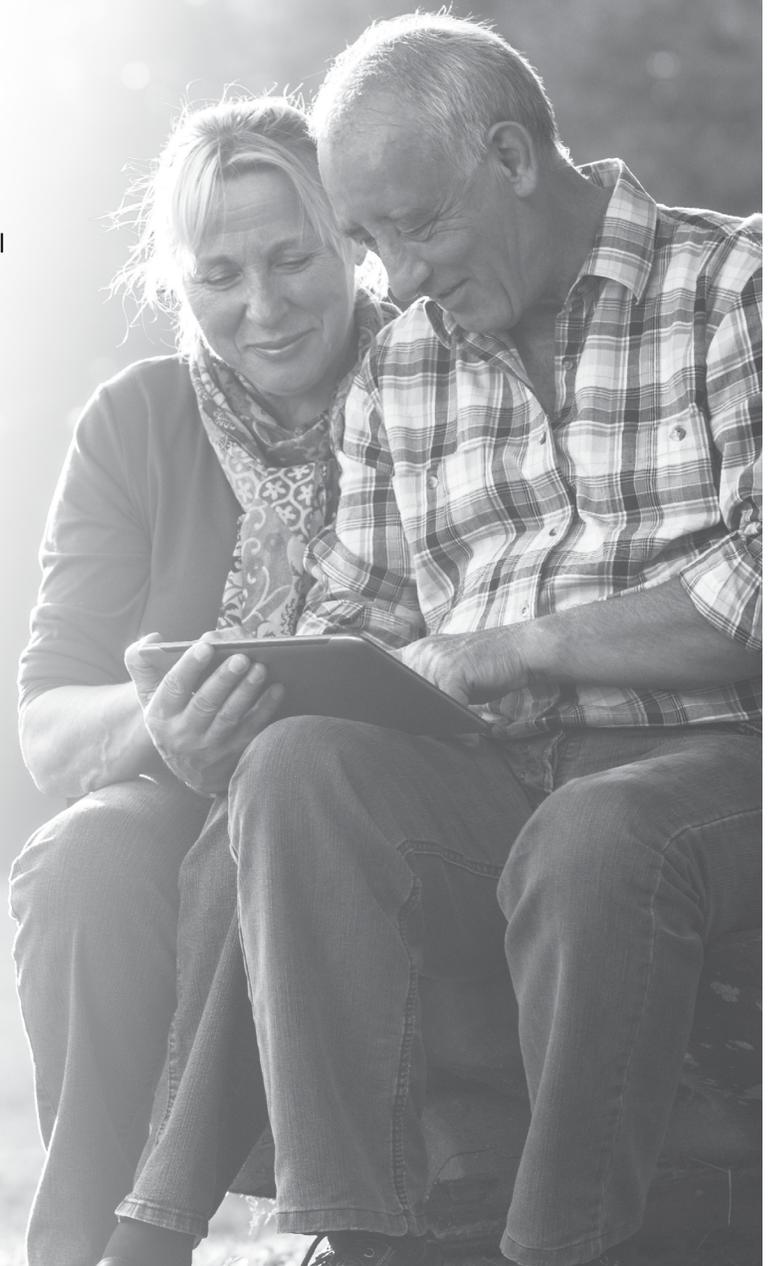
- If your dependent lost coverage, you need a document on company letterhead. The document must state the coverage your dependent had and the date it ended. Be sure it includes the date of the event that is causing the loss of coverage.

## Surviving Spouses and Dependents

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

## Divorce after Retirement

Notify SEGIP and your medical plan administrator right away.



# Plan Contact Information

Administrator	Phone and Email	Website
Blue Cross and Blue Shield of Minnesota Minnesota Advantage Health Plan National Network: Select BlueCard PPO	651-662-5090 800-262-0819 711 TTY 800-810-2583	<a href="http://bluecrossmn.com">bluecrossmn.com</a> <a href="http://bluecrossmn.com/segip">bluecrossmn.com/segip</a>
HealthPartners Minnesota Advantage Health Plan National Network: Included under Find covered care tab	952-883-7428 866-993-7428	<a href="http://healthpartners.com/segip">healthpartners.com/segip</a>
CVS Caremark	844-345-3234	<a href="http://caremark.com">caremark.com</a>
State Dental Plan - Delta Dental - Group 216	651-406-5916 651-406-5923 1-800-553-9536 (TTY: 711)	<a href="http://deltadentalmn.org/segip">deltadentalmn.org/segip</a>
State Dental Plan - HealthPartners Dental	952-883-7900 (TTY: 711) 888-343-4404	<a href="http://healthpartners.com/segip">healthpartners.com/segip</a>
MetLife Vision	1-833-393-5433	<a href="http://metlife.com/info/state-of-minnesota">metlife.com/info/state-of-minnesota</a>
Benefit Resource – BRI SEGIP Pre-tax Plans	612-877-4321	<a href="http://BenefitResource.com/state-of-minnesota">BenefitResource.com/state-of-minnesota</a>
SEGIP Member Services Center	651-355-0100 800-664-3597 <a href="mailto:segip.mmb@state.mn.us">segip.mmb@state.mn.us</a>	<a href="http://mn.gov/mmb/segip">mn.gov/mmb/segip</a>
MNSure	855-366-7873	<a href="http://mnsure.com">mnsure.com</a>
Healthcare.gov	800-318-2596	<a href="http://healthcare.gov">healthcare.gov</a>
SEGIP’s COBRA Office	651-539-5563 <a href="mailto:segip.mmb@state.mn.us">segip.mmb@state.mn.us</a> . Write COBRA in the subject line	<a href="http://mn.gov/mmb/segip/benefits/cobra">mn.gov/mmb/segip/benefits/cobra</a>

# Notice of Intent to Collect Private Data

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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.