

Updated Oct. 10, 2024

COBRA

For individuals and families continuing insurance coverage through the state employee benefits program.

Premiums,
plan changes,
contacts,
and more

Open Enrollment for 2025

Visit mn.gov/segip-oe for more information



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Open Enrollment is Oct. 24 through Nov. 13

Now is your chance to change insurance coverage.

You participate in COBRA through the State Employee Group Insurance Program. Between Oct. 24 and Nov. 13, those who are eligible may:

- Change between Blue Cross and Blue Shield of Minnesota and HealthPartners as the administrator of your medical insurance
- Add or cancel medical coverage for family members or other dependents
- Add or cancel 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. Just 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.

The State Dental Plan coverage you have now remains in place for 2025. Go to page 4 to find the dental premiums you will pay each month if you maintained dental coverage.

Important Reminders

- Make sure SEGIP has your current contact information.
- Changes you make to your benefits now will take effect Jan. 1, 2025. They will be in force through Dec. 31, 2025 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.
- The Summary of Benefits for the 2025 Minnesota Advantage Health Plan will be available on SEGIP's website in January 2025. It's the same summary whether you chose HealthPartners or Blue Cross to administer the coverage. Links to dental, vision, and life insurance benefit summaries are also on the website.
- You can cancel COBRA coverage at any time. Once you cancel the coverage, you can't get it back.
- Contact SEGIP at 651-355-0100, 800-664-3597, or segip.mmb@state.mn.us to get this document in a format that is accessible to you.

SEGIP Member Services Center Special Hours

- Increased phone staffing starts Oct. 1
- Extended hours Nov. 13 to 7 p.m.
- Closed Monday, Nov. 11. for Veterans Day
- Call (651) 355-0100 or (800) 664-3597
- Telecommunications Relay: Use the service you prefer.
- Email: segip.mmb@state.mn.us



Update your contact information

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

- Send an email to segip.mmb@state.mn.us.
- Make changes on your bill and send it back to the address on the bill.
- Send SEGIP a letter to Minnesota Management and Budget, Employee Insurance COBRA, 400 Centennial Office Building, 658 Cedar St., St. Paul, MN 55155

Take These Four Steps

1 Understand what changes

- Review highlights starting on page 4. You'll find more details on SEGIP's Open Enrollment website.
- Primary care clinics (PCC) network status and their cost level can change each year. The same clinic can have a different cost level between HealthPartners and Blue Cross. Go to the Open Enrollment website to check your clinic's 2025 cost level and make sure it's still in the network.
- 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 network.

2 Find out how much you will pay for insurance each month in 2025

- How much you pay for medical, dental, vision, and life insurance is changing. See the rate 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 when you get care. The differences can add up to thousands of dollars a year. 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 relocated, 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.

3 Make your decision

- Keep the same coverage you have now?
- Change between Blue Cross and HealthPartners?
- Add dependents to medical coverage or drop them from the plan?
- Add dependents to vision coverage 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 to Blue Cross or HealthPartners

Complete the COBRA Open Enrollment Form—Medical Insurance on page 18. Return the form by Nov. 13, 2024. Late forms cannot be processed.

Add dependents to medical coverage or drop them from the plan

Use the enrollment form on page 18.

Add dependents to vision coverage or drop them from the plan

Change Notify SEGIP in writing to Use the enrollment form on page 18.

Change primary care clinics only

Call the number on the back of your Blue Cross or HealthPartners ID card. The number is also on page 14.

- You can do this at any time. It doesn't have to happen during open enrollment.
- The change takes effect on the day you call unless you give them a date in the future.
- Get the new primary care clinic's ID number from the 2025 PCC directory.

How Much You Pay Each Month in 2025

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.



Medical Coverage

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

Medical Coverage	Single	Family
2025 monthly premium	\$853.50	\$2,509.87

Dental Coverage

State Dental Plan through either Delta Dental Group 216 or HealthPartners. The coverage you have now remains in effect.

Dental Coverage	Single	Family
2025 monthly premium	\$46.96	\$138.97

Vision Coverage

Blue Cross Vision

Vision Coverage	Single	Family
2025 monthly premium	\$4.26	\$12.22

Life Insurance Coverage

Life Insurance Coverage	Monthly Premium
Basic Life	Go to the website for the most up-to-date information.
Managers (1.5x)	
Managers (2x)	
Child Life	

You Need to Know

The deadline is Nov. 13, 2024

Enrollment forms must be received at Minnesota Management and Budget by Nov. 13, 2024. Forms received after this date cannot be accepted or processed. Email your form to **segip.mmb@state.mn.us** to avoid traditional mail delays.

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

Both Blue Cross and HealthPartners will send new plan ID cards before Jan. 1, 2025. 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.

Important Plan Statements

- The descriptions in this book highlight the benefits provided by the Minnesota Advantage Health 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.



Notice about Creditable Drug Coverage

This is important. It ensures that you will not pay a Part D penalty later if you sign up for a Medicare prescription drug plan outside of SEGIP. People covered by the Minnesota Advantage Health Plan have existing prescription drug coverage that, on average, is as good as, if not better than Medicare Part D. Proof of this “creditable coverage” is in a disclosure on the SEGIP website.

Using the Minnesota Advantage Health Plan

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

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.

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 links to the HealthPartners and Blue Cross full list of providers on SEGIP's Find a Clinic webpage. Use the links to search for specific doctors or specialists (including OB/GYNs, chiropractors, mental health providers, and others).

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 2025, 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.

Family coverage cost levels

You and your family members may choose different PCCs within 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 maximum 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 2025 Primary Care Clinic Directory on the Open Enrollment website. Remember HealthPartners and Blue Cross may have different cost levels for the same clinic.

Prescription Drugs

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. 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:
 - **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.

The Out-of-Area Benefits Schedule on page xx outlines how the care is covered. You'll see that it's similar to what you'd pay at a cost level 3 primary care clinic within the plan's service area. Children who live with an ex-spouse outside the Minnesota Advantage Plan Service area (as of Dec. 31, 2003) are covered at cost level 2. If available, care must be received by providers in the child's Blue Cross or HealthPartners national network. Go to SEGIP's website for complete rules and details.

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.
- 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 doesn't change when you are outside the service area. Continue to use the CVS Caremark pharmacy network. Your prescription copays do not change.

Coverage in Special Circumstances

Family Coverage/Life Events

You may change family coverage outside Open Enrollment if you:

- Apply for the coverage within 30 days of a “life event” as described below.
- Provide documentation of the event.

Life events that qualify as reasons to change your coverage are:

- Your marriage or divorce
- Birth or adoption
- A change in your dependent’s employment status that affects insurance

The request to change your insurance must match the life event you went through. If the requested change causes your premium to increase or decrease, you will be notified of the new premium and the date it is due.

Note: Enroll right away to avoid owing a large back payment in premiums.

If you are eligible to change coverage

Submit a Qualifying Status Change form to SEGIP. You’ll find it in the Find a Form section of the website. You’ll also need to submit proof of the event. Instructions are on the form. Call or email SEGIP’s Member Services Center if you have questions.

Surviving spouses and dependents

A spouse who is covered by the Minnesota Advantage Health Plan when a former employee dies may continue to participate in SEGIP indefinitely.

Divorce

If you divorce while covered through COBRA, you may move to single coverage. If you cover a spouse or other dependent under 65 they may be eligible to continue coverage through COBRA as well. You must call within 60 days of the divorce.

When a child you cover turns 26

If you maintained coverage for a dependent child who is nearing age 26, they will be mailed a COBRA enrollment notice. The notice provides details on the coverage for which they are eligible.

Contact SEGIP for more information 651-355-0100 or segip.mmb@state.mn.us.

Go to SEGIP’s website for details on:

- How the Advantage Value for Diabetes and Omada programs help people diagnosed with diabetes. Omada helps you manage the disease and Advantage Value makes it more affordable to get important care.
- Preventing diabetes and other chronic illness through Omada’s personal health coaching and education. SEGIP covers the cost of the program for people who qualify.
- Low cost or free office visits for mental health care. The office visits may be online or in person.
- Making sure your medical bills get paid. Avoid having to pay your entire medical bill because you didn’t get the right referral.
- Complete details about your medical and prescription drug coverage.

2024/2025 Minnesota Advantage Health Plan Schedule of Benefits

Refer to the Section in the Advantage Health Plan Summary of Benefits for additional information.

2024/2025 Benefit Provision	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
A. Preventive Care Services Routine medical exams, cancer screening > Child health preventive services, routine immunizations > Prenatal and postnatal care and exams > Adult immunizations > Routine eye and hearing exams	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible
B. Annual First Dollar Deductible (single/family)	\$250 / 500	\$400 / 800	\$750 / 1,500	\$1,500 / 3,000
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care > Outpatient visits in a physician's office > Chiropractic services > Urgent Care clinic visits (in service area/in or out of network)	\$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
C1. Office visits for mental health and Substance Use Disorder > Outpatient office visits only	\$0 copay per visit Not subject to Annual deductible	\$0 copay per visit Not subject to Annual deductible	\$50 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies
D. In-Network Convenience/Retail Clinics (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
E. Emergency Care (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
F. Inpatient Hospital (copay waived for admission to Center of Excellence)	\$100 copay Annual deductible applies	\$200 copay Annual deductible applies	\$500 copay Annual deductible applies	25% coinsurance Annual deductible applies
G. Outpatient Surgery	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies

2024/2025 Benefit Provision (Continued)	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
H. Hospice Care	\$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
I. Prosthetics, Durable Medical Equipment	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
J. Lab (including allergy shots), Pathology, and X-ray (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
K. MRI/CT Scans	10% coinsurance Annual deductible applies	15% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies	30% coinsurance Annual deductible applies
L. Other expenses not covered in A-K above, including but not limited to: <ul style="list-style-type: none"> ➤ Ambulance ➤ Home Health Care ➤ Outpatient Hospital Services (non-surgical): <ul style="list-style-type: none"> • Radiation/chemotherapy • Dialysis • Day treatment for mental health and Substance Use Disorder • Other diagnostic or treatment related outpatient services 	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
M. Prescription Drugs 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	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
O. Plan Maximum Out-of-Pocket Expense (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.

2025 SEGIP Out-of-Area Benefits Schedule for the Minnesota Advantage and High Deductible Health Plans (HDHP)

2024/2025 Benefit Provision	MN Advantage Health Plan	MN Advantage High Deductible Health Plan
A. Preventive Care Services Routine medical exams, cancer screening > Child health preventive services, routine immunizations > Prenatal and postnatal care and exams > Adult immunizations > Routine eye and hearing exams	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible
B. Annual First Dollar Deductible (single/family)	\$750 Single \$1,500 Family	\$1,750 Single \$3,500 per family member or \$4,000 family
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy Outpatient visits in a physician's office	\$70 copay per visit Annual deductible applies	30% coinsurance Annual deductible applies
Outpatient office visits for mental health and substance use disorder	\$50 copay per visit Annual deductible applies	30% coinsurance Annual deductible applies
Urgent Care clinic visits (in or out of network/in or out of service area)	Covered at in-network and in-service-area selected PCC levels	Covered at in-network and in-service-area selected PCC levels
D. In-Network Convenience/Retail Clinics (in person or virtual care). See summary for covered virtual care providers.	\$0 copay Not subject to Annual deductible	30% coinsurance Annual deductible applies
E. Emergency Care (in or out of network/in or out of service area) 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
F. Inpatient Hospital	\$500 copay per visit Annual deductible applies	30% coinsurance Annual deductible applies
G. Outpatient Surgery	\$250 copay Annual deductible applies	30% coinsurance Annual deductible applies
H. Hospice and Skilled Nursing Facility	\$0 copay Annual deductible applies	30% coinsurance Annual deductible applies

2024/2025 Benefit Provision	MN Advantage Health Plan	MN Advantage High Deductible Health Plan
I. Prosthetics and Durable Medical Equipment	20% coinsurance not subject to Annual deductible	30% coinsurance Annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (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
K. MRI/CT scans	25% coinsurance Annual deductible applies	30% coinsurance Annual deductible applies
L. Other expenses not covered in A – K above, including but not limited to: Ambulance Home Health Care Outpatient Hospital Services (non-surgical): ➤ Radiation/chemotherapy ➤ Dialysis ➤ Day treatment for mental health and substance use disorder ➤ Other diagnostic or treatment related outpatient services	20% coinsurance Annual deductible applies	30% coinsurance Annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs.	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$30 Tier 2 - \$50 Tier 3 - \$75 Annual deductible applies
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (single/family)	\$1,050 / 2,100	N/A
O. *Plan Maximum Out-of-Pocket Expense (single/family) (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. 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.**

Find Plan Summaries Online

Here's where you can find information on your health plan administrator's website.

Blue Cross and Blue Shield of Minnesota

Go to bluecrossmn.com/segip to find information in these sections:

Minnesota Advantage Health Plan

- MN Advantage Schedule of Benefits
- State of MN Advantage Plan Enrollment Guide

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

Member Login

See coverage, claims, account info and more.

Find a Doctor

Search for doctors, hospitals and clinics

HealthPartners

Go to healthpartners.com/segip to find information in these sections:

Active employees and early retirees medical plan summary

- Advantage schedule of benefits (PDF)

Find covered Care

Looking for a doctor, clinic or dentist nearby?



Get More Information about Your Benefits

Administrator	Phone and Email	Website
Blue Cross and Blue Shield of Minnesota Minnesota Advantage Health Plan National Network: Select Blue Card	651-662-5090 800-262-0819 711 TTY 800-810-2583	bluecrossmn.com bluecrossmn.com/segip
HealthPartners Minnesota Advantage Health Plan National Network: Included under Find covered care tab	952-883-7428 866-993-7428	healthpartners.com/segip Select Pharmacy from the top of the page for information on prescription drug coverage.
CVS Caremark	844-345-3234 (toll free)	caremark.com
State Dental Plan - Delta Dental - Group 216	651-406-5916 651-406-5923 1-800-553-9536 (TTY: 711)	deltadentalmn.org/segip
State Dental Plan - HealthPartners	952-883-7900 (TTY: 711) 888-343-4404	healthpartners.com/segip
Blue Cross Vision	888-921-1192	bluecrossmn.com/segip-vision
Benefit Resource – BRI SEGIP Pre-tax Plans	612-877-4321	BenefitResource.com/state-of-minnesota
SEGIP Member Services Center	651-355-0100 800-664-3597 segip.mmb@state.mn.us	mn.gov/mmb/segip

Glossary

The U.S. Department of Labor has more detail about COBRA on its website: dol.gov/general/topic/health-plans/cobra

Allowed amount: A set amount an insurance company and provider have agreed to as payment for a specific health care service or product. The allowed amount applies to care you get within the company's network.

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.

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/Copayment: This is a set dollar amount. You often pay it when you get a medical service. For example, the copay for an office visit at a cost level 3 primary care clinic is \$70. The copay is \$0 for preventive care such as annual checkups.

Deductible: How much you pay for care each year before your plan starts to pay for certain services. You can get some care without paying the deductible first. For example, you can get emergency care and an annual checkup at your primary care clinic 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.

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.

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 medication/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 get services because networks may change during the year.

National Network: Where you get care when you're outside the Minnesota Advantage Health Plan service area. That service area is all of Minnesota and the counties that border the state in North Dakota, South Dakota, Iowa, and Wisconsin. Use your Blue Cross or HealthPartners National Network to have your care covered outside this area.

Open Enrollment: The one-time a year people can change medical plan administrators. Open enrollment for SEGIP-sponsored coverage is Oct. 24 to 11:59 p.m. on Nov. 13, 2024.

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

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.

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.

Summary of Benefits: A document that provides details about your coverage. For example, you'll find details about the Minnesota Advantage Health Plan in the Summary of Benefits on SEGIP's website.

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.