

Health Insurance 2020

*For former employees or dependents
continuing health or dental coverage through
the state employee benefits program (COBRA)*

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Open Enrollment 2020

For former employees or dependents continuing health coverage through the state employee benefits program.

Open Enrollment is October 31- November 20, 2019

Without furnishing evidence of good health, you may take the following actions during this period:

- You may change health insurance carriers for yourself and/or your family.
- You may add or cancel health coverage for your eligible dependents.
- Health selections will be in force from January 1, 2020 through December 31, 2020 or until the end of your continuation period, whichever occurs first.
- Remember, even if you do not submit Open Enrollment changes, your rates will change for medical, dental, and/or life coverage. See the rate table on page 3.

Premiums

The premiums for the Minnesota Advantage plan will increase for plan year 2020 by 7.85%.

Steps for a successful Open Enrollment

- **Carefully review the information in this booklet.**
This booklet highlights changes for Plan Year 2020 and provides important information about the benefits available to you. Changes in your benefits for the Plan Year 2020 will also be posted on the SEGIP website at: mn.gov/mmb/segip.
- **Review the plan availability information in this booklet on page 5.**
This information indicates which health plans are available to you. It is advisable to choose a plan available in the county in which you live.
- **Review the 2020 insurance rates on page 3.**
The 2020 Advantage Health Plan and Dental Plan rates are listed on page 3 and on the SEGIP website. These charts list the monthly premiums for the insurance coverages that can be continued on a limited basis after employment.
- **Check your Primary Care Clinic (PCC) to ensure participation for Plan Year 2020. Some clinics have changed cost levels.**
A list of participating clinics is available on the SEGIP website at: mn.gov/mmb/segip. To access, click on Open Enrollment tab. If you want to keep your current health carrier, but want to change clinics, call the carrier directly at the phone number listed on page 12 of this booklet. If you want to change health carriers, you must complete and return the COBRA Open Enrollment form at the back of this booklet.
- **Complete and fax or mail your enrollment form to SEGIP if you want to make changes. Faxing is recommended, as first class mail is not guaranteed.**

Minnesota Management & Budget Employee Insurance Division
Attn: COBRA
FAX: (651) 296-5445

Minnesota Management & Budget
State Employee Group Insurance Division – COBRA OE
658 Cedar Street
400 Centennial Office Building
St. Paul, MN 55155

Enrollment forms must be received in our office by November 20, 2019. Enrollment forms received after this date will not be accepted nor processed.

If you do not want to make changes, you do not have to complete the enrollment form.

2020 Monthly Plan Rates

Because you are no longer an employee of the state or an insurance-eligible dependent of an employee, you must pay the full cost of your health and/or dental coverage plus a two percent administrative fee. This fee is included in the health, dental, and life rates below and listed on the SEGIP website. If you view rates in the employee section, please remember to add the 2% administrative fee.

If you decide to enroll with a different carrier or change from individual to family coverage, do not enclose money with your enrollment form.

2020 Monthly Medical Rates

Coverage	Individual	Family
Advantage BlueCross BlueShield	\$714.72	\$2101.80
Advantage HealthPartners	\$714.72	\$2101.80
Advantage PreferredOne	\$714.72	\$2101.80

2020 Monthly Dental Rates

Coverage	Individual	Family
State Dental Plan	\$41.54	\$122.94
HealthPartners State of MN Plan	\$41.54	\$122.94

2020 Monthly Life Insurance Rates

Coverage	Rate
Basic Life	\$10.80
Managers (1.5x)	\$40.44
Managers (2x)	\$58.94
Child life	\$0.86

Health plan highlights

Medical Insurance Cards

All medical providers, BlueCross, HealthPartners, and PreferredOne will issue new membership cards prior to January 1, 2020. Please check your card(s) for accuracy. Any inaccuracies should be reported to your carrier immediately.

What's new

Point-of-Service (POS): SEGIP participants covered under Point-of-Service will receive coverage for preventive care visits at 100%. Please remember that if a physician or medical facility finds it appropriate to code the visit as an office illness/injury visit, the deductible and co-insurance will apply.

Convenience care and online care: These services will remain available at no cost in plan year 2020 in the Minnesota Advantage Health Plan.

- Convenience care clinics (network approved, call carrier)
- Doctors on Demand at www.doctorondemand.com/bcbsmn (for members of BCBS and HealthPartners)
- virtuwell at www.virtuwell.com (for members in all Minnesota Advantage Health Plans)
- MDLive at www.MDLive.com (for members of PreferredOne)

Convenience care clinics and online care services can provide quick diagnosis for simple medical issues.

Advantage Value for Diabetes (AVD) will be available to children under the age of 18. Some copays under AVD will increase by \$5.00. See the AVD section of the Health Solutions webpage on the SEGIP site.

The current deductibles, copays, coinsurances and out-of-pocket maximums are increasing the same in all cost levels. The cost sharing features will change in plan year 2020. Coinsurance changes for labs and MRI/CTs can be reviewed on the chart on page 8. The changes to first dollar deductibles, office visit copays and out-of-pocket maximums are illustrated below.

2020 Benefit Provision	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
Annual First Dollar Deductible (single/family)	\$250/500	\$400/800	\$750/1500	\$1500/3000
Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> • Outpatient visits in a physician's office • Chiropractic services • Outpatient mental health and chemical dependency • Urgent Care clinic visits (in & out of network) 	\$30/35* copay per visit Annual deductible applies	\$35/40* copay per visit Annual deductible applies	\$65/70* copay per visit Annual deductible applies	\$85/90* copay per visit Annual deductible applies
Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1700/3400	\$1700/3400	\$2400/4800	\$3600/7200

The Pharmacy copays are also increasing slightly, Tier 1 prescriptions will increase by \$4.00 and Tier 2 and 3 drugs will increase by \$5.00 each. The Pharmacy Benefit's out-of-pocket maximums will also increase. Remember, regardless of your Cost Level, this maximum is the same for all members.

New: 90-day supply for two copays can be obtained at any participating pharmacy, in addition to CVS pharmacies and mail order.

2020 Benefit Provision	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin, or a 3-cycle supply of oral contraceptives Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	\$18/30/55	\$18/30/55	\$18/30/55	\$18/30/55
Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)	\$1050/2100	\$1050/2100	\$1050/2100	\$1050/2100

Important Plan Notes

By state statute, the Minnesota Legislature must approve the bargained plan design changes described in this book. If the Legislature does not approve them or if the Legislature does not provide an interim pass, the plan design changes described here will not occur and premiums will increase as noted (except the medical premium will increase at a rate higher than 7.85%).

The descriptions in this book are meant only to highlight the benefits provided by each plan. Please refer to the Certificate of Coverage or Summary of Benefits for a complete description of all benefits and exclusions. If there are differences between this document and the plans' Certificates of Coverage or Summaries of Benefits, the Certificate of Coverage and Summary of Benefits will govern.

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 laws and collective bargaining agreements.

The Plan assumes fraud or intentional misrepresentation if a participant enrolls a dependent who does not meet the Plan's definition of a dependent. Upon 30-day notice, coverage will be rescinded to the effective date of coverage. You may be liable for all claims paid by the Plan on behalf of an ineligible dependent.

2020 SEGIP Plan availability by Minnesota county

The Minnesota Advantage Health Plan is available in all counties of Minnesota. However, the availability under each carrier may differ slightly.

BlueCross BlueShield and HealthPartners offer the Advantage Plan in all counties of Minnesota. PreferredOne offers the Minnesota Advantage Health Plan in all Minnesota counties except Houston County, where there is partial coverage.

Each carrier offering the Minnesota Advantage Health Plan also provides a National Preferred Provider Organization (PPO) for members who permanently reside outside the state and the service area (bordering counties) of Minnesota. Please check with the carriers if you require access to the PPO, as not all carriers offer PPOs in every state. You must provide your permanent address and request access to this benefit before it is provided.

Advantage Plan

Important features

The Minnesota Advantage Health Plan has cost sharing features that will help you and the state to better control health care costs while maintaining flexibility in accessing doctors and clinics. Advantage has some important notable features, including:

- Uniform, comprehensive set of benefits across all carriers.
- No copayments charged for preventive care such as immunizations, well-child care, annual checkups, etc.
- Out-of-pocket expense maximums for both prescription drugs and medical services to protect you from financial hardships.
- Most medical care is coordinated through your Primary Care Clinic (PCC) and you will generally need a referral to see a specialist.
- You may self-refer to certain specialists including obstetricians/gynecologists, chiropractors, and mental health/chemical dependency practitioners. You may also self-refer for routine eye exams. How you access this specialty care depends on your plan and possibly your PCC.
- Family members may elect different PCCs (even in a different cost level), but must enroll with the same carrier.
- You can change clinics as often as each month. Changes are effective the first of the month following the request.
- Office visit services received through a referral to a specialist's office will be covered at the same cost level as your PCC.
- It is advisable to choose a carrier that is available in the county in which you live and you may choose a clinic in your area.

How does Advantage work?

Under Advantage, you share in the cost of specific medical services you obtain by paying out-of-pocket costs (deductibles, office visit copayments, and coinsurance).

Health care providers have been placed into one of four cost levels, depending on the care system in which the provider participates and that care system's total cost of delivering health care. Participants receive the greatest available coverage when using cost level 1 or 2 clinics.

The amount of cost sharing that will be paid when using health care services varies depending on the cost level of the Primary Care Clinic that is chosen. Primary Care Clinics in the cost levels 1 and 2 provide the best value with the lowest possible out-of-pocket costs. Members in cost level 1 or 2 have annual out-of-pocket maximums set at the lowest amounts available under the plan, \$1,700 for single coverage and \$3,400 for family. Participants opting for coverage in a cost level 3 or 4 cost level clinic will have higher out-of-pocket costs, as the delivery of care under these cost levels is higher. Participants in cost level 3 will share in their cost of care up to the out-of-pocket maximum of \$2,400 single and \$4,800 family. Participants using cost level 4 clinics will share in the cost of their care to a maximum of \$3,600 single and \$7,200 family. Once you've reached your annual out-of-pocket maximum, the Advantage Plan will pay all remaining medical costs allowed under the plan for that year.

CVS Caremark is the Pharmacy Benefits Manager for all participants of the Minnesota Advantage Health Plan regardless of the carrier selected. Under the SEGIP plan, most drugs are covered under one of three tiers, regardless of the PCC selected. The formulary may be accessed at www.caremark.com. The out-of-pocket maximum is the same, \$1,050 single and \$2,100 family, regardless of the cost level of a participant's Primary Care Clinic. Remember, the 90-day supply for two copays can be obtained at any participating pharmacy, in addition to CVS pharmacies and mail order.

How to find more information on Advantage clinics and clinic numbers

A list of participating clinics is available to help you make your carrier and Primary Care Clinic (PCC) selection. This list includes your PCC's clinic number that you will need in order to enroll. To find the list, go to the SEGIP website at: <https://mn.gov/mmb/segip/>. To access, click on the Open Enrollment tab.

The SEGIP website also provides links to more detailed online provider directories of the three Advantage Plan carriers: BlueCross BlueShield, HealthPartners, and PreferredOne. To access, click on the Open Enrollment tab on the SEGIP website.

To ask specific questions, call the carrier directly. The carriers' phone numbers are listed on page 12 of this booklet.

Point of Service benefit for members residing outside the state of Minnesota

Point of Service coverage is available for members whose permanent residence is outside the state of Minnesota and outside the service areas of the health plans participating in Advantage (this category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical] and college students. It is also available to dependent children and spouses permanently residing outside the service area). A Point of Service Form may be obtained from the SEGIP website. The completed form must be submitted to SEGIP. Once submitted and approved by SEGIP, you may request POS benefits by calling your carrier directly.

If you change carriers during Open Enrollment, you will need to submit a new Point-of-Service form to SEGIP and then call your new carrier to request your POS access. It's advisable to discuss now to identify contracted providers.

If your permanent residence is outside the state of Minnesota and outside the service area, contact your carrier to request access to the point-of-service benefit level. This includes a \$350 single/\$700 family deductible and 70% coverage to the same out-of-pocket maximums noted on the Benefits Schedule on pages 8 and 9. This must be requested. Members may receive provider discounts when using the national Preferred Provider Organization (PPO) of the health plan in which they are enrolled. Call your carrier for more information about the national PPO. See page 12 of this booklet for a phone listing of all plans.

Prescription drugs are covered at the benefit level on the Benefit Schedule on pages 8 and 9 and posted on the SEGIP website. Participating pharmacies can be found at the CVS Caremark website: www.caremark.com

NOTE: Children who have lived out of area with an ex-spouse since 2003 will receive cost level 2 coverage with a national PPO provider. If a national PPO provider is not available, a dependent may self refer and receive cost level 2 benefits. This continuation applies only if enrollment is continued with the same carrier.

Creditable Coverage for prescription drugs

It has been determined that the prescription drug coverage offered through the Minnesota Advantage Health Plan is creditable. This means that the amount that the Advantage Plan expects to pay, on average, for prescription drugs is the same or more than what standard Medicare prescription drug coverage will pay. This means that, if you are now eligible for Medicare Part D but enroll at a future date, you will not pay extra for that coverage. A Medicare D disclosure is available to you on the SEGIP website.

2020 Minnesota Advantage Health Plan Schedule of Benefits

2020 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 <ul style="list-style-type: none"> Routine medical exams, cancer screening Child health preventive services, routine immunizations Prenatal and postnatal care and exams Adult immunizations Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible (single/family)	\$250/500	\$400/800	\$750/1500	\$1500/3000
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> Outpatient visits in a physician's office Chiropractic services Outpatient mental health and chemical dependency Urgent Care clinic visits (in & out of network) 	\$30/35* copay per visit Annual deductible applies	\$35/40* copay per visit Annual deductible applies	\$65/70* copay per visit Annual deductible applies	\$85/90* copay per visit Annual deductible applies
D. In-network Convenience Clinics & Online Care (deductible waived)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
E. Emergency Care (in or out of network) <ul style="list-style-type: none"> Emergency care received in a hospital emergency room 	\$100 copay Annual deductible applies	\$100 copay Annual deductible applies	\$100 copay Annual deductible applies	25% coinsurance Annual deductible applies
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 Copay	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics, Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	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 chemical dependency • 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, including insulin, or a 3-cycle supply of oral contraceptives Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	\$18/30/55	\$18/30/55	\$18/30/55	\$18/30/55
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)	\$1050/2100	\$1050/2100	\$1050/2100	\$1050/2100
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1700/3400	\$1700/3400	\$2400/4800	\$3600/7200

**Employees who complete the Health Assessment during Open Enrollment and agree to a health coaching call receive the lower office visit copayment for themselves and covered dependents. Employees hired after the close of Open Enrollment will automatically receive the lower copayment.*

This chart applies only to in-network coverage. Point-of-Service (POS), coverage is available only to members whose permanent residence is outside both the State of Minnesota and the Advantage plan’s service area. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical]; and college students. It also applies to dependent children and spouses permanently residing outside the service area. Members enrolled in this category pay a \$350 single or \$700 family deductible (separate and distinct from the deductibles listed in section B above) and 30% coinsurance to the out-of-pocket maximum described in Section O above. Members pay the drug copayment described at Section M above to the out-of-pocket maximum described at Section N. This benefit must be requested.

The Advantage Plan offers a standard set of benefits regardless of the selected carrier. There are differences in how each carrier administers the benefits, including the transplant benefit, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount.

Dental Schedule of Benefits for 2020-2021

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

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

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

Diagnostic and preventive care (deductible does not apply)

Covered Services	In-network Benefits	Out-of-network Benefits
Examinations, oral hygiene & teeth cleaning	100% coverage	50% coverage of the allowed amount
Fluoride treatment (to age 19)	100% coverage	50% coverage of the allowed amount
Space maintainers	100% coverage	50% coverage of the allowed amount
Sealants	100% coverage	50% coverage of the allowed amount

Restorative care and prosthetics (deductible applies)

Covered Services	In-network Benefits	Out-of-network Benefits
Fillings (customary restorative materials)	80% coverage	50% coverage of the allowed amount
Oral surgery	80% coverage	50% coverage of the allowed amount
Periodontics (gum disease therapy)	80% coverage	50% coverage of the allowed amount
Endodontics (root canal therapy)	80% coverage	50% coverage of the allowed amount
Inlays and overlays	80% coverage	50% coverage of the allowed amount
Restorative crowns	80% coverage	50% coverage of the allowed amount
Dental Implants	80% coverage	50% coverage of the allowed amount
Fixed or removable bridgework	80% coverage	50% coverage of the allowed amount
Full or partial dentures	80% coverage	50% coverage of the allowed amount
Dental relines or rebases	80% coverage	50% coverage of the allowed amount
Orthodontics	80% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)

Emergency services are covered at the same benefit level as non-emergency services.

See Summary of Benefits for specific plan limitations.

Dental Plan highlights

The following information is made available for your reference. Your dental plan will remain in force throughout the end of plan for 2020 plan year or until the end of your continuation period, if earlier.

What's New

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

Premiums

You pay the full cost of dental coverage for yourself and your eligible family members. The monthly cost varies depending on whether you cover yourself only or yourself and other eligible family members. Premiums are increasing by 2.25%.

Comprehensive coverage

Both SEGIP dental plans provide comprehensive coverage that includes many preventive (periodic examinations, x-rays, cleanings, etc.) and restorative (fillings, restorative crowns, root canals, extraction, etc.) services.

Provider networks

Each SEGIP dental plan offers a network of dental providers. You are not required to select a primary care clinic or dentist, but to get the highest benefit available you should receive your care from an in-network dentist listed in the plan directory. If you don't receive your care through an in-network provider, you will not receive the highest level of benefits or you may not receive any benefit at all.

The SEGIP website provides links to the provider directories published by our dental carriers. To access, click on the Open Enrollment tab on the SEGIP website. You may also call your plan's customer service office to learn whether your dentist will be included in your plan's provider network during the 2020 insurance year. Please note, participating dentists may change during the plan year.

Availability by county

The State Dental Plan, administered by Delta Dental, offers total coverage in all counties of Minnesota. The HealthPartners State of Minnesota Dental Plan also offers total coverage in all counties of Minnesota. Please check your network providers prior to scheduling appointments, as network providers can change throughout the plan year.

Predetermination of benefits

When services other than preventive care are recommended, ask your dentist to submit a request for a predetermination of benefits or pre-estimate to your plan. This ensures that you understand the amount your plan will pay and the amount that will be your responsibility.

How can I get more information about Open Enrollment?

Via the Internet

A list of participating doctors and clinics is available to help you make your Primary Care Clinic (PCC) selection. This list also includes the PCC number that you will need in order to enroll. Each carrier assigns a unique clinic number for each clinic. To access, click on the Open Enrollment tab on the SEGIP website at: mn.gov/mmb/segip. Then, click on the link entitled, “2020 Advantage Clinic Directory.”

The Open Enrollment tab on the SEGIP website also provides links to the provider directories published by the three Minnesota Advantage Health Plan administrators: BlueCross BlueShield, HealthPartners, and PreferredOne. To access, click on the Open Enrollment tab on the SEGIP website.

SEGIP carriers

Each SEGIP health insurance carrier, and your pharmacy benefits manager, prepares an online provider directory that lists its participating doctors, dentists, and pharmacies. You may access this information through the SEGIP website or you may call your insurance carrier. A doctor/clinic may choose to terminate the relationship with an insurance company during the year. However, you may only switch carriers during Open Enrollment.

SEGIP’s Open Enrollment Service Center

For answers to questions about rates, insurance billing, eligibility, coverage or for help with enrollment issues, you can call SEGIP’s Open Enrollment Service Center for assistance. The Service Center is available from October 7, 2019, through November 20, 2019, Monday through Friday from 7:00 AM to 4:00 PM (our Service Center will be closed on Monday, November 11, 2019 in observance of Veterans Day). Call 651-355-0100, 800-664-3597 in greater Minnesota Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

Employee meetings

Employee meetings will be held in selected locations around Minnesota from October 14 - October 25, 2019. You may view the SEGIP website for a schedule of meetings throughout the state.

Summary of Benefits

Your Summary of Benefits for the Minnesota Advantage Health Plan and Certificates of Coverage for the dental plans are available on the SEGIP website at: mn.gov/mmb/segip.

To obtain more information about SEGIP plans

Information available via the Internet

Many SEGIP plans provide information online. Our health and dental plans' provider lists are also available. You can reach them through links on the SEGIP website at: mn.gov/mmb/segip. To access, click on the Open Enrollment tab on the SEGIP website. Next, click on the link entitled "Links to Participating SEGIP Insurance Carriers."

Contact plans by phone or Internet

BlueCross and BlueShield of Minnesota	(651) 662-5090 (800) 262-0819 771 TTY	www.bluecrossmn.com
National PPO: Blue Card	(800) 810-2583 or	www.bluecrossmn.com/segip
PreferredOne	(763) 847-4477 (800) 997-1750 (763) 847-4013 TTY	www.preferredone.com/segip
National PPO	(866) 241-7427	www.preferredone.com/segip/find-a-doctor
HealthPartners	(952) 883-7900 (888) 343-4404 (952) 883-5127 TTY	www.healthpartners.com/segip
CVS Caremark Claims Department	(844) 345-3234 (toll free)	www.caremark.com
State Dental Plan Delta Dental Group 216	(651) 406-5916 (651) 406-5923 TTY (800) 553-9536 (888) 853-7570 TTY	www.deltadentalmn.org/segip
HealthPartners State of Minnesota Dental Plan	(952) 883-7900 (888) 343-4404 (952) 883-5127 TTY	www.healthpartners.com/segip
Hartford SEGIP Disability Insurance	(800) 752-9713	
Ochs, Inc. Minnesota Life, Disability Insurance and AD&D Insurance	(651) 665-3789 (800) 392-7295	www.ochsinc.com/stmn
121 Benefits SEGIP Pre-tax Plans	(612) 877-4321 (800) 300-1672	www.121benefits.com
SEGIP Service Center 7:00 A.M. to 4 P.M.	(651) 355-0100 (800) 664-3597	mn.gov/mmb/segip

Notice of Collection of Private Data

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

What data will we use? We will use the data you provide us at this time, as well as data previously provided us, about yourself and your spouse and dependent(s). We will use the data to administer existing programs, develop new programs, insure existing programs are effective and efficient, comply with both state and federal laws and regulations, and to process your enrollment requests. If you provide any data about that is not necessary, we will not use it for any purpose.

Why we ask you for this data? We ask for this data so that we can successfully administer employee benefits. This data is used to process your request to add, waive, or change coverage for yourself. The requested data helps us to determine eligibility, to identify you, and to contact you, your spouse, and dependents.

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

What will happen if you do not answer the questions we ask? If you do not answer these questions, the insurance benefit transaction you requested for you, your spouse, dependent, or other insurance benefit transaction may be delayed or denied.

Who else may see this data about you and your spouse and dependents? We may give data about you, your spouse and dependents to your insurance carrier, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. The parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used? We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

August, 2017