

Updated Oct. 10, 2024

Former Employees with Disabilities (FEWD)

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 medical insurance coverage.

As a former employee with disabilities, you and your spouse, children, or other dependents may have continued health insurance through the State Employee Group Insurance Program.

Between Oct. 24 and Nov. 13, you may:

- Change between Blue Cross and Blue Shield of Minnesota and HealthPartners to administer your medical coverage.
- Add medical coverage for a spouse, child, or other dependent who is eligible.
- Drop medical coverage.

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

Important Reminders

If you do not want to make any changes to your benefits, you do not need to fill out any forms. If you pay through your bank, update the amount of your automatic payment.

- Changes you make now take effect Jan. 1, 2025. They will be in force through Dec. 31, 2025.
- The coverage you have now remains in place through Dec. 31, 2024.
- This book provides an overview of the procedures and requirements of the plan, 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 get approval from the plan administrator before receiving that service.
- 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.
- The Certificates of Coverage or Summary of Benefits govern if there are discrepancies among those documents and the highlights in this book.

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.



Take These Four Steps

1 Understand what changes

- Review highlights starting on page 6. 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.
- Call or email SEGIP Member Services if you have questions about Open Enrollment.

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

- How much you pay for coverage each month is changing. See the 2025 premiums on page 6.
- The cost level of the 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 11 to compare the difference across clinic cost levels 1 through 4. Page 9 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 page 10.

3 Make your decision

- Keep the same coverage you have now?
- Change between Blue Cross and HealthPartners?
- Add or drop dependents?
- Change primary care clinics only?

4 Act

- If you pay through your bank, update the amount of your automatic payment.
- If you have MSRS deposit reimbursements into your bank account, contact MSRS with the new premium amount.

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 plan you have today.

Change to Blue Cross or HealthPartners, or Add or Drop Dependents

Go to page 7 if you decide to change health plan administrators or change who is covered. Enrollment forms must be postmarked by Nov. 13, 2024.

Only change primary care clinics

- Call the number on the back of your Blue Cross or HealthPartners ID card. The number is also on page 13.
- 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 on SEGIP's Open Enrollment website.

You Need to Know

The deadline is Nov. 13, 2024

Enrollment forms must be postmarked by Nov. 13, 2024. The addresses for Blue Cross and Blue Shield of Minnesota and HealthPartners are on page 13.

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 that coverage will be rescinded effective the date the coverage started.

Medicare Part D and Creditable Coverage

Former employees with disabilities and dependents eligible for Medicare may enroll in a Medicare prescription drug plan through Medicare's Open Enrollment. Before you do, know that:

- Because your existing prescription drug coverage through the Minnesota Advantage Health Plan is, on average, at least as good as Medicare coverage if not better, you can choose to join a Medicare prescription drug plan at a later date. This is called creditable coverage.
- Creditable coverage ensures that you will not be penalized if you join a Medicare prescription drug plan in the future. People without creditable coverage may have to pay higher premiums as a penalty for not buying Medicare Part D when it was first available to them. Proof of creditable coverage is in a disclosure on the SEGIP website.

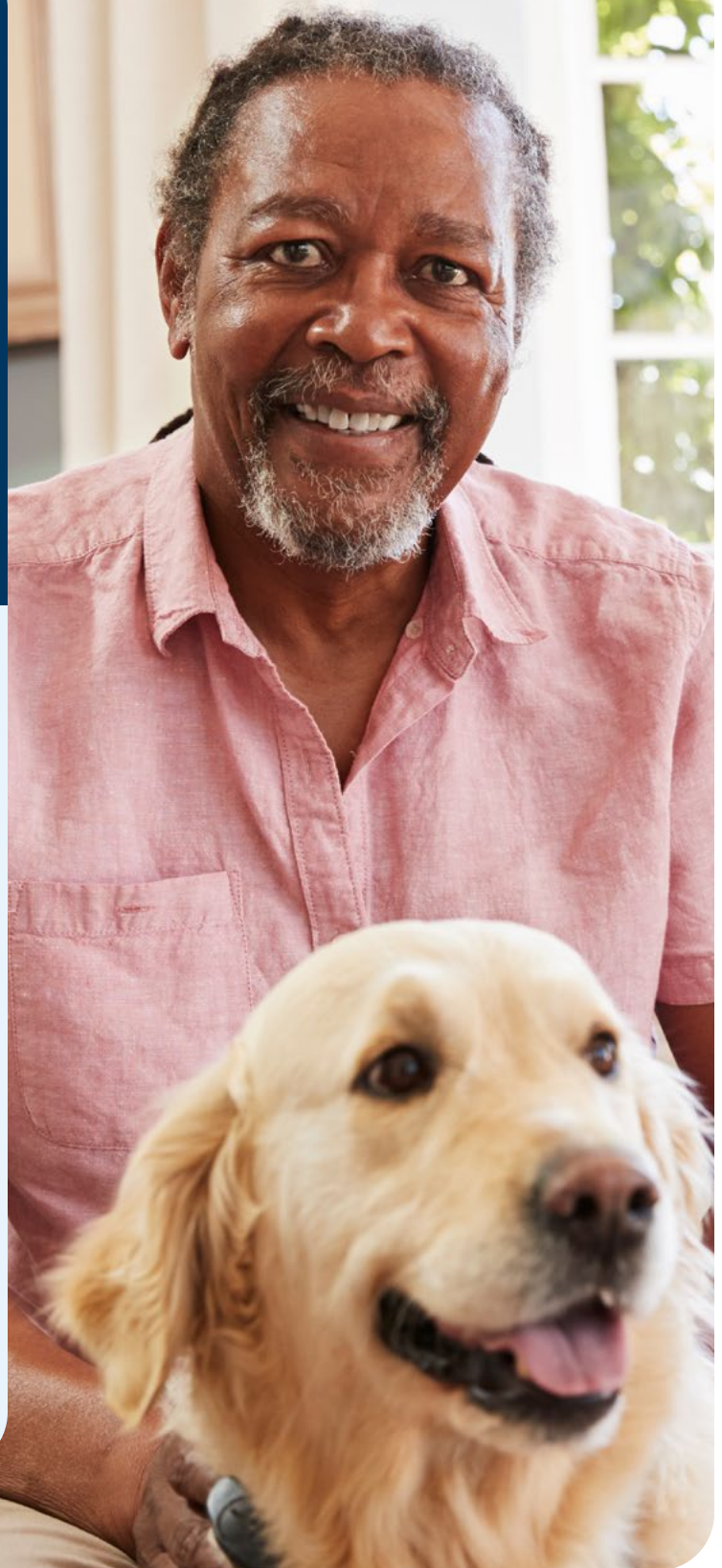


Eligibility

As a former state employee with a disability, you and your family members who are eligible may choose to continue your medical coverage through the State Employee Group Insurance Program (SEGIP). You pay the full cost of this coverage.

Currently, former employees with disabilities may continue to buy coverage through the Minnesota Advantage Health Plan even after age 65 and/or getting Medicare. If you or someone you cover enrolls in Medicare, contact your health plan administrator. They need to know some information to make sure your medical bills get processed correctly.

Each year, you may add or cancel coverage for your dependents during Open Enrollment. Outside of Open Enrollment you may add coverage if you experience a “Life Event.” Go to page xx for more information.



Cost

Whom you cover determines how much you'll pay for premiums each month. You may select coverage just for yourself or add one or more eligible dependents. The 2025 rates are on this page.

What you pay when you get care is determined in part by the cost level of the primary care clinics you and your family members choose. As part of the SEGIP group, your plan offers:

- Low deductibles and other out-of-pocket costs when you get care.
- Prescription drug copays that do not exceed \$55 for a month's supply. You will not pay a percentage of the drug costs, even for the most expensive prescriptions covered by the plan.



Rates

2025 Premiums for the Minnesota Advantage Health Plan

Employee Coverage

Employee	State	Total
\$836.76	\$0	\$836.76

Family Coverage

Employee	State	Total
\$2,460.66	\$0	\$2,460.66

To Change Between Blue Cross or HealthPartners

Complete two forms:

- The 2025 Former Employees with Disabilities (FEWD) Open Enrollment Form is on page 16. Send it to the health plan administrator you want to sign up with.
- The 2025 Health Insurance Cancellation/ Disenrollment Form is on page 18. Send it to the health plan administrator you are leaving.

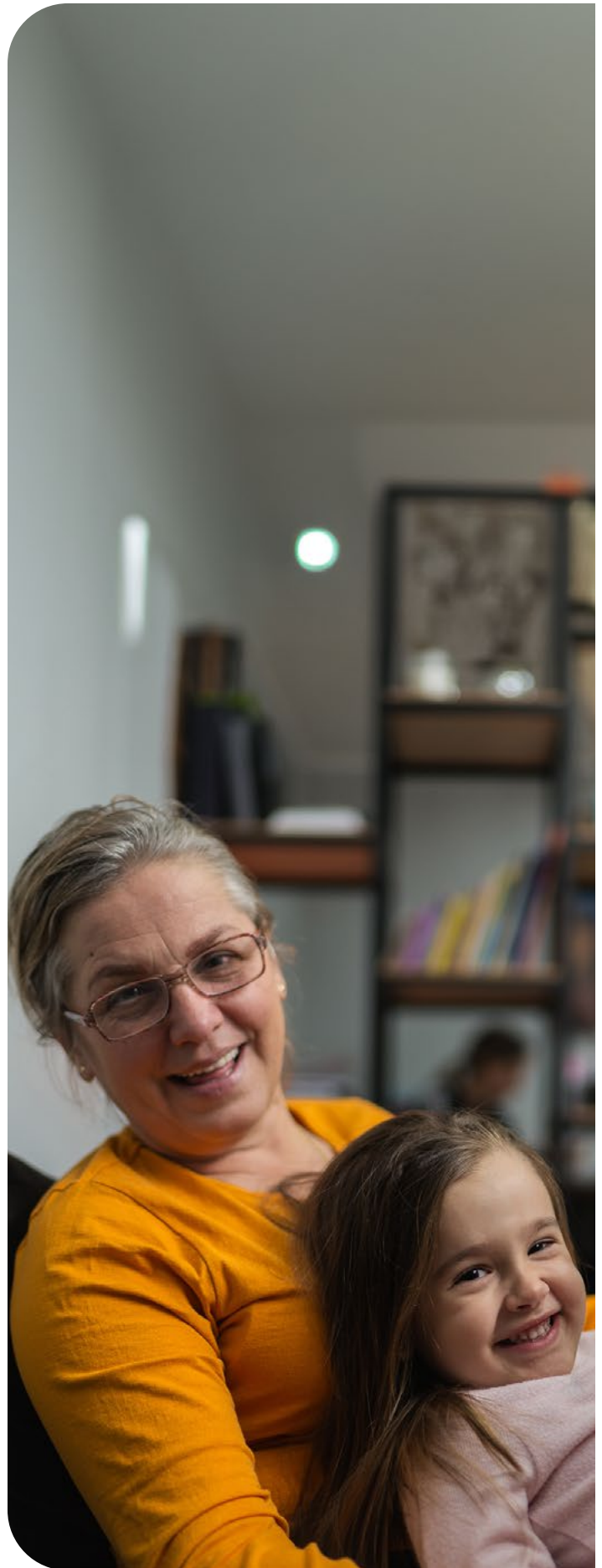
Addresses for Blue Cross and HealthPartners are on page 13.

When you change between HealthPartners and Blue Cross, your new plan administrator will ask if you're enrolled in Medicare Parts A, B, or D. You need to provide this information to make sure your medical bills are processed correctly. If you delay, it can cause issues with your benefits.

To Add or Cancel Coverage Including Dependents

- The 2025 Former Employees with Disabilities (FEWD) Open Enrollment Form is on page 16. Send it to your health plan administrator to add a dependent to your coverage.
- The 2025 Health Insurance Cancellation/ Disenrollment Form is on page 18. Send it to the health plan administrator that you are cancelling coverage with.

Addresses for Blue Cross and HealthPartners are on page 13.



Coverage in Special Circumstances

Family Coverage/Life Events

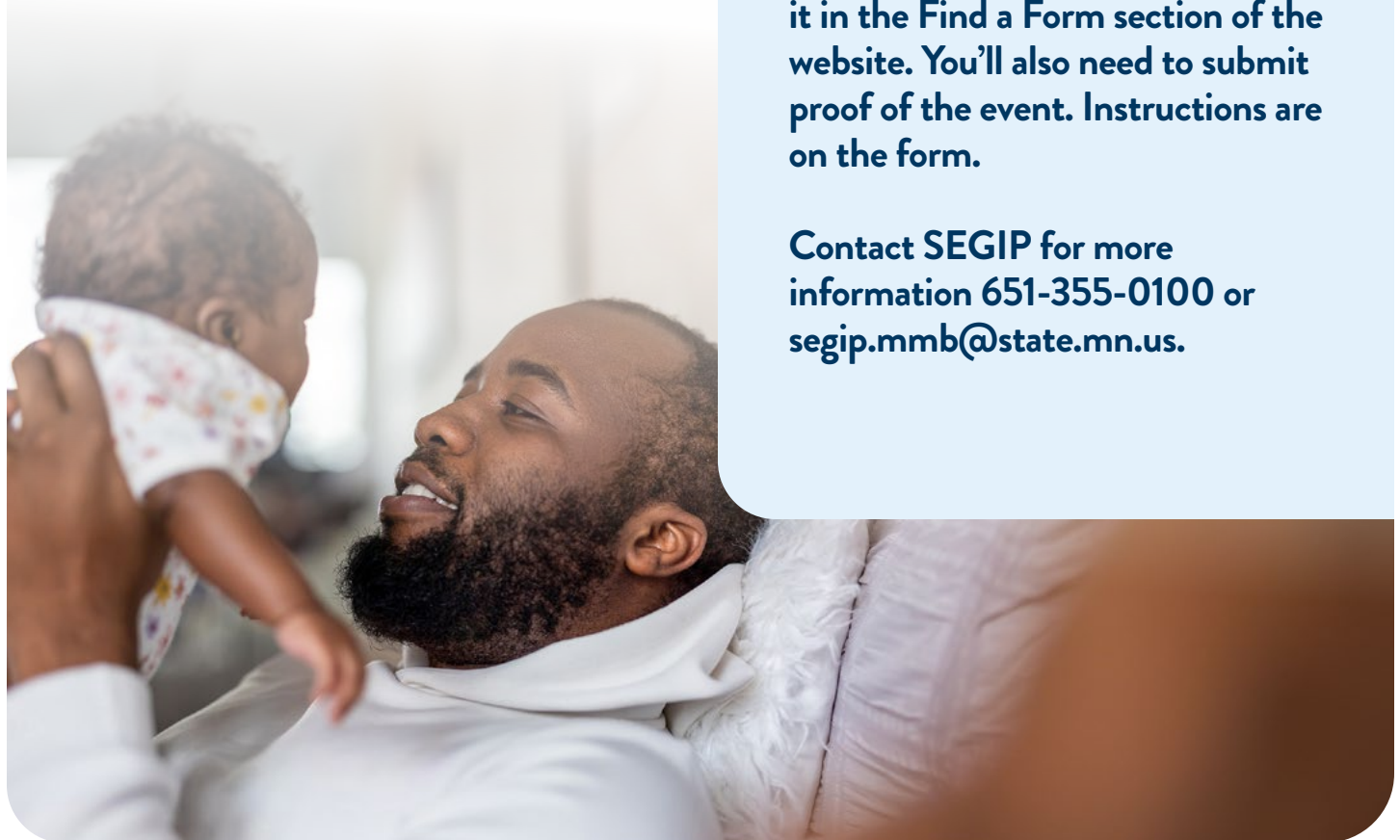
You may add family coverage outside Open Enrollment if you:

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

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

- Your marriage
- Birth or adoption
- A change in your dependent’s employment status that affects insurance
- Loss of your spouse’s group insurance coverage

The request to change your insurance must match the life event. 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 add 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.

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

Minnesota Advantage Health Plan

You 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 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.

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).

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 11 (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 SEGIP's website 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.

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.

Get More Information about Your Benefits

Administrator	Phone, Email, and Address	Website
Blue Cross and Blue Shield of Minnesota Minnesota Advantage Health Plan National Network: Select Blue Card	P.O. Box 64560 St. Paul, MN 55164-9756 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	PO Box 21662 Eagan, MN 55121-0662 952-883-7428 866-993-7428	healthpartners.com/segip
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
SEGIP Member Services Center	651-355-0100 800-664-3597 segip.mmb@state.mn.us	mn.gov/mmb/segip
Medicare SEGIP cannot answer questions related to Medicare. Contact the appropriate agency below to get those questions answered.	Phone Numbers	Website
Medicare	800-MEDICARE 800-633-4227 877-468-2048 TTY/TDD	medicare.gov

Glossary

Allowed amount: A set amount that an insurance company and provider have agreed to as payment for a specific health care service or product. This amount applies to coverage you get in network only. Care under the Minnesota Advantage Health Plan must be received in-network in order to be covered. You pay the entire medical bill if you get care outside the network.

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%. Primary care clinic cost levels determine the coinsurance.

Copayment (or copay): This is a set dollar amount. You often pay it when you get a medical service. For example, the copay for an office visit with Minnesota Advantage Health Plan coverage is \$35 with a level 1 primary care clinic and \$90 if your primary care clinic is level 4. 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. For example, if you and your family have a cost level 2 primary care clinic, your deductible in 2025 is \$800. You can get some care, such as checkups and an annual flu shot, without paying the deductible first.

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

Eligible expenses: The medical expenses a health plan covers.

Family coverage: Health insurance for a former employee with disability and a spouse, child, or other dependent eligible for the Minnesota Advantage Health Plan.

Formulary: A list of medications that's covered by your plan. The decisions on what drugs to cover are 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 care. Networks may change during the year. Also:

- The Minnesota Advantage Health Plan network is across Minnesota and counties that border the state. If you get care outside this area, you must use providers in your Blue Cross or HealthPartners national network.
- If the provider you see isn't in your network, there is no coverage except for emergency or urgent care. You end up paying the entire medical bill yourself.

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 each year when people can change medical plan administrators. Open enrollment for 2025 SEGIP-sponsored coverage is Oct. 24 through 11:59 p.m. Nov. 13, 2024. The term Open Enrollment is also used to market Medicare. Medicare open enrollment is not connected to SEGIP open enrollment.

Out-of-pocket (OOP) maximum: What you pay for health care products and services covered under your plan. Deductibles, copays, and co-insurance are all part of what you pay out of pocket.

Outpatient services: Care that does not require hospitalization.

Plan Administrator: An organization, such as an insurance company, that provides or administers health, life, or other insurance coverage.

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 health and dental plans have a list of providers who have agreed to provide services to you. These are your in-network participating providers.

Summary of Benefits: A document that provides details about your coverage. When you're looking for details about the Minnesota Advantage Health Plan, search for the Summary of Benefits.

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.