



**MANAGEMENT  
AND BUDGET**  
STATE EMPLOYEE GROUP  
INSURANCE PROGRAM



# INSURANCE BENEFITS

## Open Enrollment Handbook

**Open Enrollment  
for 2024**

October 26 - November 15, 2023

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# Open Enrollment 2024

Annual Open Enrollment for the State Employee Group Insurance Program (SEGIP) is Oct. 26 to Nov. 15, 2023. Open Enrollment is your time to:

- make changes to your health benefits.
- make changes to some of your optional benefits.
- contribute to Flexible Spending Accounts (pre-tax benefit accounts.)

Changes you make take effect for Plan Year 2024, which begins Jan. 1, 2024.

You must re-enroll in pre-tax benefit accounts each year if you wish to participate.

If you do not want to change coverage(s)—and you do not have PreferredOne—you do not need to re-enroll. However, your costs may change in 2024, even if you decide to keep your current coverage levels.

## What's Changed:

**PreferredOne is no longer a health plan administrator for the State Employee Group Insurance Program (SEGIP.)**

The change begins Jan. 1, 2024. The coverage current members have today with PreferredOne remains in place through Dec. 31, 2023.

If you have PreferredOne now, you **MUST select either Blue Cross and Blue Shield of Minnesota or HealthPartners during Open Enrollment.** The new coverage begins Jan. 1, 2024. Existing PreferredOne members who do not move to Blue Cross or HealthPartners will be default enrolled. That means you will be assigned to a health plan administrator based on the county you live in or your work location. You will be enrolled with the health plan administrator that has the most cost level 1 and 2 clinics.

Earlier this year, Minnesota Management and Budget selected Blue Cross and HealthPartners as plan administrators through a competitive bid process. Those new contracts with MMB begin Jan. 1, 2024. PreferredOne is no longer available to new employees or employees who are newly eligible for benefits.

## What's Open:

- Medical
- Dental
- Vision
- Employee optional life
- Spouse optional life
- Child life
- Long-term disability
- Manager's income protection plan
- Pre-Tax Flexible Spending Accounts

## **What's New for 2024?**

### **Premiums – Rate changes**

The premiums for the 2024 Minnesota Advantage Health Plan increased by 3.0%. The single policy premium will increase to \$39.66 per month. This is an increase of \$1.16 per month from the Plan Year 2023 rates. The family policy premium will be \$270.54 per month. This is an increase of \$7.88 per month from the Plan Year 2023 rates.

The premiums for the 2024 State Dental Plan also changed. The single policy employee premium will decrease to \$13.48 per month. This is a decrease of 2 cents (-\$0.02) per month from the Plan Year 2023 rates. The family policy premium will be \$57.48 per month. This is an increase of \$2.08 per month from the Plan Year 2023 rates.

The premiums for vision coverage are decreasing for 2024. The single policy employee premium decreased to \$4.90 per month. This is a decrease of .86 cents (-\$0.86) per month or 14.93% from the Plan Year 2023 rates. The family policy premium will be \$14.06 per month. This is a decrease of \$2.48 (-2.48) per month or 14.99% from the Plan Year 2023 rates.

The premiums for long-term disability (LTD) decreased by 7.4%. The premiums for short-term disability (STD) decreased by 6.8%. Basic and Manager's Life insurance premiums for employees decreased by 3.7%. Employee and Spouse Life, Child life, and Accidental Death and Dismemberment insurance will stay the same for 2024.

### **Fertility treatment now available from both health plan administrators**

Effective Jan. 1, 2024 Minnesota Advantage Health Plan fertility treatment, including in-vitro fertilization, is available through both Blue Cross and HealthPartners. The 2023 pilot program is now permanent. The benefit covers services to diagnose infertility and provide professional fertility treatment, limited to a lifetime maximum benefit of \$30,000.

### **Mental health and substance use disorder coverage enhanced**

Copayments and deductibles are reduced or eliminated for allowed office visits for mental health and substance use disorder care. If your Primary Care Clinic (PCC) is cost level 1 or 2, your copay will be \$0, and the deductible waived. If you chose a PCC in cost level 3 or 4 you save \$20 on office visit copays, however the deductible is still in place. These changes are for care received within Minnesota and bordering counties. By law, these savings are not available to people with the Advantage High Deductible Plan.

## **Point of Service benefit replaced; all members now qualify for coverage when they are out of the Advantage Health Plan's service area**

As of Jan. 1, 2024 all Minnesota Advantage Health Plan members will automatically qualify to get the care they need no matter where they live or visit. Just go to a health care provider that is within your health plan administrator's national network.

This out-of-area care, including mental health care, will be covered similar to care you would receive in the service area at a clinic that is cost level 3. The [Out-of-Area Schedule of Benefits](#) has the detail. This change in benefits replaces the Point of Service benefit effective Jan. 1, 2024.

## **Dental insurance pays for more of your care and other changes**

Your dental coverage is paying for more of the care you need. The annual maximum on how much insurance will pay has increased to \$2,200 from \$2,000.

Also, employees who need orthodontia care can get it, even if they've received the care previously. This change applies specifically to employees who had care when they were a dependent under another employee's policy. The employee now has their own lifetime maximum benefit.

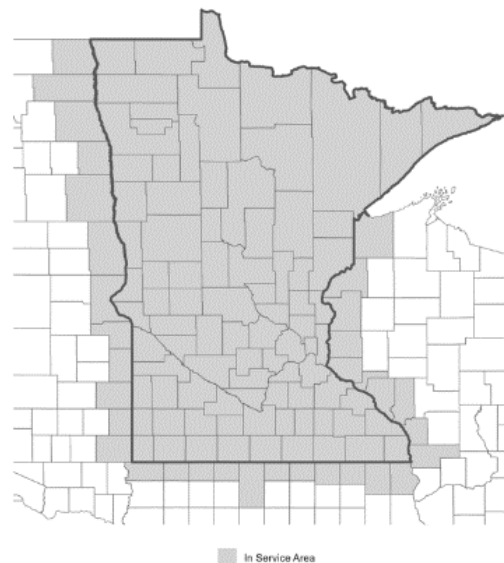
Finally, effective Jan. 1, 2024 certain dental procedures that are needed as the result of cancer treatment will now be covered under the medical benefit. Coverage is not limited to cancers of the jaw or mouth.

## **Flexible Spending Accounts – pre-tax benefit accounts**

- Changes to the Medical/Dental Expense Account (MDEA) carryover.
  - Eligible MDEA participants may be able to carry over up to \$610 from their 2023 MDEA funds into 2024. You may be eligible if your Plan Year 2023 MDEA is fully funded, you choose to participate in Plan Year 2024 and contribute at least the \$100 minimum during Open Enrollment.
- There continues to be no carryover for Dependent Care Expense Account (DCEA) for 2024 plan year. You will forfeit all unused DCEA contributions that are not submitted for reimbursement by Feb. 29, 2024. You must contribute at least \$100 during Open Enrollment if you wish to participate in 2024.
- The deadline for submitting all eligible 2023 expenses is Thursday, Feb. 29, 2024.
- 2024 Parking Expense Account (PKEA) and Mass Transit (Bus pass) /Vanpool Expense Account (BVEA) have deadline of Dec. 31, 2023. To be eligible to rollover account balances into 2024 you have to sign up with at least \$50. This rule applies to both PKEA and BVEA accounts. You forfeit any funds in your 2023 account if you do not sign up for 2024 by the deadline.

## **If you add someone to your coverage: Dependent verification reminder**

You may add your dependents who are eligible to your coverage during Open Enrollment. Then watch the U.S. Mail for a letter from SEGIP once Open Enrollment is over. The letter will go to your address on file, so be sure your Self Service information is up to date.



**Minnesota Advantage Health Plan service area is the entire state of Minnesota, and all counties bordering Minnesota.**

You must send documents to prove the dependent(s) you added to your benefits is eligible. Proof is required for medical, dental, vision, and life insurance. If SEGIP doesn't receive your proof **within 30 days from the date on the letter** the dependent(s) you tried to add will not be enrolled—even if they get an insurance ID card or paperwork.

Dependents who are enrolled during Open Enrollment will receive insurance cards; coverage is pending until SEGIP verifies they are eligible. Dependent enrollment is not complete until documentation verifying the dependent's relationship to you is received within the stated deadlines and is approved by SEGIP. A letter will be mailed confirming eligibility for Plan Year 2024.

# Steps to your Open Enrollment

Information and links to other resources are on the [Open Enrollment tab found on the SEGIP website](#).

## Gather and review information

Review your current benefits through [Employee Self Service](#). You will need your employee ID number and password to login. Your employee ID number is included on the address label of your Open Enrollment newsletter or contact your Human Resources office. Use the “I forgot my password” link if needed.

Review your choices for a Primary Care Clinic (PCC). You will find the Minnesota Advantage Health Plan’s 2024 PCC Clinic Directory on the website’s [Find a Clinic page](#).

- What’s your PCC’s cost level? Did it change from 2023 to 2024. Also, the same clinic may be at different levels for Blue Cross or HealthPartners. You pay less for your care if you go to a level 1 or 2 clinic than you do at cost level 3 or 4.
  - Note: All cost levels offer the same medical benefits and cover the same services. The difference among cost levels is how much you pay when you get care.
- Check your PCC’s quality rating by accessing the website [MNHealthScores](#).

## Enroll

You must enroll during the Open Enrollment period of Oct. 26 to Nov. 15, 2023. Go to [Self Service and enter your employee ID number](#) and password. You can find your employee ID number on the mailing label. If you need step-by-step instructions, go to the [Self Service Enrollment Instructions](#).

- Once in the system, select the “Open Enrollment” tile.
- You may be asked to confirm your home address. Make sure it is accurate.
- Use the navigation on the left side as an activity guide for completing your Open Enrollment.
- The Benefits Enrollment step will take you to the Benefit Enrollment page where you will access the benefits you can change. You may have to scroll down to see coverages that are available to you.
- Add eligible dependents before you sign up for other coverage or benefits.
- Plan cost information for Health, Dental, and Vision will reflect the coverage level as indicated by enrolled dependents.
- If you change health plan administrators, you must enter the new Primary Care Clinic (PCC) numbers for yourself and all enrolled dependents.
- Select “Done” after completing your selection for each plan to return to the main screen.
- When you have completed and/or reviewed your Benefits Enrollment, select the Add to Cart button in the Enrollment Summary section of the Benefits Enrollment.
- Complete your enrollment by reviewing your choices and clicking on the “Check Out and Submit” button at the bottom of the Submit Enrollment page.
- Keep a copy of your Confirmation Statement for your records. Take a photo of it or save the statement somewhere safe. SEGIP recommends sending it to your home email address. You’ll need this Confirmation Statement if you have questions after Open Enrollment.

## Don't forget!

IMPORTANT: You must **re-enroll** in flexible spending/pre-tax benefit accounts every year to participate. Current (2023) enrollments do not carry over to the new benefit year. **Be sure to read about changes to the MDEA carryover.**

You must select "**Check Out and Submit**" your benefit choices before to 11:59 p.m. on Nov. 15, 2023, or your choices will not be made in the benefit system.

## After you've added your choices to your cart, check out and submit your enrollment, get confirmation that you're done

- Check out and submit to get to a screen where you can print to a pdf to save your Confirmation Statement. It shows all of the benefit choices you made online. Take a photo of it or save the statement somewhere safe. SEGIP recommends sending the pdf to your personal email address. You'll need this Confirmation Statement if you have questions after Open Enrollment.
- This Confirmation Statement can only be viewed from Oct. 26 to Nov. 15, 2023. After Open Enrollment, your choices for 2024 will be available after Dec. 1, 2023 in your Benefits Summary in employee Self Service.
- If you do not make any changes during Open Enrollment, you will be able to view your 2024 enrollments on your Benefits Summary in Self Service after Dec. 1, 2023.
- If you added a dependent, you have to prove they are eligible to be on your coverage. SEGIP will mail a letter to your address on file in Self Service. It describes the documents you must provide SEGIP so that they may verify and approve the individual(s) is eligible. You must provide the documents as proof of eligibility by the date stated in the letter.
  - Note: If the appropriate documentation is not provided by the deadline, the added dependent(s) will not have coverage for 2024.
  - **Reminder: Receiving a medical, dental, pharmacy, or vision ID card is not a guarantee of eligibility.** You must provide the documents as proof of eligibility by the date stated in the letter.
- Identification cards will be mailed:
  - Medical cards: every member will get a new medical card.
  - Dental cards: mailed only to newly enrolled members.
  - Vision cards: mailed only to newly enrolled members.
  - Pharmacy cards: mailed only to newly enrolled members.
  - Flexible Spending Account debit cards: new accounts enrolled in medical/dental or transit accounts.

**All choices you submit are final as of 11:59 p.m., Nov. 15, 2023.**



# Changes you can make

## Employees on the state's bi-weekly payroll

MAKE THE FOLLOWING CHANGES IN EMPLOYEE SELF-SERVICE FROM OCT. 26 TO NOV. 15, 2023:

### Medical

- Enroll in medical coverage.
- If you have health insurance through a different employer group or the U.S. military you may be able to waive medical coverage offered through your employer. If you:
  - Are waiving state coverage for the first time—Submit a [Waiver of Medical Insurance](#) form and provide proof that you have other acceptable insurance. SEGIP must have the form and proof of other insurance by 11:59 p.m., Nov. 15, 2023. **Do not attempt to remove the medical coverage in the Self-Service system. You must select either Blue Cross or HealthPartners before you can waive it. The process requires you to complete and submit the [paper waiver form](#) in order to waive coverage.**
  - Waived before Jan. 1, 2023 and want to waive for 2024—You must go to Self Service and attest you still have other coverage and want to continue to waive coverage offered by your employer.
  - Waived after Jan. 1, 2023 and want to waive for 2024—No action is needed.
- Change your health plan administrator.
  - If you have PreferredOne you must move to HealthPartners or Blue Cross.
  - You may switch between HealthPartners and Blue Cross or Blue Cross and HealthPartners.
  - NOTE: If you just want to change your Primary Care Clinic (PCC), call your current health plan administrator directly to make the change. The number is on the back of your medical insurance ID card. You do not change PCCs in Self-Service if you keep the same health plan administrator.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

### Dental

- Enroll or disenroll in dental coverage.
- Change dental plan administrators. Delta Dental to HealthPartners or HealthPartners to Delta Dental.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

### Vision

- Enroll or disenroll in vision coverage.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

## Long-Term Disability (LTD)

- Enroll in or change your amount of LTD coverage.
- Effective date: Jan. 1, 2024\*.

## Managers Income Protection Plan (IPP)

- Managers may increase what's called the disability elimination period. That's the amount of time between when you're unable to work and when you start to get money from insurance.
- Managers may also reduce the disability elimination period by 30 days. If you want to reduce it by more than 30 days, you will have to provide proof that you are in good health and are insurable.
- Effective date: Jan. 1, 2024\*.

## Optional Life Insurance

- Enroll in or increase Employee Optional Life and Spouse Optional Life insurance. If you want to increase beyond yearly specified limits, you will need to provide proof of good health. You will find a [life insurance table](#) on SEGIP's website that described the changes you're allowed to make. If you want to increase or enroll in coverage that exceeds the Open Enrollment amount, use an [Optional Coverage Application](#).
- Enroll or disenroll in Child Life.

## 2024 Pre-Tax Flexible Spending Accounts (FSA)

- Enroll in or **re-enroll** in the Dependent Care (daycare) Expense Account (DCEA), the Medical/Dental Expense Account (MDEA) and/or the Transit Expense Accounts (TEA). If you currently participate in a one or more of these benefits now, **you must re-enroll during Open Enrollment if you want to participate in 2024**. You have to sign up for pre-tax expense accounts every year. They do not automatically continue like insurance does.
- Read about upcoming changes to the MDEA carryover on the [BRI website](#).
- Transit expenses set up through your agency and deducted directly through payroll will continue. Examples include monthly parking or bus pass deductions.
- Effective dates: Jan. 1, 2024, through Dec. 31, 2024.

## 2023 to 2024 carryover rules

- For those who participate in the 2023 MDEA: if you have made all 2023 contributions AND enroll in a 2024 MDEA with at least \$100, you may be eligible for a carryover. Up to \$610 of your remaining 2023 balance may carry over into 2024.
- For those who participate in the 2023 DCEA: there is no DCEA carryover from 2023 into 2024.
- For who participate in the 2023 transit accounts: if you have money left in an account at the end of 2023, you may carry it over into 2024 if you enroll in a 2024 transit account. You may sign up during Open Enrollment or by sending [paper enrollment form](#) to SEGIP by Dec. 31, 2023. SEGIP must receive your paper enrollment form by Dec. 31, 2023.

\* You must be actively at work for these changes to go into effect.

## Employees on paid leave (if coverage has been continued)

MAKE THE FOLLOWING CHANGES IN EMPLOYEE SELF-SERVICE FROM OCT. 26 TO NOV. 15, 2023:

### Medical

- Enroll in medical coverage.
- If you have health insurance through a different employer group or the U.S. military you may be able to waive medical coverage offered through your employer. If you:
  - Are waiving state coverage for the first time—Submit a Waiver of Medical Insurance form and provide proof that you have other acceptable insurance. SEGIP must have the form and proof of other insurance by 11:59 p.m., Nov. 15, 2023. Do not attempt to remove the medical coverage in the Self-Service system. You must select either Blue Cross or HealthPartners before it can be waived. The process requires you to complete and submit the paper waiver form in order to waive coverage.
  - Waived before Jan. 1, 2023 and want to waive for 2024—You must go to Self Service and attest you still have other coverage and want to continue to waive coverage offered by your employer.
  - Waived after Jan. 1, 2023 and want to waive for 2024—No action is needed.
- Change your health plan administrator. Change from HealthPartners to Blue Cross or Blue Cross to HealthPartners.
  - NOTE: If you just want to change your Primary Care Clinic (PCC), call your current health plan administrator directly to make the change. The number is on the back of your medical insurance ID card. You do not change PCCs in Self-Service if you're keeping the same health plan administrator.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

### Dental

- Enroll or disenroll in dental plan coverage.
- Change dental plan administrators. Change from Delta Dental to HealthPartners or HealthPartners to Delta Dental.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

### Vision

- Enroll or disenroll in vision plan coverage.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective date: Jan. 1, 2024, or the day in which you return to work, whichever is later\*.

### Long-Term Disability (LTD)

- Enroll in or change your amount of LTD coverage.
- Effective date: Jan. 1, 2024, or the day in which you return to work, whichever is later\*.

## Managers Income Protection Plan (IPP)

- Managers may increase what's called the disability elimination period. That's the amount of time between when you're unable to work and when you start to get money from insurance.
- Managers may also reduce the disability elimination period by 30 days. If you want to reduce it by more than 30 days, you will have to provide proof that you are in good health and are insurable.
- Effective date: Jan. 1, 2024, or the day in which you return to work, whichever is later\*.

## Optional Life Insurance

- Enroll in or increase Employee Optional Life and Spouse Optional Life insurance. If you want to increase beyond yearly specified limits, you will need to provide proof of good health. You will find a [life insurance table](#) on SEGIP's website that described the changes you're allowed to make. If you want to increase or enroll in coverage that exceeds the Open Enrollment amount, use an [Optional Coverage Application](#).
- Enroll or disenroll in Child Life.
- Effective date: Jan. 1, 2024, or the day in which you return to work, whichever is later\*.

## 2024 Pre-Tax Flexible Spending Accounts (FSA)

- Enroll in or re-enroll in the Dependent Care (daycare) Expense Account (DCEA), the Medical/Dental Expense Account (MDEA) and/or the Transit Expense Accounts (TEA).
- Transit expenses set up through your agency and that are deducted directly through payroll such as monthly parking or bus pass deductions will continue.

## 2023 to 2024 carryover rules

- For those who participate in the 2023 MDEA: if you have made all 2023 contributions AND enroll in a 2024 MDEA with at least \$100, you may be eligible for a carryover. Up to \$610 of your remaining 2023 balance may carry over into 2024.
- There is no DCEA carryover from 2023 into 2024.
- For those who participate in the 2023 transit accounts: if you have money left in an account at the end of 2023, you may carry it over into 2024 if you enroll in a 2024 transit account. You may sign up during Open Enrollment or by sending paper enrollment form to SEGIP by Dec. 31, 2023. SEGIP must receive your paper enrollment form by Dec. 31, 2023.
- Effective dates: Jan. 1, 2024, through Dec. 31, 2024. **You must be active on payroll for the pre-tax accounts to be effective Jan. 1, 2024.** If you switch to unpaid leave prior to the end of 2023, you will receive an enrollment packet when you return to work. You will make your choices then. The effective date is based on when SEGIP receives the completed Enrollment Form.

\* You must be active on payroll for these changes to go into effect.

## Employees on unpaid leave (if coverage has been continued)

WITHIN 30 DAYS OF YOUR RETURN TO WORK, YOU MAY MAKE ELECTIONS FOR:

- Medical
- Dental
- Vision
- Employee optional life
- Spouse optional life
- Child life
- Long-term disability (LTD)
- Manager's income protection plan
- Pre-tax benefit accounts

Information for enrolling in the MDEA while on unpaid leaves of absence through both the Family Medical Leave Act (FMLA) or non FMLA leaves:

- Unpaid leave of absence through FMLA: Complete the [BRI Enrollment and Change Form](#) to enroll in MDEA during open enrollment. Coverage may begin Jan. 1, 2024 if you are on FMLA on that date. You will be billed for the monthly contributions.
- Unpaid leave of absence (non-FMLA): Complete the [BRI Enrollment and Change Form](#) to enroll in MDEA within 30 days of your return to work. Effective date is based on when SEGIP receives the completed Enrollment Form.

For all unpaid leaves of absence, to enroll in the DCEA and/or TEA, complete the [BRI Enrollment and Change Form](#) within 30 days of your return to work. Effective dates will be based on when SEGIP receives the Enrollment and Change Form(s) upon your return to work.

Effective dates: Your choices will take effect on Jan. 1, 2024, if you return to work before that date. If you return to work after Jan. 1, 2024 you must submit a [BRI Enrollment and Change Form](#) within 30 days of your return date. Coverage is prospective. Call SEGIP for help with your specific situation.

## Employees that participate in SEGIP but are not on the state's central payroll

MAKE THE FOLLOWING CHANGES IN EMPLOYEE SELF-SERVICE FROM OCT. 26 TO NOV. 15, 2023:

### Medical

- Enroll in medical coverage.
- If you have health insurance through a different employer group or the U.S. military you may be able to waive medical coverage offered through your employer. If you:
  - Are waiving state coverage for the first time—Submit a Waiver of Medical Insurance form and provide proof that you have other acceptable insurance. SEGIP must have the form and proof of other insurance by 11:59 p.m., Nov. 15, 2023. Do not attempt to remove the medical coverage in the Self-Service system. You must select either Blue Cross or HealthPartners before it can be waived. The process requires you to complete and submit the paper waiver form in order to waive coverage.
  - Waived before Jan. 1, 2023 and want to waive for 2024—You must go to Self Service and attest you still have other coverage and want to continue to waive coverage offered by your employer.
  - Waived after Jan. 1, 2023 and want to waive for 2024—No action is needed.
  - **Do not attempt to remove the medical coverage in the Self-Service system. You must select either Blue Cross or HealthPartners before it can be waived. The process requires you to complete and submit the [paper waiver form](#) in order to waive coverage.**
- Change your health plan administrator. Change from HealthPartners to Blue Cross or Blue Cross to HealthPartners.
  - NOTE: If you just want to change your Primary Care Clinic (PCC), call your current health plan administrator directly to make the change. The number is on the back of your medical insurance ID card. You do not change PCCs in Self-Service if you're keeping the same health plan administrator.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

### Dental

- Enroll or disenroll in dental plan coverage.
- Change dental plan administrators. Change from Delta Dental to HealthPartners or HealthPartners to Delta Dental.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

### Vision

- Enroll or disenroll in vision plan coverage.
- Add or drop eligible dependents.
  - You must send SEGIP proof that the dependents you added are eligible for coverage. You will get a letter with instructions from SEGIP after Open Enrollment.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024\*.

## Long-Term Disability (LTD)

- Enroll in or change your amount of LTD coverage.
- Effective date: Jan. 1, 2024\*.

## Optional Life Insurance

- Enroll in or increase Employee Optional Life and Spouse Optional Life insurance. If you want to increase beyond yearly specified limits, you will need to provide proof of good health. You will find [a life insurance table](#) on SEGIP's website that described the changes you're allowed to make. If you want to increase or enroll in coverage that exceeds the Open Enrollment amount, use an [Optional Coverage Application](#).
- Enroll or disenroll in Child Life.
- Effective date: Jan. 1, 2024\*.

## 2024 Pre-Tax Flexible Spending Accounts (FSA)

CONTACT YOUR HUMAN RESOURCES OFFICE TO DETERMINE IF YOU ARE ELIGIBLE TO PARTICIPATE IN THE FLEXIBLE SPENDING OR PRE-TAX ACCOUNTS.

\* You must be actively at work for these changes to go into effect.

## Retired employees who receive a continuing state contribution to the cost of insurance benefits (remember to use your new Retiree ID number)

MAKE THE FOLLOWING CHANGES IN EMPLOYEE SELF-SERVICE FROM OCT. 26 to NOV. 15, 2023:

### Medical

- Change your health plan administrator. Move from HealthPartners to Blue Cross or Blue Cross to HealthPartners.
  - NOTE: If you just want to change your Primary Care Clinic (PCC), call your current health plan administrator directly to make the change. The number is on the back of your medical insurance ID card. You do not change PCCs in Self-Service if you're keeping the same health plan administrator.
- Cancel family health insurance or remove dependents.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

### Dental

- Change your dental plan administrator. Move from Delta Dental to HealthPartners or HealthPartners to Delta Dental.
- Cancel family dental insurance or remove dependents.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

### Vision

- Cancel family vision insurance or remove dependents.
- Effective dates: Jan. 1, 2024 to Dec. 31, 2024.

NOTE: Open Enrollment is **not an opportunity to add dependents or family health insurance**. As a retiree, you may only add dependents under the following circumstances:

1. At the time your spouse or other eligible dependent loses other group coverage. You must provide evidence of the loss and enroll within 30 days of loss of coverage.
2. If you become newly married and enroll your new spouse within 30 days of the date of marriage. Verification of the marriage will be required.



# Medical plan highlights

Employees of an agency of the State of Minnesota, retirees under age 65, and eligible dependents who receive medical coverage under the State Employee Group Insurance Program (SEGIP) are enrolled in a benefits program called the Minnesota Advantage Health Plan (Advantage).

## How does Advantage work?

Under Advantage, you share in the cost of specific medical services by paying out-of-pocket (OOP) costs in the form of deductibles, copayments, or coinsurance. Go to the [2024 Schedule of Benefits](#) to compare different cost levels.

Primary care clinics (PCC) participating in the Advantage Plan 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.

The amount you pay when getting care varies by the cost level of the PCC that you choose. Clinics may have changed cost levels for 2024. To check the cost level of your clinic, refer to the 2024 Advantage Clinic Directory on the SEGIP website. Use for the Find a Clinic icon to get to the 2024 Clinic Directory search. You may also call your health plan administrator listed on page 36 if you have questions about 2024 clinics.

Although you will pay out-of-pocket (OOP) costs under Advantage, cost levels one and two feature the same low OOP maximum. The OOP maximum for cost levels three and four are set higher, as the cost to deliver care under these clinics is higher than costs in cost levels one and two clinics. Once you've reached your annual OOP maximum limit, the Advantage Plan will pay the remaining medical costs for eligible services for the rest of the plan year.

Most active employees can enroll in SEGIP's Medical/Dental Expense Account (MDEA), a program that will allow your OOP costs to be paid with pre-tax dollars, minimizing your health care expenses. See the Pre-tax Flexible Spending Account highlights section of the Open Enrollment materials for details. Note: restrictions exist for employees who are eligible and enrolled in a high-deductible plan with a Health Savings Account (HSA).

NOTE: For two state employees enrolled in Advantage who are married to each other and enroll with the same health plan administrator, out-of-pocket expenses incurred by one spouse can be applied to the family maximum of the spouse who carries family coverage. It is your responsibility to notify your health plan administrator when the out-of-pocket maximum has been met.

CVS Caremark is the Pharmacy Benefits Manager for all participants of the Minnesota Advantage Health Plan. Under the SEGIP plan, most drugs are covered under one of three tiers. Your health plan administrator and clinic do not effect what you pay for prescription drugs. The formulary is available on the [CVS Caremark website](#).

## Minnesota Advantage Health Plan features

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

- Uniform and comprehensive set of benefits across both health plan administrators, Blue Cross and HealthPartners.
- No copays for preventive care such as well-childcare and annual check-ups.

- Most medical care is coordinated through your Primary Care Clinic (PCC), and you will generally need a referral to see a specialist.
- Access to specialty care depends on your plan and possibly your PCC. You may self-refer to certain specialists that are in your plan’s network including:
  - obstetricians/gynecologists
  - chiropractors
  - mental health/substance use disorders
  - routine eye exam providers
- Fertility treatment, including IVF, is available through both HealthPartners and Blue Cross.
- Family members may select different PCCs (even in a different cost level) but you all must have the same health plan administrator.
- You may change your PCC and cost level. Just call your health plan administrator with the change. It may be effective the same day you call unless you specify a date in the future.
- Referrals to a specialist for an office visit will be covered at the same cost level as your PCC as long as the specialist is within the Advantage Plan’s service area. If the specialist is outside of the Advantage Plan’s service area, the costs associated with a specialist will be that of cost level 3.
- Blue Cross and HealthPartners provide PCCs throughout all counties in Minnesota and bordering counties covered by the Minnesota Advantage Health Plan.

## **How to find Primary Care Clinics (PCC) and more**

A list of participating Primary Care Clinics (PCCs) is available to help you make your PCC selection. This list includes your PCC’s clinic number with both health plan administrators which you will need to enroll. To find the list, go to the [Find a Clinic](#) page on the SEGIP website. This page also provides links to more detailed online provider directories of the two Advantage plan administrators: Blue Cross and HealthPartners.

To ask specific questions, call the health plan administrator directly. The health plan administrator’s phone numbers are listed on page 36 of this booklet.

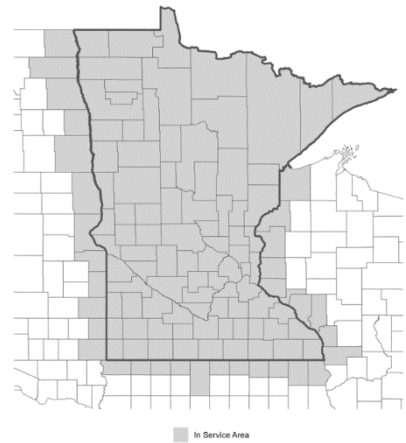
## Getting Care Outside the Advantage Plan Service Area

Care you get outside the Minnesota Advantage Health Plan service area within your health plan administrator's national network will be covered according to the [Out-of-Area benefit schedule](#). There is no coverage if the clinic is not in your health plan administrator's national network. You will be responsible for the entire medical bill.

This [Out-of-Area benefit schedule](#) shows how care you get is covered if the clinic is outside Minnesota and the counties bordering the state. The schedule outlines coverage for people with the traditional Minnesota Advantage Health Plan and the High Deductible Health Plan. The coverage is similar to care you get within the service area from a clinic that is a cost level 3.

The Advantage Plan member must use a provider within their health plan administrator's Preferred Provider Organizations (PPO) National Network in order to have coverage. There is no coverage for services received by providers not in the health plan administrator's national network unless it is emergency or urgent care.

NOTE: Children who have lived out of area with an ex-spouse since 2003 will receive level 2 coverage with a national PPO provider. If a national PPO provider is not available, a dependent may choose a clinic and receive level 2 benefits. This provision only applies if enrollment is continued with the same health plan administrator.



**Gray area highlights counties in the Minnesota Advantage Health Plan service area.**

## Convenience Care and Online Care

Convenience care clinics are available at no cost, regardless of the cost level of your selected PCC. The first dollar deductible is waived. Convenience care clinics provide a cost-effective alternative to emergency rooms, urgent care, and family practice clinics when used for simple illnesses and tests. Appointments may not be required. Call your health plan administrator for the most up-to-date information on convenience care clinics and locations.

Online Care is available at no cost for members in the Advantage Plan. Members in the Advantage High Deductible Health Plan will have no cost share after they have met their deductible. Advantage Plan members (Blue Cross and HealthPartners) are eligible to access [Doctor on Demand](#) and [Virtuwell](#).

# 2024/2025 Minnesota Advantage Health Plan Schedule of Benefits

2024/2025 Benefit Provision	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>Routine medical exams, cancer screening</li> <li>Child health preventive services, routine immunizations</li> <li>Prenatal and postnatal care and exams</li> <li>Adult immunizations</li> <li>Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible</b> (single/family)	\$250 / 500	\$400 / 800	\$750 / 1,500	\$1,500 / 3,000
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care</b> <ul style="list-style-type: none"> <li>Outpatient visits in a physician's office</li> <li>Chiropractic services</li> <li>Urgent Care clinic visits (in service area/in or out of network)</li> </ul>	\$35 copay per visit Annual deductible applies	\$40 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies	\$90 copay per visit Annual deductible applies
<b>C1. Office visits for mental health and substance use disorder</b> 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
<b>D. Convenience Clinics and Online Care</b>	\$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>E. Emergency Care (in service area/in or out of network)</b> Emergency care received in a hospital emergency room	\$100 copay Not subject to Annual deductible	\$125 copay Not subject to Annual deductible	\$150 copay Not subject to Annual deductible	\$350 copay Not subject to Annual deductible
<b>F. Inpatient Hospital Copay</b> (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
<b>G. Outpatient Surgery Copay</b>	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing	Nothing	Nothing	Nothing
<b>I. Prosthetics, Durable Medical Equipment</b>	20% coinsurance Not subject to Annual deductible	20% coinsurance Not subject to Annual deductible	20% coinsurance Not subject to Annual deductible	25% coinsurance Annual deductible applies
<b>J. Lab</b> (including allergy shots), <b>Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies

2024/2025 Benefit Provision	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
<b>K. MRI/CT Scans</b>	10% coinsurance Annual deductible applies	15% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies	30% coinsurance Annual deductible applies
<b>L. Other expenses not covered in A-K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Home Health Care</li> <li>• Outpatient Hospital Services (non-surgical): <ul style="list-style-type: none"> <li>○ Radiation/chemotherapy</li> <li>○ Dialysis</li> <li>○ Day treatment for mental health and substance use disorder</li> <li>○ Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, 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.	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
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs</b> (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
<b>O. Plan Maximum Out-of-Pocket Expense</b> (excluding prescription drugs) (single/family)	\$1,700 / 3,400 Combined in and out of area services	\$1,700 / 3,400 Combined in and out of area services	\$2,400 / 4,800 Combined in and out of area services	\$3,600 / 7,200 Combined in and out of area services

**Important note:** this chart describes coverage **within the Minnesota Advantage Plan’s service area**. Covered out-of-area services have a different cost-sharing structure: claims will be processed at 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.

# State Dental plan highlights

You may sign up or change dental insurance during Open Enrollment, Oct. 26 to Nov. 15. The changes take effect Jan. 1, 2024.

- Dependents to age 26 are eligible for dental coverage through SEGIP.
- You choose between two dental plan administrators: Delta Dental - Group 216 and HealthPartners Dental
- Benefits for both plans are similar, but there are some differences between the two dental plan administrators in the way benefits are administered. Their networks may differ as well.

## Dental Plan features

- \$2,200 maximum payable benefit per member per year
- Coverage for both In-Network and Out-of-Network dentists. You pay more if the dentist you see it out of network.
- 100% coverage for In-Network preventive care that does not apply to the annual maximum.
- 80% coverage for In-Network basic and major restorative services
- 80% coverage for prosthetics
- 80% coverage for dental implants
- 80% coverage for orthodontics for both adults and children with a separate \$3,000 per person lifetime benefit.
- Both dental plan administrators provide comprehensive coverage that includes preventive services, like periodic examinations, x-rays, cleanings, etc. and restorative services like fillings, crowns, root canals, extractions, dental implants and more. Details are available in the Summary of Benefits on the next page.

## Provider networks

Both dental plan administrators offer a network of dental providers. You are not required to select a dental clinic like you do a PCC, but you must receive your care from a dentist listed in your dental plan administrator's directory if you want to receive the highest level of benefit. If you receive care from an Out-of-Network provider, you will not receive the highest level of benefits.

In-Network dental clinics and providers are listed in the dental clinic directories. You can find links to the directories on the [SEGIP website](#). You may also call the number on the back of your dental plan administrator's ID card to learn whether your dentist is included the provider network during the upcoming plan year. Participating dentists and dental clinics may change throughout the year.

## Predetermination of benefit

When you need services beyond preventive care, ask your dentist to submit a request for a predetermination of benefits to your dental plan administrator. That information will provide an estimate of how much you can expect to pay and details on how the service is covered.

# 2024/2025 Dental Schedule of Benefits

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

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

	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
Annual Deductible	\$50 per person \$150 per family	\$125 per person

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

<b>Covered Services</b>	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
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)

<b>Covered Services</b>	<b>In-network Benefits</b>	<b>Out-of-network Benefits</b>
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.

## Vision plan highlights

This benefit is available to eligible employees and dependents, whether you're enrolled in the state's insurance or covered elsewhere.

- Helps cover annual cost of glasses or contact lenses.
- Discounts on eye glass enhancements such as lined bifocals, blue light filtering, and more.
- Discounts on Lasik.
- This policy does not provide an annual routine eye exam. Annual routine eye examinations are covered under the Minnesota Advantage Health Plan (or it may be covered by another medical insurance policy if you have waived out of the Minnesota Advantage Health Plan).

Things to note:

- You do not need to be enrolled in the Minnesota Advantage Health Plan to enroll in the Blue Cross Vision plan.
- You may enroll regardless of choosing either Blue Cross or HealthPartners as your Minnesota Advantage Health Plan administrator.
- Your vision coverage will continue until you disenroll.



## Dependent Eligibility for Medical and Dental Coverage State Employee Group Insurance Program (SEGIP)

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Spouse	<ul style="list-style-type: none"> <li>• Must be legally married under Minnesota law to an insurance eligible employee, <b>and</b></li> <li>• Your spouse is not eligible if they work full-time for an employer (with more than 100 people) and elects to receive either credits or cash in place of health insurance or health coverage or towards some other benefit in place of health insurance.</li> <li>• Your spouse is also not eligible if enrolled in a high deductible medical insurance plan (as defined by the IRS) that includes a contribution to a health savings account (HSA) through their employing organization.</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of your certified marriage certificate <b>and</b></li> <li>• Completed Spouse/Former Spouse Certification Form</li> </ul>
Former Spouse	<ul style="list-style-type: none"> <li>• The divorce must occur while the employee is covered, <b>and</b></li> <li>• Must have been covered on the employee's plan at the time of the divorce, <b>and</b></li> <li>• May not have obtained other group coverage since the divorce, <b>and</b></li> <li>• Not eligible if they work full-time for an employer (with more than 100 people) and elects to receive either credits or cash in place of health insurance or health coverage or towards some other benefit in place of health insurance.</li> <li>• In addition, also not eligible if enrolled in a high deductible medical insurance plan (as defined by the IRS) that includes a contribution to a health savings account (HSA) through their employing Organization</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of your divorce decree signed by a judge or court administrator <b>and</b></li> <li>• Completed Spouse/Former Spouse Certification Form</li> </ul>
Biological Children	<ul style="list-style-type: none"> <li>• To age 26</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of your child's certified birth certificate naming you as the child's parent</li> </ul>
Adopted children	<ul style="list-style-type: none"> <li>• To age 26 if adopted <b>or</b></li> <li>• To age 18 if placed with you for adoption</li> </ul>	<ul style="list-style-type: none"> <li>• Final copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption <b>or</b></li> <li>• Copy of the child's certified birth certificate naming you (or your spouse) as the child's parent</li> </ul>
Stepchildren	<ul style="list-style-type: none"> <li>• To age 26</li> <li>• You must be legally married to the child's parent</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of the child's certified birth certificate naming your spouse as the child's parent <b>and</b></li> <li>• Copy of your certified marriage certificate</li> </ul>

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Foster Children (ward, legal guardian, legal custody)	<ul style="list-style-type: none"> <li>To age 26</li> <li>Full and permanent legal and physical custody</li> </ul>	<ul style="list-style-type: none"> <li>Completed Foster Child Certification Form <b>and</b></li> <li>Final copy of court document showing your name (and/or your spouse) confirming the permanent custodial relationship</li> <li>Birth up to age 18 – Copy of tax return showing child is claimed as a dependent.</li> <li>Age 18-26 – No tax document required.</li> </ul>
Grandchildren	<ul style="list-style-type: none"> <li>To age 25</li> <li>Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 <b>or</b></li> <li>Financially dependent upon you and has resided with you continuously from birth <b>or</b></li> <li>If you have legally adopted your grandchild or are the foster parent of your grandchild, follow the eligibility rules for each above</li> </ul>	<ul style="list-style-type: none"> <li>Completed Grandchild Certification Form <b>and</b></li> <li>Copy of your grandchild’s certified birth certificate, naming your (or your spouse’s) child as your grandchild’s parent <b>and</b></li> <li>Copy of your child’s certified birth certificate naming you (or your spouse) as the parent <b>and</b></li> <li>Document dated within the last 6 months establishing this grandchild currently resides with you <b>and</b></li> <li>Copy of your most recent federal tax return listing this child as your (or your spouse’s) tax dependent.</li> <li>If your grandchild has lived with you continuously from birth, a copy of your federal tax return from the year this grandchild was born</li> </ul>
Child(ren) with a disability	<ul style="list-style-type: none"> <li>Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, <b>and</b></li> <li>Chiefly dependent upon you for principal support and maintenance, <b>and</b></li> <li>You must provide proof of such incapacity and dependency annually as requested by your health plan administrator</li> </ul>	<ul style="list-style-type: none"> <li>Copy of the child’s certified birth certificate naming you or your spouse as the child’s parent, OR appropriate court order / adoption decree naming you as the child’s legal guardian</li> </ul>

Also covered: any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.

Change in status or dependent eligibility: It is your responsibility to notify SEGIP of any change in a dependent’s status (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30 days of a life event or during Open Enrollment. You must notify SEGIP within 60 days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in <https://mn.gov/mmb-stat/documents/segip/doc/YEB.pdf>

# Optional life and disability coverage highlights

Open Enrollment 2024 is your chance to enroll in or change coverage levels in Long-Term Disability, and Optional Life Insurance for you, your spouse, and dependent children.

## Short-term disability (STD) insurance

Short-term disability (STD) is not available during this year's Open Enrollment; however, you can apply for STD throughout the year with evidence of insurability by using the Optional Coverage Application. Enrolling in STD coverage outside of Open Enrollment requires evidence of insurability. STD replaces income if you are unable to work due to a non-work-related injury or illness. You may purchase a monthly replacement amount, no greater than 66.67% of your gross income (not to exceed \$5,000 per month). The STD payments are not reduced if you are collecting sick or vacation pay. There are no pre-existing conditions on your STD coverage. STD premiums are decreasing 9.9% for the 2024 plan year.

## Long-term disability (LTD) insurance

If eligible, the plan provides income replacement if a disability renders you unable to work for an extended period. You may enroll in or increase LTD coverage only during Open Enrollment if you want this protection. See the "Rates" section of this booklet to learn about the increments of coverage you can purchase. The maximum LTD benefit that an employee may purchase is approximately 60% of their gross annual income to a maximum benefit of \$7,000. LTD premiums are decreasing 6.8% for the 2024 plan year.

## Manager's income protection plan (IPP)

If eligible, this plan provides life insurance and income replacement if a disability renders you unable to work for an extended period. You may decrease your period of elimination by one 30-day unit, without evidence of insurability, during Open Enrollment.

- NOTE: Payments from other wage replacement benefits which you may be entitled to, such as those provided by Social Security Disability or Minnesota State Retirement Disability, may result in a reduction of monthly benefits paid by your SEGIP Long-term disability and Manager's Income Protection Plan coverage. Premiums for the disability portion of the plan have decreased by 6.25% to 9.09%.

Call Ochs, Inc. for more details. The telephone number for Ochs, Inc. is listed on page 36 of this booklet.

## Optional life insurance

You may purchase additional term life insurance for yourself and your spouse. Generally, you may purchase this insurance in increments of \$5,000. While the benefit is in force, your beneficiary would be paid the value of your policy in the event of your death. There are no changes to the optional life insurance premium for Plan Year 2024.

Premiums for employee and spouse optional life increase when you reach a new 5-year age band.

## Child life insurance

The coverage is \$10,000 for each eligible child up to the age of 26. One premium covers all your eligible children.

# Pre-tax benefit account, also known as Flexible Spending Accounts (FSAs), highlights

The State's pre-tax vendor is Benefit Resource (BRI).

The pre-tax benefit accounts include the Medical/Dental Expense Account (MDEA), the Dependent (Daycare) Expense Account (DCEA), and the Transit Expense Accounts (TEA) for both parking (PKEA) and mass transit/vanpool (BVEA). These plans allow you to set aside dollars before taxes to cover out-of-pocket health, dental, and/or vision expenses with the MDEA, dependent daycare expenses with DCEA, and your work-related parking or mass transit expenses through the TEA. Participants generally save 25% to 30% on taxes. The MDEA and DCEA are only available for the expenses of dependents recognized by the Internal Revenue Service. The Transit Expense Account (TEA) allows you to set aside dollars before taxes to cover certain costs associated with your commute to work. The TEA cannot be used for commuting expenses of your dependents.

The MDEA can be used to help cover deductibles, copays, and coinsurance you may incur for medical and dental, or out-of-pocket vision expenses, prescription drugs, and eligible over-the-counter drugs.

Benefit Resource (BRI) provides MDEA, PKEA and BVEA participants with a debit card for ease of access to accounts. New debit cards will be issued to all new 2024 Medical/Dental Expense Account (MDEA) or Transit Expense Account (TEA) participants. MDEA participants have the option to use the debit card or submit receipts manually for reimbursement of expenses. Regardless of the method used, you must retain documentation of expenses. You may be asked by Benefit Resource (BRI) or the IRS to substantiate your expenses.

IRS has **not yet released the maximum amount** of money you are allowed to contribute for 2024. The **2023 maximum** amounts were:

- MDEA—\$3,050 per employee.
- DCEA—\$5,000 per family or household.
- TEA—\$300 per month. Remember, this account is for your own work-related transit expenses, not those of your dependents.

Plan carefully when determining the amount of money, you set aside. The minimum amount you may set aside in the MDEA or DCEA is \$100 per year. There is no DCEA carryover from 2023 into 2024. MDEA participants may be eligible for a carryover from 2023 into 2024 of up to \$610 of your 2023 MDEA balance if you have made your full 2023 contributions AND elected a 2024 MDEA during open enrollment.

If you want to participate in 2024, you must re-enroll during Open Enrollment. All necessary information is available on the SEGIP website.

NOTE: Medical and dental premiums are deducted from your paycheck before taxes are calculated. Do not include this cost in your Medical/Dental Expense Account.

## Special notice regarding the Transit Expense Accounts

If you already pay for parking, vanpool, or transit pass expenses through a state payroll deduction, you are automatically enrolled in a plan that allows you to make those payments before taxes. You should not enroll in the Transit Expense Account (TEA) for parking, vanpool, or transit expenses unless you have additional eligible out-of-pocket transit expenses. The minimum amount you may set aside is \$50 per account per year.

The Transit Expense Account (TEA) will only allow the purchase of Commuter Cards (Bus or Light Rail) through your Benefit Resource (BRI) provided debit card. You must use this debit card at recognized transit stores or on-line providers. More information is available on the BRI website. The IRS does not allow the reimbursement of paper receipts for mass transit expenses.

TEA expenses must be submitted for reimbursement within 180 days of when they were incurred or paid for, or by the plan year filing deadline, if earlier. Submissions outside of the 180 days will not be reimbursed. If you have money left in your Transit Expense Account at the end of 2023, it may be rolled forward to 2024 only if you enroll in the same Transit Expense Account during Open Enrollment for the 2024 plan year or by Dec. 31, 2023.

# 2024 Advantage Health Plan monthly rates

The Minnesota Advantage Health Plan is one medical plan serviced by either Blue Cross or HealthPartners. The rate you pay each month is the same no matter which health plan administrator you select.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

## Full Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$39.66	\$753.48	\$793.14	\$230.88	\$1,308.36	\$1,539.24	\$270.54	\$2,061.84	\$2,332.38

## 75% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$228.02	\$565.12	\$793.14	\$557.96	\$981.28	\$1,539.24	\$785.98	\$1546.40	\$2,332.38

## 50% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$416.40	\$376.74	\$793.14	\$885.06	\$654.18	\$1,539.24	\$1,301.46	\$1,030.92	\$2,332.38

## No Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$793.14	\$0	\$793.14	\$1,539.24	\$0	\$1,539.24	\$2,332.38	\$0	\$2,332.38

# 2024 State Dental Plan monthly rates

The State Dental Plan is one plan serviced by two plan administrators. The rate is the same no matter which dental plan administrator you select.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

## Full Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$13.48	\$31.44	\$44.92	\$44.00	\$44.00	\$88.00	\$57.48	\$75.44	\$132.92

## 75% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$21.34	\$23.58	\$44.92	\$55.00	\$33.00	\$88.00	\$76.34	\$56.58	\$132.92

## 50% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$29.20	\$15.72	\$44.92	\$66.00	\$22.00	\$88.00	\$95.20	\$37.72	\$132.92

## No Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$44.92	\$0	\$44.92	\$88.00	\$0	\$88.00	\$132.92	\$0	\$132.92

# 2024 Life Insurance Plan Rates

## Basic Life Insurance

### Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	\$11.64	\$11.64	\$0.00
Manager's Life – 2.0 X — MLMB	\$63.46	\$63.46	\$0.00
Manager's Life – 1.5 X — MLMA	\$43.50	\$43.50	\$0.00

### Semi-Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	\$5.82	\$5.82	\$0.00
Manager's Life – 2.0 X — MLMB	\$31.73	\$31.73	\$0.00
Manager's Life – 1.5 X — MLMA	\$21.75	\$21.75	\$0.00

## Optional Employee or Spouse Life Insurance

Cost per \$5,000 in Coverage.

Age of Employee or Spouse	Monthly	Semi-monthly
under age 30	\$0.30	\$0.15
age 30 - 34	\$0.40	\$0.20
age 35 - 39	\$0.46	\$0.23
age 40 - 44	\$0.50	\$0.25
age 45 - 49	\$0.86	\$0.43
age 50 - 54	\$1.56	\$0.78
age 55 - 59	\$2.46	\$1.23
age 60 - 64	\$4.06	\$2.03
age 65 - 69	\$6.50	\$3.25
age 70 – 74	\$10.50	\$5.25
age 75 – 79	\$17.00	\$8.50
age 80 – 84	\$27.50	\$13.75
age 85 – 89	\$55.06	\$27.53

## Child Life Insurance

Cost per policy. One policy covers all dependents.

Coverage Amount	Monthly	Semi-monthly
\$10,000	\$0.84	\$0.42

## Accidental Death and Dismemberment Insurance

Cost per \$5,000 in Coverage.

Monthly	Semi-monthly
\$0.16	\$0.08

You must be actively at work for any increase in optional coverage to take effect.



## 2024 Long-term disability insurance

You must be actively at work for any increase in optional coverage to take effect.

You may not purchase more than approximately 60% of your gross annual salary; benefits paid will be capped at that amount.

Gross annual	Salary	Max monthly benefit from all sources	Max monthly benefit payable	Monthly cost	Semi monthly cost
\$6,001	\$6,500	\$300	\$300	\$1.50	\$0.75
\$6,501	\$7,000	\$350	\$350	\$1.75	\$0.88
\$7,001	\$8,000	\$400	\$400	\$2.00	\$1.00
\$8,001	\$9,000	\$450	\$450	\$2.25	\$1.13
\$9,001	\$10,000	\$500	\$500	\$2.50	\$1.25
\$10,001	\$11,000	\$550	\$550	\$2.75	\$1.38
\$11,001	\$12,000	\$600	\$600	\$3.00	\$1.50
\$12,001	\$12,500	\$650	\$650	\$3.25	\$1.63
\$12,501	\$13,000	\$700	\$700	\$3.50	\$1.75
\$13,001	\$14,000	\$750	\$750	\$3.75	\$1.88
\$14,001	\$15,000	\$800	\$800	\$4.00	\$2.00
\$15,001	\$16,000	\$850	\$850	\$4.25	\$2.13
\$16,001	\$18,000	\$900	\$900	\$4.50	\$2.25
\$18,001	\$19,000	\$950	\$950	\$4.75	\$2.38
\$19,001	\$20,000	\$1,000	\$1,000	\$5.00	\$2.50
\$20,001	\$22,000	\$1,100	\$1,100	\$5.50	\$2.75
\$22,001	\$24,000	\$1,200	\$1,200	\$6.00	\$3.00
\$24,001	\$26,000	\$1,300	\$1,300	\$6.50	\$3.25
\$26,001	\$28,000	\$1,400	\$1,400	\$7.00	\$3.50
\$28,001	\$30,000	\$1,500	\$1,500	\$7.50	\$3.75
\$30,001	\$32,000	\$1,600	\$1,600	\$8.00	\$4.00
\$32,001	\$34,000	\$1,700	\$1,700	\$8.50	\$4.25
\$34,001	\$36,000	\$1,800	\$1,800	\$9.00	\$4.50
\$36,001	\$38,000	\$1,900	\$1,900	\$9.50	\$4.75
\$38,001	\$40,000	\$2,000	\$2,000	\$10.00	\$5.00
\$40,001	\$42,000	\$2,100	\$2,100	\$10.50	\$5.25
\$42,001	\$44,000	\$2,200	\$2,200	\$11.00	\$5.50
\$44,001	\$46,000	\$2,300	\$2,300	\$11.50	\$5.75
\$46,001	\$48,000	\$2,400	\$2,400	\$12.00	\$6.00
\$48,001	\$50,000	\$2,500	\$2,500	\$12.50	\$6.25
\$50,001	\$52,000	\$2,600	\$2,600	\$13.00	\$6.50
\$52,001	\$54,000	\$2,700	\$2,700	\$13.50	\$6.75
\$54,001	\$56,000	\$2,800	\$2,800	\$14.00	\$7.00
\$56,001	\$58,000	\$2,900	\$2,900	\$14.50	\$7.25
\$58,001	\$60,000	\$3,000	\$3,000	\$15.00	\$7.50
\$60,001	\$61,000	\$3,100	\$3,100	\$15.50	\$7.75

<b>Gross annual</b>	<b>Salary</b>	<b>Max monthly benefit from all sources</b>	<b>Max monthly benefit payable</b>	<b>Monthly cost</b>	<b>Semi monthly cost</b>
\$61,001	\$62,000	\$3,200	\$3,200	\$16.00	\$8.00
\$62,001	\$63,000	\$3,300	\$3,300	\$16.50	\$8.25
\$63,001	\$64,000	\$3,400	\$3,400	\$17.00	\$8.50
\$64,001	\$65,000	\$3,500	\$3,500	\$17.50	\$8.75
\$65,001	\$67,000	\$3,600	\$3,600	\$18.00	\$9.00
\$67,001	\$69,000	\$3,700	\$3,700	\$18.50	\$9.25
\$69,001	\$71,500	\$3,800	\$3,800	\$19.00	\$9.50
\$71,501	\$73,000	\$3,900	\$3,900	\$19.50	\$9.75
\$73,001	\$75,000	\$4,000	\$4,000	\$20.00	\$10.00
\$75,001	\$77,000	\$4,100	\$4,100	\$20.50	\$10.25
\$77,001	\$79,000	\$4,200	\$4,200	\$21.00	\$10.50
\$79,001	\$81,000	\$4,300	\$4,300	\$21.50	\$10.75
\$81,001	\$83,000	\$4,400	\$4,400	\$22.00	\$11.00
\$83,001	\$85,000	\$4,500	\$4,500	\$22.50	\$11.25
\$85,001	\$87,000	\$4,600	\$4,600	\$23.00	\$11.50
\$87,001	\$89,000	\$4,700	\$4,700	\$23.50	\$11.75
\$89,001	\$91,000	\$4,800	\$4,800	\$24.00	\$12.00
\$91,001	\$93,000	\$4,900	\$4,900	\$24.50	\$12.25
\$93,001	\$96,000	\$5,000	\$5,000	\$25.00	\$12.50
\$96,001	\$98,000	\$5,100	\$5,100	\$25.50	\$12.75
\$98,001	\$100,000	\$5,200	\$5,200	\$26.00	\$13.00
\$100,001	\$102,000	\$5,300	\$5,300	\$26.50	\$13.25
\$102,001	\$104,000	\$5,400	\$5,400	\$27.00	\$13.50
\$104,001	\$106,000	\$5,500	\$5,500	\$27.50	\$13.75
\$106,000	\$108,000	\$5,600	\$5,600	\$28.00	\$14.00
\$108,001	\$110,000	\$5,700	\$5,700	\$28.50	\$14.25
\$110,001	\$112,000	\$5,800	\$5,800	\$29.00	\$14.50
\$112,001	\$114,000	\$5,900	\$5,900	\$29.50	\$14.75
\$114,001	\$116,000	\$6,000	\$6,000	\$30.00	\$15.00
\$116,001	\$118,000	\$6,100	\$6,100	\$30.50	\$15.25
\$118,001	\$120,000	\$6,200	\$6,200	\$31.00	\$15.50
\$120,001	\$122,000	\$6,300	\$6,300	\$31.50	\$15.75
\$122,001	\$124,000	\$6,400	\$6,400	\$32.00	\$16.00
\$124,001	\$126,000	\$6,500	\$6,500	\$32.50	\$16.25
\$126,001	\$128,000	\$6,600	\$6,600	\$33.00	\$16.50
\$128,001	\$130,000	\$6,700	\$6,700	\$33.50	\$16.75
\$130,001	\$132,000	\$6,800	\$6,800	\$34.00	\$17.00
\$132,001	\$133,500	\$6,900	\$6,900	\$34.50	\$17.25
\$133,501	\$135,500	\$7,000	\$7,000	\$35.00	\$17.50

\*The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security, and any other income you may receive.

# How can I get more information about Open Enrollment?

Your Agency Human Resource (HR) Representative or Designated Department Insurance Representative (DDIR) are trained to answer your questions or direct you to the appropriate source of information.

## Text message

It's easy: subscribe to SEGIP text message by texting "MNMMB SEGIP" to 66468

## Electronic enrollment

Open Enrollment selections are submitted electronically through the state's secure [Self Service system](#).

## Open Enrollment webpage

Visit the [SEGIP homepage](https://mn.gov/mmb/segip): [mn.gov/mmb/segip](https://mn.gov/mmb/segip)

## Advantage Plan Clinic Directory

Go to the [SEGIP website](#) to access a single list of all the primary care clinics included in all the Minnesota Advantage Health Plan. You may also call your health plan administrator.

## SEGIP plan administrators

Each SEGIP health and dental plan administrator, as well as your pharmacy benefit manager (CVS Caremark) prepares an online clinic directory that lists its participating doctors, dentists, or pharmacies. You may access this information through the SEGIP website, or by calling call your plan administrator. A doctor, clinic, provider, or pharmacy may choose to terminate their relationship with a plan administrator during the year. If this happens, you may change your primary care clinic. However, you may only switch plan administrators during Open Enrollment.

## SEGIP Member Services

For answers about rates, insurance billing, eligibility, or for help with open enrollment, you can call Member Services at 651-355-0100 or 800-664-3597. People with hearing or speech difficulties can contact their preferred Telecommunications Relay Service.

Member Services representatives are on duty 7 a.m. to 4 p.m., Monday through Friday through Nov. 17, 2023. You can also reach Member Services by e-mailing Open Enrollment questions to [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us).

Closed for Veterans Day, Friday, Nov. 10, 2023.

SEGIP Member Services will be open until 7 p.m. on the last day of open enrollment, Wednesday, Nov. 15, 2023.

# Important Open Enrollment notes:

## Electronic enrollment

You can enroll via Employee Self Service seven days per week, 24 hours per day, from Oct. 26 through Nov. 15, 2023. However, as with most 24-hour systems, there are brief periods each day when it is possible that Self Service may not be available to accept your enrollment. This may happen each day around 12:15 to 12:30 p.m. and between 8 p.m. to 9 p.m. That is when the system is running special administration processes. You do not have to avoid these times altogether but be aware that it is possible the system may become unavailable for a very short period. You will get a message asking you to re-try in a few minutes.

**You are required to “Check Out and Submit” all your choices.** You will know your choices have been submitted once you see the Confirmation Statement. Take a photo, print it, or save it somewhere safe. Send this proof to your personal email address. You’ll need it if you have questions.

Print Date: 8/17/2023 5:07:39 PM

**m MANAGEMENT AND BUDGET**  
STATE EMPLOYEE GROUP  
INSURANCE PROGRAM

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**CONFIRMATION STATEMENT for Open Enrollment**

Employee, Test OE

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These are the elections you submitted on August 17, 2023 at 05:07:17 PM. These elections will go into effect on January 1, 2023. If you have questions about other benefits that are in effect, you may review them on the Benefits Summary page in Employee Self Service.

Enrollment Elections & Semi-Monthly Cost			
Mn Advantage Health Plan PreferredOne Before Tax	Coverage Empl Only	Before Tax 19.25	After Tax
Dental No Coverage	Coverage None	Before Tax	After Tax
Vision No Coverage	Coverage None	Before Tax	After Tax
Basic Life Basic Life	Coverage Salary X 1	Before Tax	After Tax
Employee Additional Life No Coverage	Coverage None	Before Tax	After Tax
Employee AD/D No Coverage	Coverage None	Before Tax	After Tax
Spouse Life No Coverage	Coverage None	Before Tax	After Tax
Spouse AD/D No Coverage	Coverage None	Before Tax	After Tax
Child Life No Coverage	Coverage None	Before Tax	After Tax

**Make sure all dependents appear in the lower section with, “Yes” in the appropriate columns for medical or dental insurance.**

State personnel policy allows you to use your computer at work to make your Open Enrollment elections.

If problems with vision, hearing, or speech make internet enrollment inconvenient, ask your agency’s organization’s Human Resource (HR) Representative or Designated Department Insurance Representative (DDIR) for assistance.

### If you want to make changes

If you want to make changes or corrections after completing enrollment via Self-Service, you may do so by repeating the Self-Service enrollment process. You must make these changes during Open Enrollment Oct. 26 to Nov. 15, 2023. Re-enter information only in the section that you want to change. You need to “Check

**Be sure to send your PDF Confirmation Statement to your personal email.**

Out and Submit” to tell the system to finalize and submit your choices. You will know your changes are made once you see the Confirmation Statement. Take a photo or save it somewhere safe. Send this proof to your home email address. You’ll need it if you have questions.

No changes may be made after 11:59 p.m. on Nov. 15, 2023.

## Payroll deductions

For employees on the state’s central payroll system, the first deduction for your portion of all benefits, including the pre-tax benefit accounts that begin on Jan. 1, will be taken from the paycheck you are issued on **Jan. 12, 2024**. The first deduction for any coverage that requires evidence of insurability will be taken when the coverage is approved by the plan administrator. That coverage will take effect the day it is approved.

## 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.

## Health Plan addresses and phone numbers

Plan administrator	Address	Phone Numbers
<b>Minnesota Advantage Health Plan – Blue Cross, Coordinated Plan</b>	Blue Cross of Minnesota P.O. Box 64560 St. Paul, MN 55164-9756 <a href="http://www.bluecrossmn.com/segip">www.bluecrossmn.com/segip</a>	1-800-262-0819 1-888-878-0137 - TTY
<b>Medicare Blue RX</b>	<a href="http://www.YourMedicareSolutions.com">www.YourMedicareSolutions.com</a>	1-877-838-3827 711 - TTY
<b>National PPO for Advantage - Blue Cross Blue Card</b>	<a href="http://www.bluecrossmn.com/segip">www.bluecrossmn.com/segip</a>	1-800-810-2583
<b>Blue Cross Davis Vision</b>	<a href="http://www.bluecrossmn.com/segip-vision">www.bluecrossmn.com/segip-vision</a>	1-888-921-1192
<b>Minnesota Advantage Health Plan – HealthPartners</b>	HealthPartners Attn: Membership Accounting P.O. Box 297 Minneapolis, MN 55440-0297 <a href="http://www.healthpartners.com/segip/">www.healthpartners.com/segip/</a>	952-883-7900 1-888-343-4404 952-883-5127-TTY
<b>HealthPartners Medicare Group Solution</b>	HealthPartners - Individuals MS 21103R PO Box 9463 Minneapolis, MN 55440-9463 <a href="http://www.healthpartners.com/segipmedicare">www.healthpartners.com/segipmedicare</a>	952-883-7979 1-800-233-9645 1-800-443-0156 - TTY
<b>National PPO for Advantage – HealthPartners</b>	<a href="http://www.healthpartners.com/segip/">www.healthpartners.com/segip/</a>	1-888-343-4404
<b>UCare Medicare Group</b>	UCare Attn: Group UCare for Seniors 500 Stinson Boulevard NE Minneapolis, MN 55413 <a href="mailto:Groupsales@ucare.org">Groupsales@ucare.org</a> <a href="http://www.ucare.org">www.ucare.org</a>	612-676-6900 1-877-598-6574 612-676-6810 – TTY 1-800-688-2534 - TTY
<b>State Dental Plan – Delta Dental Group 216</b>	<a href="http://deltadentalmn.org/segip">deltadentalmn.org/segip</a>	651-406-5916 800-553-9536 TTY 651-406-5923
<b>State Dental Plan - HealthPartners</b>	8170 33rd Avenue S P.O. Box 1309 Minneapolis, MN 55440-1309 <a href="http://www.healthpartners.com/segip/">www.healthpartners.com/segip/</a>	952-883-7900 888-343-4404 TTY 952-883-5127

<b>Plan administrator</b>	<b>Address</b>	<b>Phone Numbers</b>
<b>CVS Caremark</b>	CVS Caremark Claims Department P.O. Box 52136 Phoenix, AZ 85072-2136 <a href="http://www.caremark.com">www.caremark.com</a>	844-345-3234 (toll free)
<b>Ochs Agency</b>	400 Robert St. North Suite 1880 St. Paul, MN 55101-2025 <a href="mailto:Ochs@ochsinc.com">Ochs@ochsinc.com</a>	651-665-3789 1-800-392-7295
<b>Benefit Resources (BRI)</b>	<a href="http://benefitresource.com/state-of-minnesota">benefitresource.com/state-of-minnesota</a>	612-877-4321 800-300-1672
<b>Employee Insurance, State Employee Group Insurance Program MMB</b>	MMB - Employee Insurance 400 Centennial Office Building 658 Cedar Street St. Paul, MN 55155 <a href="http://mn.gov/mmb/segip">mn.gov/mmb/segip</a>	651-355-0100 1-800-664-3597
<b>Medicare</b>	<a href="http://www.Medicare.gov">www.Medicare.gov</a>	1-800-MEDICARE (1-800-633-4227) 1-877-468-2048 TTY/TDD
<b>Social Security</b>	<a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>	1-800-772-1213 1-800-325-0778

If you live with hearing or speech difficulties, use your preferred Telecommunications Relay Service to contact SEGIP Member Services.