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Disclaimer

This newsletter is for informational purposes only and is not a plan document nor is it legal, medical or retirement advice. Consult a qualified professional before making decisions.

Prepared by:

The Employee Insurance
Division of Minnesota
Management & Budget

Changing your primary care clinic

You can change your primary care clinic throughout the year *outside* of Open Enrollment (OE).

Choosing a primary care clinic that is a good fit for you and your family can be challenging and — amidst all the other decisions that you make during OE—it can be stressful. We make it easy by allowing you to change your clinic outside OE. You can move to a clinic in a different cost level twice a year and you may move to a different clinic within the same cost level once a month.

Let's say you choose a

Cost Level 4 clinic, but after visiting your new doctor, you decide that you do not want to pay the higher co-payment. You can change your clinic to a different cost level twice during the year.

What happens if your favorite doctor leaves your primary care clinic to practice elsewhere? In this example, she will be practicing with another clinic in your area *and possibly* at the same cost level. You can change your primary care clinic up to once per month and stay with the doctor you want.

Changing your clinic is an easy, two-step process. First, verify that the new

provider is within the network by visiting the Health Plan Clinic Directory at www.mmb.state.mn.us/inmdir/provider_directory.aspx. Second, contact your health carrier (Blue Cross Blue Shield, Health Partners or Preferred One) and ask a representative to make your change. The change will typically be effective the first of the next month after calling and you will receive a new membership card listing your new primary care clinic.

This is just one of the ways that SEGIP lets you make the health care choices that are best for you and your family.

2009 pre-tax reimbursements due March 1, 2010

The deadline for submitting 2009 pre-tax reimbursement requests is Monday, March 1, 2010. Be sure to have your completed requests for reimbursement along with appropriate documentation to Eide Bailly by the deadline—or be prepared to lose your money.

Participants missing the deadline lose their unclaimed pre-tax dollars. Ouch! Every year a handful of participants miss the deadline and even though their reasons for missing the deadline are legitimate—lost in the mail, mail

returned for insufficient postage—they still forfeit their money.

There are two methods for submitting your request for reimbursement. You may complete a paper reimbursement form and either mail it or fax it to Eide Bailly. The other method is to enter the request for reimbursement online at Eide Bailly's secure website and then mail or fax your receipts to Eide Bailly. Under either method, your documentation must be at Eide Bailly's office no later than March 1.

This rule applies to all of

the pre-tax accounts: Medical / Dental Expense Account (MDEA), Dependent Daycare Expense Account (DCEA) and Transportation accounts.

The deadline is governed by IRS regulations and there are no exceptions. You can read the policy in the Pre-Tax Plan Summary on Eide Bailly's Website. Don't lose your money. Be sure to have your requests for reimbursement to Eide Bailly before March 1, 2010.

www.eidebaillybenefits.com/som

Debit card substantiations

Your Benny Card makes accessing your pre-tax dollars quicker and easier. But it does not eliminate the IRS requirement to substantiate, or prove, that all of your purchases are valid expenditures of pre-tax dollars.

Most purchases made with your Benny Card are automatically substantiated and you do not need to

submit your receipt. However, when a purchase is not automatically substantiated, Eide Bailly will send you a letter requesting a copy of the receipt. If you do not respond, the card will be shut off and the purchase amount will be treated as taxable income. This is done to meet the IRS requirement to prove that all pre-tax purchases are



valid expenditures.

You can see which of your purchases have been substantiated by checking your account on

www.mybenny.com. Eide

Bailly's site contains more information regarding substantiating expenses.

www.eidebaillybenefits.com/som

Oral health tips - keep your smile bright

Oral health is an important component of total wellness. Have a bright smile and cut down on your risk of tooth decay, gum disease and oral cancer with good oral health. Smart snacking, proper brushing and flossing, and regular dental checkups prevent tooth decay and gum disease.

Smart snacking limits between-meal snacks to avoid exposing teeth to continuous contact with food and beverages. The sugars and starches in snacks interact with bacteria in your mouth, which can result in tooth decay and gum disease. Smart snacking includes eat-

ing nutritious foods such as fresh fruits, raw vegetables, whole grains, dairy products, meats and nuts while avoiding sticky, sugary snacks and tobacco use. Drinking water after snacks and meals helps cleanse teeth.

Proper brushing and flossing removes plaque from tooth surfaces. Aim to brush your teeth with fluoride toothpaste at least twice a day and after snacking whenever possible. Floss daily to remove plaque between teeth and in areas where a toothbrush can't reach.

Replace your toothbrush every three to four months or when the bristles are

worn or bent. Select a toothbrush with soft, rounded bristles.

The frequency of dental checkups is based on your individual needs. Consult with your dentist about what is right for you. During a checkup your dentist can detect plaque and gum disease, signs of throat, tongue or mouth cancer; and gauge the effects of tobacco use.

www.deltadentalmn.org/oralHealthEducation.jsp?DView=OralHealthEducation

Optimal lifestyle

We make choices everyday—choices that shape our lifestyle and sense of well-being. Upcoming editions of the SEGIP Report will feature articles about key behaviors that have an optimal effect on lifestyle.

These behaviors are:

1. Being physically active
2. Eating five fruits and vegetables each day
3. No tobacco use, and
4. Moderate or no alcohol use.

Doing well with these behaviors can lower stress, reduce depression and increase the impact of emotional health on daily life. A strong sense of well-being enables us to cope with stresses of life and work productively.

Confidentiality in the Employee Assistance Program

Confidentiality is the cornerstone of the EAP. What you discuss remains private unless you sign a release of information.

The Employee Assistance Program (EAP) is designed to help identify and resolve personal, family, and workplace problems faced by state employees and state managers. Its services are free, voluntary and confidential.

It's important to know that the written assurances of confidentiality you see in EAP brochures are supported by all state agencies. Top management recognizes and endorses confidentiality as an essential feature of our state EAP service. Confidentiality is the creed of EAP providers.

Concerned about confidentiality? Ask

a member of your EAP team to explain how it works. That way, you won't hesitate to take advantage of the program's offerings when you need it most.

An EAP professional can be reached 24/7 at 651-259-3840 or 800-657-3719.



TIDBIT

Beneficiary follow-up

Remember to designate a beneficiary for your life insurance by March 5, 2010. If you do not act, your beneficiary will be the statutorily defined default. To enter your beneficiary information visit MN Life's secure website at www.lifebenefits.com. For assistance, contact MN Life at 1-866-293-6047.

Changing health insurance coverage after Open Enrollment

The ability to change your health insurance coverage is limited to Open Enrollment and when a “qualifying life event” occurs.

These events include:

- Changes in the status of legal marriage, the number of dependents, employment (for you or your legal spouse), and a dependent ceasing to satisfy eligibility criteria
- Family Medical Leave Act (FMLA) and HIPAA special enrollment events
- Court judgments, decrees, or orders
- Changes in the coverage of a spouse or dependent under another plan or the other plan’s Open Enrollment
- Entitlement to Medicare or Medicaid

It is your responsibility—and in

your best interest—to notify SEGIP when you have a qualifying life event.

Federal rules determine when and how long you have to change coverage after a life event. Usually, you have 30 days to notify SEGIP when adding coverage and 60 days to notify SEGIP when canceling coverage. However, the time limits vary. It’s best to act quickly to ensure time does not run out!

Notifying your HR office or your health plan does not constitute contacting SEGIP.

Another twist to the federal rules is that the change in coverage must be “on account of” and correspond with the qualified life event. For example, if your child turns 19 and is no longer a student, you must drop coverage for that child but may not drop coverage for your spouse. This life event corresponds to your child but not your spouse.

TIDBIT	About cost levels
	Clinics are tiered on their ability to provide cost effective care to members. Those that provide services at a higher cost level stay in the network to give members more flexibility and choice in determining their health care provider. However, members pay more to use higher cost clinics.

The rules regarding changing insurance coverage and qualifying life events are complex. Protect your rights by contacting SEGIP immediately!

A full list of qualifying life events and more information about them is available at www.mmb.state.mn.us/doc/ins/yeb/gen-eligibility.pdf or call us at 651-355-0100.

Optional insurance coverages - help protect your income and assets

SEGIP offers several optional insurance programs to protect you, your family and your income.

The optional insurances include:

- Employee Optional life
- Spouse life
- Child life
- Accidental Death and Dismemberment (AD&D)
- Spouse Accidental Death and Dismemberment
- Short-Term Disability (STD) insurance
- Long-Term Disability (LTD)
- Manager’s Income Protection Plan (IPP)
- Long-Term Care

You may enroll without having to provide evidence of good health when you are hired, rehired or become newly eligible for a benefit. In some instances, your spouse or dependent may be required to provide evidence of good health.

Annually, during Open Enrollment, you may enroll in or increase LTD coverage without providing evidence of good health and Managers may reduce their elimination period by one thirty day step.

At any time during the year, you may apply to enroll in or increase Employee Optional life, Spouse life, AD&D, Spouse AD&D, Child life, STD and Long-Term Care. You will be required to provide evidence of good health. The amount of coverage you may purchase varies by collective bargaining agreements and employment plans.

If you and your spouse are both employed by the state or another organization participating in SEGIP coverages, you may not purchase spouse life or accidental death and dismemberment coverage for each other, and only one of you may purchase child life insurance.

Information and forms for these op-

tional coverages can be found at www.mmb.state.mn.us/bene-employees or contact SEGIP at 651-355-0100.

Get the most out of your benefits by ensuring you know when to enroll.

TIDBIT	It’s a new plan year!
	Your deductibles and out-of-pocket costs start over at the beginning of each plan year. Your medical and dental insurance first dollar annual deductibles need to be satisfied. The out-of-pocket maximums restart for prescriptions and medical services and the dental maximum benefit payable per covered individual is reset. Once satisfied, you’ll just need to make your copays.

www.mmb.state.mn.us/doc/ins/adv-ee/highlights.pdf



- Health
- Disability
- Long-term Care
- Retiree Coverage
- Dental
- Life
- Spouse/Dependent Coverage

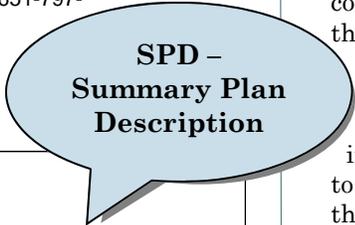
INSURANCE CALL CENTER

400 Centennial Office Building
658 Cedar Street
St. Paul MN 55155

segip.mmb@state.mn.us

HOURS

Monday – Friday
8:00 a.m. – 4:30 p.m.
651-355-0100
Fax: 651-797-1313

**What's the word?**

SPD Summary Plan Description. A document or a written statement, informing members of the benefits the plan provides and how it operates. It contains information in easy-to-read language on eligibility, services and benefits, payment of claims, participant rights and appeal procedures. Each plan has a SPD—there is one for the health, dental, life insurance, disability, and pre-tax programs. These documents often have a name other than “summary plan description.” The SPDs for all of the state’s plans are accessible on MMB’s website.
www.mmb.state.mn.us/ins-certs

Retirement University**LIFE (insurance) AFTER RETIREMENT**

In addition to the option to continue health and dental insurance upon retirement, retirees also have the opportunity to continue their life insurance coverage. Retirees may choose to continue the basic group life, optional employee life, and/or spouse life for 18 months or possibly longer.

The basic group life insurance policy is approximately equivalent to your annual salary (up to \$95,000). Managers receive either one-and-a-half or two times their annual salary. These policies may be continued at a low group rate for 18 months after retirement. After the 18-month period, you have the option to convert all or part of the life insurance to an individual policy through Minnesota Life.

Employees with optional employee life and/or spouse life insurance may continue coverage until age 65. Those that continue to age 65 are eligible for a paid-up post-retirement benefit, provided that they have carried optional employee and/or spouse life insurance for at least five consecutive years immediately preceding retirement of the employee or age 65, whichever is later. This policy amounts to 15 percent of the smallest amount of optional employee life and/or spouse life insurance in force during the five years specified above.

Early and special retirees must elect to continue any optional life insurance to age 65 in order to qualify for this benefit. Retirees must also elect to continue spouse life insurance until his/her spouse reaches age 65 in order to qualify for this benefit. In both of these cases, the period of coverage may extend beyond 18 months.

If you have questions about your life insurance benefits and your options for continuing coverage after employment, contact SEGIP at 651-355-0100

Looking for information about your benefits?

Got questions? Wondering what your co-pay for physical therapy is or what the coverage is for your child’s orthodontia?

Insurance plans can be difficult to figure out, but there are many resources for finding answers to your questions.

Most answers can be found by consulting the summary plan description for your insurance plan. These documents contain a wealth of information regarding benefit coverage, cost sharing, continuation of coverage, and adding or dropping dependents from coverage. They’re available on the MMB website at

www.mmb.state.mn.us/ins-certs.

Information about long-term care is at www.mpel.org. If you’re looking for a summary of your coverage (or your dependent’s coverage) try “Employee Self-Service” at <https://www.state.mn.us/employee>. Log in and go to the “Benefits” page.

Another valuable resource is your union contract or employment plan. These documents provide information about your insurance coverage, especially answers to questions about eligibility. They are available at www.mmb.state.mn.us/pay-bene/comp.

The customer service representatives

at your insurance carrier will also answer your questions. Phone numbers and websites for all of the plans are at www.mmb.state.mn.us/ins-carriers or check the back of your member card.

MMB staff members are happy to respond to questions or to refer you to the correct resource. Call us at 651/355-0100. Providing information is one of the ways that SEGIP helps you get the most out of your insurance benefits.