

**BENEFITS WITH PURPOSE.**

You help improve the lives of Minnesotans.  
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# 2023 OPEN ENROLLMENT

OCT. 27 – NOV. 16, 2022



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# Open Enrollment 2023

The State Employee Group Insurance Program (SEGIP) annual Open Enrollment period is Oct. 27 – Nov. 16, 2022. Open Enrollment is your opportunity to:

- change your health benefit elections for Plan Year 2023
- change some of your optional benefit elections for Plan Year 2023
- contribute to Flexible Spending Accounts (pre-tax benefit accounts)

If you do not want to make changes to your coverages, you do not need to re-enroll, except for the pre-tax benefit accounts. Note that your costs may change in 2023, even if you decide to keep your current coverage levels.

## What's Open:

- Medical
- Dental
- Vision
- Employee optional life
- Spouse optional life
- Child life
- Long-term disability
- Manager's income protection plan
- Flexible Spending Accounts – pre-tax benefit accounts

## What's New for 2023?

### Premiums – Rate changes

The premiums for the 2023 Minnesota Advantage Health Plan will increase by 2.0%. The single policy premium will increase to \$38.50 per month. This is an increase of \$0.76 per month from the Plan Year 2022 rates. The family policy premium will be \$262.66 per month. This is an increase of \$5.16 per month from the Plan Year 2022 rates.

The premiums for the 2023 State Dental Plan will increase by 5.02%. The single policy employee premium remains at \$13.50 per month because the Employer covers the entire cost of the increase. The family policy premium will have an increase on the dependent portion of the premium. The 2023 family policy premium will be \$55.40 per month, an increase of \$2.00 from the Plan Year 2022 rates.

The premiums for Vision coverage will remain the same for Plan Year 2023.

The premiums for long-term disability (LTD) will decrease by 6.9%. The optional life insurance premiums for employee and spouse will decrease by an aggregate of 10.1% across all age bands. Because the premiums are so low, the impact of the decrease is not visible until you get to the age 40 and higher age bands. Child life and AD&D will stay the same for 2023.

### Medical - Enhanced Fertility Benefit

Effective Jan. 1, 2023: The Minnesota Advantage Health Plan will include an enhanced fertility benefit available only through HealthPartners. The benefit covers services to diagnose infertility and provide professional fertility treatment, limited to a lifetime maximum benefit of \$30,000 and a lifetime limit of two assisted reproductive technology cycles.

## Flexible Spending Accounts – pre-tax benefit accounts

- Changes to the MDEA and DCEA carryover.
  - Eligible MDEA participants may be able to carry over up to \$570 of their remaining 2022 MDEA funds into the 2023 plan year, if their Plan Year 2022 MDEA is fully funded. A new Plan Year 2023 election of at least the \$100 minimum is also required to qualify for the carryover.
  - There is no DCEA carryover allowed into the 2023 plan year. All unused DCEA contributions not submitted for reimbursement timely will be forfeited.
  - The deadline for submitting eligible 2022 expenses is Tuesday, February 28, 2023.
- 2023 PKEA and/or BVEA must be elected by Dec. 31, 2022, to be eligible for account balances to rollover to a 2023 account. Funds are forfeited if a new election is not made prior to the new plan year.

## Reminder Dependent Verification

Eligible dependents may be added to coverage during Open Enrollment. **Verification of eligibility is required.** Following Open Enrollment, SEGIP will send a letter to the address on file requesting documentation verifying the relationship of the dependent. Appropriate documentation must be provided **within 30 days from the date on the letter**. Dependent enrollment is not complete until documentation verifying relationship is received within the stated deadlines and is approved by SEGIP. If a dependent is not properly verified, they will not be enrolled for the 2023 plan year. Dependents who are enrolled during Open Enrollment will receive insurance cards; coverage is pending until they are positively verified. A letter will be mailed confirming eligibility

# Steps to your Open Enrollment

Information and links to other resources are on the [Open Enrollment tab found on the SEGIP website](#). Information will be posted prior to Open Enrollment, no later than Oct. 13, 2022. You are encouraged to start reviewing early!

## 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. There is an “I forgot my password” link if needed.

Review the Advantage Plan Primary Care Clinic (PCC) choices by accessing the 2023 Clinic Directory found on the [Find a Clinic page](#) of the SEGIP website.

- Check your Primary Care Clinic’s cost level; it may change to another cost level each year and cost levels can vary by plan administrator.
  - Note: All cost levels offer the same medical benefits and coverage; however, cost level 1 clinics have the lowest out-of-pocket costs for members, while cost level 4 clinics have the highest costs.
- Check your Primary Care Clinic’s quality rating by accessing [Minnesota Health Scores’ website](#).

## Enroll

Enrollments must be done during the Open Enrollment period of Oct. 27 – Nov. 16, 2022. Go to [Employee Self-Service](#) (employee ID number and password are needed).

- Once in the system, select the “Open Enrollment” tile.
- You may be asked to confirm your home address. Review address to ensure accuracy.
- 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 make changes to. You may have to scroll down to see coverages available for you to select.
- Add eligible dependents before completing other enrollments.
- Plan cost information for Health, Dental and Vision will reflect the coverage level as indicated by enrolled dependents.
- If you change plan administrators, you must enter corresponding 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 Continue button in the Enrollment Summary section of the Benefits Enrollment.
- Complete your enrollment by reviewing your elections and clicking on the “Accept” button at the bottom of the Submit Enrollment page.
- Print a copy of your Confirmation for your records.

## Don’t forget!

**IMPORTANT:** You must **re-enroll** in pre-tax benefit accounts every year to participate. Current (2022) enrollments do not carry over to the new benefit year. **Be sure to read about upcoming changes to the MDEA and DCEA carryover.**

You must select “**Accept**” prior to 11:59 p.m. on Nov. 16, 2022, or your elections will not be made in the benefit system.

## After you've accepted your elections and enrolled

- A printable Confirmation Statement will be generated showing your online elections. This statement will appear at the end once you accept your elections.
- This Confirmation Statement can only be viewed from Oct. 27 – Nov. 16, 2022. After Open Enrollment, benefit elections for 2023 must be viewed on your Benefits Summary via Employee Self Service after Dec. 1, 2022.
- If you did not make an election or change during this Open Enrollment cycle, you will be able to view your 2023 enrollments on your Benefits Summary via Self Service after Dec. 1, 2022.
- If you added a dependent, a letter will be mailed to your address on file in Self Service describing what proof of eligibility documentation is needed to approve your dependent. You must provide requested proof of eligibility documentation 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 2023.
  - **Reminder: Receiving a medical, dental, pharmacy or vision plan card is not a guarantee of eligibility.** You must provide requested proof of eligibility documentation for added dependents by the date stated in the letter to ensure your elections are approved.
- Identification cards will be mailed:
  - Medical cards: mailed only to newly enrolled members.
  - 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 the MDEA and/or TEA plans.

**All submitted and accepted elections are final as of 11:59 p.m., Nov. 16, 2022.**

# Changes you can make

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

MAKE THE FOLLOWING CHANGES IN EMPLOYEE SELF-SERVICE FROM OCT. 27 - NOV. 16, 2022:

### Medical

- Enroll in medical coverage
- See below for information about waiving coverage.
  - If you currently have medical coverage and want to waive for 2023, a Waiver of Medical Coverage Form and proof of other insurance must be submitted to SEGIP by 11:59 p.m. on Nov. 16, 2022. **Do not attempt to remove the medical coverage in the Self-Service system. You must make a plan election to waive. Complete and submit the paper waiver form to complete the waiver process.**
  - If you have previously waived and want to continue to waive:
    - If you waived before Jan. 1, 2022, you must attest in Self-Service that you want to continue waiving your medical coverage and that you have other coverage in place.
    - If you waived on or after Jan. 1, 2022, you don't need to do anything to continue waiving your medical insurance in 2023.
- Change your medical plan administrator. Example: HealthPartners to BlueCross BlueShield, etc.
  - NOTE: Want to change your Primary Care Clinic (PCC) but keep your plan administrator? Contact your plan administrator directly. This is not done through Self-Service.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

### Dental

- Enroll or disenroll in dental coverage.
- Change dental plan administrators. Example: Delta Dental to HealthPartners etc.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

### Vision

- Enroll or disenroll in vision coverage.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023. \*
- Long-Term Disability (LTD)
- Enroll in or change your amount of LTD coverage.
- Effective date: Jan. 1, 2023\*.

## Managers Income Protection Plan (IPP)

- Managers may increase the disability elimination period.
- Managers may reduce the disability elimination period by one 30-day unit without evidence of insurability.
- Effective date: Jan. 1, 2023\*.

## Optional Life Insurance

- Enroll in or increase within specified limits Employee Optional Life and, Spouse Optional Life, without evidence of insurability. A life insurance chart with allowed changes is posted on the Open Enrollment website. If you want to increase or enroll in coverage that exceeds the Open Enrollment amount, use an Optional Insurance Application. Underwriting will require the evidence of insurability to increase above specified limits.
- Enroll or disenroll in Child Life.

## Pre-Tax Flexible Spending Accounts (FSA)

- Enroll in or **re-enroll** in the 2023 Dependent Care (daycare) Expense Account (DCEA), the 2023 Medical/Dental Expense Account (MDEA) and/or the Transit Expense Accounts (TEA). If you currently participate in a SEGIP FSA, and want to participate in 2023, **you must re-enroll during Open Enrollment**. Current elections do not carry over. Read about upcoming changes to the MDEA and DCEA carryover on the BRI website.
- Transit expenses set up through your agency and that are deducted directly through payroll such as monthly parking or bus pass deductions will continue.
- For those participating in the 2022 MDEA, if you have made all 2022 contributions AND elect a 2023 MDEA for at least the \$100 minimum election, you may be eligible for a carryover of up to \$570 of your remaining 2022 balance into 2023.
- There is no DCEA carryover from 2022 into 2023.
- For participants in the transit accounts, if you have money left in the account at the end of 2022, you may roll it over into the new plan year only if you make a 2023 election either during Open Enrollment or by paper enrollment form by Dec. 31, 2022.
- Effective dates: Jan. 1, 2023, through 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. 27 - NOV. 16, 2022:

### Medical

- Enroll in medical coverage.
- See below for information about waiving coverage.
  - If you currently have medical coverage and want to waive for 2023, a Waiver of Medical Coverage Form and proof of other insurance must be submitted to SEGIP by 11:59 p.m. on Nov. 16, 2022. **Do not attempt to remove the medical coverage in the Self-Service system. You must make a plan election to waive. Complete and submit the paper waiver form to complete the waiver process.**
  - If you have previously waived and want to continue to waive:



- If you waived before Jan. 1, 2022, you must attest in Self-Service that you want to continue waiving your medical coverage and that you have other coverage in place.
  - If you waived on or after Jan. 1, 2022, you don't need to do anything to continue waiving your medical insurance in 2023.
- Change your medical plan administrator. Example: HealthPartners to BlueCross BlueShield, etc.
  - NOTE: Want to change your Primary Care Clinic (PCC) but keep your plan administrator? Contact your plan administrator directly. This is not done through Self-Service.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

## **Dental**

- Enroll or disenroll in dental plan coverage.
- Change dental plan administrators. Example: Delta Dental to HealthPartners, etc.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

## **Vision**

- Enroll or disenroll in vision plan coverage.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective date: Jan. 1, 2023, 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, 2023, or the day in which you return to work, whichever is later\*.

## **Managers Income Protection Plan (IPP)**

- Managers may increase the disability elimination period.
- Managers may reduce the disability elimination period by one 30-day unit without evidence of insurability.
- Effective date: Jan. 1, 2023, or the day in which you return to work, whichever is later\*.

## **Optional Life Insurance**

- Enroll in or increase within specified limits Employee Optional Life and, Spouse Optional Life, without evidence of insurability. A life insurance chart with allowed changes is posted on the Open Enrollment website. If you want to increase or enroll in coverage that exceeds the Open Enrollment amount, use an Optional Insurance Application. Underwriting will require the evidence of insurability to increase above specified limits.
- Enroll or disenroll in Child Life.
- Effective date: Jan. 1, 2023, or the day in which you return to work, whichever is later\*.

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

- Enroll in or re-enroll in the 2023 Dependent Care (daycare) Expense Account (DCEA), the 2023 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.
- For those participating in the 2022 MDEA, if you have made all 2022 contributions AND elect a 2023 MDEA with at least the minimum \$100 election, you may be eligible for a carryover of up to \$570 of your remaining 2022 balance into 2023.
- There is no DCEA carryover from 2022 into 2023.
- For participants in the transit accounts, if you have money left in the account at the end of 2022, you may roll it over into the new plan year only if you make a 2023 election through Self Service during Open Enrollment or by paper enrollment form by Dec. 31, 2022.
- Effective dates: Jan. 1, 2023, through Dec. 31, 2023. You must be active on payroll for the pre-tax accounts to be effective Jan. 1, 2023. If you switch to unpaid leave prior to the end of 2022, you must make a new election upon your return to work and 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 THIRTY 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 FMLA and non-FMLA leaves of absence:

- Unpaid leave of absence (FMLA): Complete the BRI Enrollment and Change Form to enroll in MDEA during open enrollment. Coverage may begin Jan. 1, 2023, 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 application(s) upon your return to work.

Effective dates: Your election will take effect on Jan. 1, 2023, if you return to work before that date. If you return to work after Jan. 1, 2023, you must submit a BRI Enrollment and Change Form within 30 days of your return date. Coverage is prospective. Contact SEGIP to review your 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. 27 - NOV. 16, 2022:

### Medical

- Enroll in Medical
- See below for information about waiving coverage.
  - If you currently have medical coverage and want to waive for 2023, a Waiver of Medical Coverage Form and proof of other insurance must be submitted to SEGIP by 11:59 p.m. on Nov. 16, 2022. **Do not attempt to remove the medical coverage in the Self-Service system. You must make a plan election to waive. Complete and submit the paper waiver form to complete the waiver process.**
  - If you have previously waived and want to continue to waive:
    - If you waived before Jan. 1, 2022, you must attest in Self-Service that you want to continue waiving your medical coverage and that you have other coverage in place.
    - If you waived on or after Jan. 1, 2022, you don't need to do anything to continue waiving your medical insurance in 2023.
- Change your medical plan administrator. Example: HealthPartners to BlueCross BlueShield, etc.
  - NOTE: Want to change your Primary Care Clinic (PCC) but keep your plan administrator? Contact your plan administrator directly. This is not done through Self-Service.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

### Dental

- Enroll or disenroll in dental plan coverage.
- Change dental plan administrators. Example: Delta Dental to HealthPartners, etc.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

### Vision

- Enroll or disenroll in vision plan coverage.
- Add or drop eligible dependents.
  - Verify proof of eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023\*.

### Long-Term Disability (LTD)

- Enroll in or change your amount of LTD coverage.

- Effective date: Jan. 1, 2023\*.

## **Optional Life Insurance**

- Enroll in or increase within specified limits Employee Optional Life and, Spouse Optional Life, without evidence of insurability. A life insurance chart with allowed changes is posted on the Open Enrollment website. If you want to increase or enroll in coverage that exceeds the Open Enrollment amount, use an Optional Insurance Application. Underwriting will require the evidence of insurability to increase above specified limits.
- Enroll or disenroll in Child Life.
- Effective date: Jan. 1, 2023\*.

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. 27 - NOV. 16, 2022:

### **Medical**

- Change your medical plan administrator. Example: HealthPartners to BlueCross BlueShield, etc.
  - NOTE: Want to change your Primary Care Clinic (PCC) but keep your plan administrator? Contact your plan administrator directly. This is not done through Self-Service.
- Cancel family health insurance or remove dependents.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

### **Dental**

- Change your dental plan administrator. Example: Delta Dental to HealthPartners, etc.
- Cancel family dental insurance or remove dependents.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

### **Vision**

- Cancel family vision insurance or remove dependents.
- Effective dates: Jan. 1, 2023 – Dec. 31, 2023.

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, office visit copayments or coinsurance. See the [2023 Schedule of Benefits](#) for more information about 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 of cost sharing that is paid when using health care services varies depending upon the cost level of the PCC that you choose. Clinics may have changed cost levels for 2023. To check the cost level of your clinic, refer to the Advantage Clinic Directory on the SEGIP website. Look for the [Find a Clinic button](#) and the 2023 Clinic Directory Search. You may also call your plan administrator listed beginning on page 32 for assistance with questions about 2023 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 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 regardless of the plan administrator selected. Under the SEGIP plan, most drugs are covered under one of three tiers, regardless of the PCC selected. 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 plan administrators.
- 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/chemical dependency
  - routine eye exam providers
- Enhanced fertility benefit is available through Health Partners (only)
- Family members may elect different PCCs (even in a different cost level) but must be covered by the same plan administrator.
- You may change your PCC and cost level. Clinic changes can be made by calling your plan administrator and are effective the same day you request the change unless a future date is requested.
- Referrals to a specialist for an office visit will be covered at the same cost level as your PCC.
- We advise you to choose a plan administrator that is available in the county in which you live.
- BlueCross BlueShield and HealthPartners provide PCCs throughout all counties in Minnesota. PreferredOne provides coverage in all counties, except Houston County where there is limited access.

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

A list of participating primary care clinics is available to help you make your PCC selection. This list includes your PCC’s clinic number with each plan administrator 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 three Advantage plan administrators: BlueCross BlueShield, HealthPartners, and PreferredOne.

To ask specific questions, call the plan administrator directly. The plan administrator’s phone numbers are listed beginning on page 32 of this booklet.

## **Point of Services (POS) Benefits – Out of state coverage under the Advantage Plan**

If you change your plan administrator during Open Enrollment, you must resubmit POS forms to your new plan administrator. Under Advantage, each health plan offers a National Preferred Provider Organization (PPO) that is available to Advantage members whose permanent residence is outside the State of Minnesota and the service area of the MN Advantage Health Plan. POS is available to employees on temporary assignment, paid leave (including sabbatical), and college students. POS is also available to dependent children and spouses permanently residing outside the service area. Benefits in the National PPO vary depending on specific circumstances and the member’s status. Preventive care is now covered at 100% under Point of Services Benefits.

Access to POS benefits must be requested prior to seeking services by completing the Immediate Point of Service Request form found on SEGIP’s website and submitting that form to SEGIP. SEGIP will contact your plan administrator with this information. Retroactive POS changes are not allowed.

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 self-refer and receive level 2 benefits. This provision only applies if enrollment is continued with the same plan administrator.

## 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 are not required. Call your 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 (BlueCross BlueShield, HealthPartners, and PreferredOne) are eligible to access:

- [Doctor on Demand](#) (for members of BlueCross BlueShield and HealthPartners)
- [MDLive](#) (for members of PreferredOne)
- [Virtuwell](#) (for members in all Minnesota Advantage Health Plans)

## 2023 Minnesota Advantage Health Plan Schedule of Benefits

2023 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>• Outpatient mental health and chemical dependency</li> <li>• Urgent Care clinic visits (in &amp; 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>D. In-network Convenience Clinics &amp; Online Care</b> (deductible waived)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>E. Emergency Care (in or out of network)</b> <ul style="list-style-type: none"> <li>• Emergency care received in a hospital emergency room</li> </ul>	\$100 copay Annual deductible does not apply	\$125 copay Annual deductible does not apply	\$150 copay Annual deductible does not apply	\$350 copay Annual deductible does not apply
<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	20% coinsurance	20% coinsurance	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



<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 chemical dependency</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.	\$18 / 30 / 55	\$18 / 30 / 55	\$18 / 30 / 55	\$18 / 30 / 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	\$1,700 / 3,400	\$2,400 / 4,800	\$3,600 / 7,200

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

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

# Well-being Program and Reward

Our well-being program allows you to participate in healthy activities throughout the year, track your progress, and earn \$70 off your first dollar deductible next year (for employees only).

## State Dental plan highlights

Dental insurance is open for enrollment or election changes during this year's Open Enrollment period for the upcoming 2023 plan year.

Dependents to age 26 are eligible for dental coverage through SEGIP.

For the State Dental Plan, you have the choice 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 plan administrators in the way benefits are administered. Their networks may differ as well.

### Dental Plan features

- \$2,000 maximum payable benefit per member per year
- Coverage for both In-Network and Out-of-Network dentists
- 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 with a separate \$3,000 lifetime out-of-pocket maximum

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.

### Provider networks

Both dental plan administrators offer a network of dental providers. You are not required to designate a dental clinic, but you must receive your care from a dentist listed in the plan 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. The directories can be reviewed on the [SEGIP website](#). You may also call your plan administrator's customer service number to learn whether your dentist is included in your plan's provider network during the upcoming plan year. Participating dentists and dental clinics may change throughout the year.

### Predetermination of benefit

When services, other than preventive care, are needed, ask your dentist to submit a request for a predetermination of benefits to your plan. A predetermination will be issued to you that includes an estimate of coverage by your dental plan and what your estimated out-of-pocket expense will be.

# Dental Schedule of Benefits for 2023

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

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

	<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 optional 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 MN Advantage Health Plan).

Things to note:

- You do not need to be enrolled in the Minnesota Advantage Health Plan to enroll in the BlueCross Vision plan.
- You may enroll regardless of choosing either BlueCross BlueShield, HealthPartners, or PreferredOne 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>•</li> <li>• Your spouse is not eligible if they work full-time for an employer (with more than 100 people) and (1) 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>	<ol style="list-style-type: none"> <li>1. Copy of your certified marriage certification, <b>and</b></li> <li>2. Copy of the front page for your most recent federal tax return confirming this dependent is your spouse, OR a document dated within the last 60 days showing current relationship status such as a household bill. The document must include your spouse's name, the date, and your mailing address, <b>and</b></li> <li>3. Completed Spouse/Former Spouse Certification Form</li> </ol>
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 and have covered children-in-common, <b>and</b></li> <li>• May not have obtained other group coverage since the divorce, <b>and</b></li> <li>•</li> <li>• Not eligible if they work full-time for an employer (with more than 100 people) and (1) 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>	<ol style="list-style-type: none"> <li>1. Copy of your divorce decree signed by a judge or court administrator, <b>and</b></li> <li>2. Completed Spouse/Former Spouse Certification Form</li> </ol>
Biological Children	<ul style="list-style-type: none"> <li>• To age 26</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of your child's certified birth certificate naming you as the child's parent</li> </ol>
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>	<ol style="list-style-type: none"> <li>1. Final copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption, or</li> <li>2. Copy of the child's certified birth certificate naming you (or your spouse) as the child's parent</li> </ol>
Step Children	<ul style="list-style-type: none"> <li>• To age 26</li> <li>• You must be legally married to the child's parent</li> </ul>	<ol style="list-style-type: none"> <li>1. Copy of the child's certified birth certificate naming your spouse as the child's parent, <b>and</b></li> <li>2. Copy of your certified marriage certification and a current financial document naming both you and your spouse (see spouse)</li> </ol>
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>	<ol style="list-style-type: none"> <li>1. Completed Foster Child Certification Form, <b>and</b></li> <li>2. Final copy of court document showing your name (and/or your spouse) confirming the permanent custodial relationship, <b>and</b></li> <li>3.</li> <li>4. <b>Birth up to age 18</b> – Copy of tax return showing child is claimed as a dependent.</li> <li>5. Age 18-26 – No tax document required.</li> </ol>
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</li> <li>• <b>-OR-</b></li> <li>• If you have legally adopted your grandchild or are the foster parent of your grandchild follow those eligibility rules</li> </ul>	<ol style="list-style-type: none"> <li>1. Completed Grandchild Certification Form, <b>and</b></li> <li>2. 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>3. Copy of your child's certified birth certificate naming you (or your spouse) as the parent, <b>and</b></li> <li>4. Document dated within the last 6 months establishing that this grandchild currently resides with you, <b>and</b></li> <li>5. <b>Birth up to age 18</b> – Copy of tax return showing child is claimed as a dependent.</li> <li>6. Age 18-26 – No tax document required.</li> <li>7. 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> </ol>

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Disabled Children	<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>	<ol style="list-style-type: none"> <li>1. 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> </ol>

**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 *Your Employee Benefits* located on the SEGIP website at <https://mn.gov/mmb/segip>.

## Optional coverage highlights

Open Enrollment 2023 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 2023 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 6.9% for the 2023 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 3.33 to 5.88%

Call Ochs, Inc. for more details. The telephone number for Ochs, Inc. is listed on page 33 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. Premiums have decreased this year by 10.1%, impacting premiums for the age 40 and up age bands.

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

### Child life insurance

The coverage amount 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%-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 2023 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.

The 2023 maximum amounts for the MDEA or Transit Expense Accounts are:

- The MDEA maximum is \$3,050 per employee.
- The DCEA annual maximum is \$5,000 per family or household.
- The TEA maximum is \$300 per month. Remember, this account is for your own work-related 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 2022 into 2023. MDEA participants may be eligible for a carryover from 2022 into 2023 of up to \$570 of your 2022 MDEA balance if you have made your full 2022 contributions AND elected a 2023 MDEA during open enrollment.

If you want to participate in 2023, 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 on a pre-tax basis. Do not include this cost in your Medical/Dental Expense Account election.

## 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 2022, it may be rolled forward to 2023 only if you enroll in the same Transit Expense Account during Open Enrollment for the 2023 plan year or by Dec. 31, 2022.

# 2023 Advantage Health Plan monthly rates

The Minnesota Advantage Health Plan is one medical plan serviced by three plan administrators. The rate is the same no matter which plan administrator is selected.

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
\$38.50	\$731.54	\$770.04	\$224.16	\$1,270.24	\$1,494.40	\$262.66	\$2,001.78	\$2,264.44

## 75% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$221.38	\$548.66	\$770.04	\$541.72	\$952.68	\$1,494.40	\$763.10	\$1,501.34	\$2,264.44

## 50% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$404.26	\$365.78	\$770.04	\$859.28	\$635.12	\$1,494.40	\$1,263.54	\$1,000.90	\$2,264.44

## No Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$770.04	\$0	\$770.04	\$1,494.40	\$0	\$1,494.40	\$2,264.44	\$0	\$2,264.44

# 2023 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 plan administrator is selected.

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
\$13.50	\$29.28	\$42.78	\$41.90	\$41.90	\$83.80	\$55.40	\$71.18	\$126.58

## 75% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$20.82	\$21.96	\$42.78	\$52.36	\$31.44	\$83.80	\$73.18	\$53.40	\$126.58

## 50% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$28.14	\$14.64	\$42.78	\$62.84	\$20.96	\$83.80	\$90.98	\$35.60	\$126.58

## No Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$42.78	\$0	\$42.78	\$83.80	\$0	\$83.80	\$126.58	\$0	\$126.58

# 2023 Life Insurance Plan Rates

## Basic Life Insurance

### Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	\$11.22	\$11.22	\$0.00
Manager's Life – 2.0 X — MLMB	\$61.20	\$61.20	\$0.00
Manager's Life – 1.5 X — MLMA	\$41.94	\$41.94	\$0.00

### Semi-Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	\$5.61	\$5.61	\$0.00
Manager's Life – 2.0 X — MLMB	\$30.60	\$30.60	\$0.00
Manager's Life – 1.5 X — MLMA	\$20.97	\$20.97	\$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.

## 2023 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.

<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>
\$6,001	\$6,500	\$300	\$300	\$1.62	\$0.81
\$6,501	\$7,000	\$350	\$350	\$1.89	\$0.95
\$7,001	\$8,000	\$400	\$400	\$2.16	\$1.08
\$8,001	\$9,000	\$450	\$450	\$2.43	\$1.22
\$9,001	\$10,000	\$500	\$500	\$2.70	\$1.35
\$10,001	\$11,000	\$550	\$550	\$2.97	\$1.49
\$11,001	\$12,000	\$600	\$600	\$3.24	\$1.62
\$12,001	\$12,500	\$650	\$650	\$3.51	\$1.76
\$12,501	\$13,000	\$700	\$700	\$3.78	\$1.89
\$13,001	\$14,000	\$750	\$750	\$4.05	\$2.03
\$14,001	\$15,000	\$800	\$800	\$4.32	\$2.16
\$15,001	\$16,000	\$850	\$850	\$4.59	\$2.30
\$16,001	\$18,000	\$900	\$900	\$4.86	\$2.43
\$18,001	\$19,000	\$950	\$950	\$5.13	\$2.57
\$19,001	\$20,000	\$1,000	\$1,000	\$5.40	\$2.70
\$20,001	\$22,000	\$1,100	\$1,100	\$5.94	\$2.97
\$22,001	\$24,000	\$1,200	\$1,200	\$6.48	\$3.24
\$24,001	\$26,000	\$1,300	\$1,300	\$7.02	\$3.51
\$26,001	\$28,000	\$1,400	\$1,400	\$7.56	\$3.78
\$28,001	\$30,000	\$1,500	\$1,500	\$8.10	\$4.05
\$30,001	\$32,000	\$1,600	\$1,600	\$8.64	\$4.32
\$32,001	\$34,000	\$1,700	\$1,700	\$9.18	\$4.59
\$34,001	\$36,000	\$1,800	\$1,800	\$9.72	\$4.86
\$36,001	\$38,000	\$1,900	\$1,900	\$10.26	\$5.13
\$38,001	\$40,000	\$2,000	\$2,000	\$10.80	\$5.40
\$40,001	\$42,000	\$2,100	\$2,100	\$11.34	\$5.67
\$42,001	\$44,000	\$2,200	\$2,200	\$11.88	\$5.94
\$44,001	\$46,000	\$2,300	\$2,300	\$12.42	\$6.21
\$46,001	\$48,000	\$2,400	\$2,400	\$12.96	\$6.48
\$48,001	\$50,000	\$2,500	\$2,500	\$13.50	\$6.75
\$50,001	\$52,000	\$2,600	\$2,600	\$14.04	\$7.02
\$52,001	\$54,000	\$2,700	\$2,700	\$14.58	\$7.29
\$54,001	\$56,000	\$2,800	\$2,800	\$15.12	\$7.56
\$56,001	\$58,000	\$2,900	\$2,900	\$15.66	\$7.83
\$58,001	\$60,000	\$3,000	\$3,000	\$16.20	\$8.10
\$60,001	\$61,000	\$3,100	\$3,100	\$16.74	\$8.37
\$61,001	\$62,000	\$3,200	\$3,200	\$17.28	\$8.64

<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>
\$62,001	\$63,000	\$3,300	\$3,300	\$17.82	\$8.91
\$63,001	\$64,000	\$3,400	\$3,400	\$18.36	\$9.18
\$64,001	\$65,000	\$3,500	\$3,500	\$18.90	\$9.45
\$65,001	\$67,000	\$3,600	\$3,600	\$19.44	\$9.72
\$67,001	\$69,000	\$3,700	\$3,700	\$19.98	\$9.99
\$69,001	\$71,500	\$3,800	\$3,800	\$20.52	\$10.26
\$71,501	\$73,000	\$3,900	\$3,900	\$21.06	\$10.53
\$73,001	\$75,000	\$4,000	\$4,000	\$21.60	\$10.80
\$75,001	\$77,000	\$4,100	\$4,100	\$22.14	\$11.07
\$77,001	\$79,000	\$4,200	\$4,200	\$22.68	\$11.34
\$79,001	\$81,000	\$4,300	\$4,300	\$23.22	\$11.61
\$81,001	\$83,000	\$4,400	\$4,400	\$23.76	\$11.88
\$83,001	\$85,000	\$4,500	\$4,500	\$24.30	\$12.15
\$85,001	\$87,000	\$4,600	\$4,600	\$24.84	\$12.42
\$87,001	\$89,000	\$4,700	\$4,700	\$25.38	\$12.69
\$89,001	\$91,000	\$4,800	\$4,800	\$25.92	\$12.96
\$91,001	\$93,000	\$4,900	\$4,900	\$26.46	\$13.23
\$93,001	\$96,000	\$5,000	\$5,000	\$27.00	\$13.50
\$96,001	\$98,000	\$5,100	\$5,100	\$27.54	\$13.77
\$98,001	\$100,000	\$5,200	\$5,200	\$28.08	\$14.04
\$100,001	\$102,000	\$5,300	\$5,300	\$28.62	\$14.31
\$102,001	\$104,000	\$5,400	\$5,400	\$29.16	\$14.58
\$104,001	\$106,000	\$5,500	\$5,500	\$29.70	\$14.85
\$106,000	\$108,000	\$5,600	\$5,600	\$30.24	\$15.12
\$108,001	\$110,000	\$5,700	\$5,700	\$30.78	\$15.39
\$110,001	\$112,000	\$5,800	\$5,800	\$31.32	\$15.66
\$112,001	\$114,000	\$5,900	\$5,900	\$31.86	\$15.93
\$114,001	\$116,000	\$6,000	\$6,000	\$32.40	\$16.20
\$116,001	\$118,000	\$6,100	\$6,100	\$32.94	\$16.47
\$118,001	\$120,000	\$6,200	\$6,200	\$33.48	\$16.74
\$120,001	\$122,000	\$6,300	\$6,300	\$34.02	\$17.01
\$122,001	\$124,000	\$6,400	\$6,400	\$34.56	\$17.28
\$124,001	\$126,000	\$6,500	\$6,500	\$35.10	\$17.55
\$126,001	\$128,000	\$6,600	\$6,600	\$35.64	\$17.82
\$128,001	\$130,000	\$6,700	\$6,700	\$36.18	\$18.09
\$130,001	\$132,000	\$6,800	\$6,800	\$36.72	\$18.36
\$132,001	\$133,500	\$6,900	\$6,900	\$37.26	\$18.63
\$133,501	\$135,500	\$7,000	\$7,000	\$37.80	\$18.90

\*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 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 elections are submitted electronically through the state's secure [Employee 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

You may access a consolidated list of the primary care clinics included in all the Minnesota Advantage Health Plans via the SEGIP website or you may call your insurance plan administrator.

## SEGIP plan administrators

Each SEGIP health and dental insurance 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 you may call your insurance plan administrator. A doctor, clinic, provider, or pharmacy may choose to terminate their relationship with an insurance 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's Service Center

For answers about rates, insurance billing, eligibility, or for help with enrollment, you can call SEGIP's Open Enrollment Service Center at 651-355-0100 or 800-664-3597. Consumers with hearing or speech difficulties can contact their preferred Telecommunications Relay Service. SEGIP representatives are on duty Monday through Friday from 7 a.m. to 4 p.m., from Oct. 4 through Nov. 16, 2022 (closed on Veterans' Day, Friday, Nov. 11, 2022). You can also reach the Service Center by e-mailing Open Enrollment questions to: [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us).

SEGIP's Open Enrollment Service Center will extend hours to 7:00 p.m. on the last day of open enrollment, Wednesday, Nov. 16, 2022.

# Important Open Enrollment notes:

## Electronic enrollment

You can enroll via Employee Self Service seven days per week, 24 hours per day, during the period from Oct. 27 through Nov. 16, 2022. 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 p.m. to 12:30 p.m. and between 8:00 p.m. to 9:00 p.m., 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, and you will get a message asking you to re-try in a few minutes.

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 HR or DDIR for assistance.

If after completing enrollment via Self-Service, you find that you want to make changes or corrections, you may do so by repeating the Self-Service enrollment process during the Oct. 27 – Nov. 16, 2022, Open Enrollment period. However, to make changes, you should re-enter information only in the section that you want to change. Remember to click "Accept" to make elections. Print and review your Confirmation Statement.

You will be required to "Review and Accept" all your elections. Print or electronically save your Confirmation Statement after accepting your Open Enrollment elections to ensure your new elections have been recorded. Check to ensure that all dependents appear in the lower section with, "Yes" in the appropriate columns for medical or dental insurance.

No changes may be made after 11:59 p.m. on Nov. 16, 2022.

## 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. 13, 2023**. 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 - BlueCross BlueShield, Coordinated Plan</b>	BlueCross BlueShield 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>Minnesota Advantage Health Plan – PreferredOne</b>	PreferredOne Administrative Services 6105 Golden Hills Drive Golden Valley, MN 55416 <a href="http://www.preferredone.com/segip">www.preferredone.com/segip</a>	763-847-4477 1-800-997-1750 763-847-4013 - TTY
<b>National PPO for Advantage – PreferredOne</b>	<a href="http://www.preferredone.com/segip/find-a-doctor">www.preferredone.com/segip/find-a-doctor</a>	763-847-4477 1-800-997-1750
<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

Plan administrator	Address	Phone Numbers
<b>State Dental Plan – Delta Dental Grp 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	952-883-7900 888-343-4404 TTY 952-883-5127
<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

Consumers with hearing or speech difficulties can contact MMB by using their preferred Telecommunications Relay Service.