



In this issue

Open Enrollment November 1 – 14, 2013

The basics and the tools

Eligibility and Documenta-
tion for Medical and Dental

Smile, Dental is open this
year

Individual Shared
Responsibility

Who's Your Reason?

Creditable Coverage

Benny is again the FSA
debit card

Step by Step by Step

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1. Enroll a spouse or dependent during Open Enrollment.
2. Print a confirmation showing the enrollee has been added to medical and/or dental.
3. Respond to the letters from SEGIP requesting proof of eligibility for any newly added spouse or dependent. The enrollment will not be complete without receipt of your documents by the deadline stated in the verification request letter.

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.

Open Enrollment 2014 – the basics and the tools

The basics:

Visit Employee Self Service between **November 1 – 14, 2013** to complete your Open Enrollment elections.

You may make changes to your health and dental coverage, long-term disability and manager's IPP and flexible spending accounts.

You may remove or add eligible dependents to your health and dental coverage. The gender of your spouse no longer impacts their eligibility. You will be required to verify the eligibility of the newly added dependents.

Cost-sharing benefits and out-of-pocket maximums are not increasing. There is a 4.4 percent premium increase. **The single premium remains at \$0** for eligible full-time employees. All rates are available at: www.mmb.state.mn.us/employee.

The dental plan's maximum payable benefit per year is increasing to \$1,500 per participant (it was \$1,000). The single premium for eligible full-time employees remains \$5 per month while family premiums will increase about \$3 per month.

You must re-enroll in flexible spending accounts each year.

StayWell is our new Personal Health Assessment and Wellness vendor.

JourneyWell formerly held this role so you will need to register for a personal StayWell account to take the assessment this year.

Most benefit elections are effective January 1, 2014.

Your 2014 elections will remain in effect the entire calendar year, unless you separate employment or experience a qualifying life event that allows you to make changes. See:

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

The tools:

There are a variety of tools to help make your Open Enrollment a success.

Employee Self Service is where you make your 2014 Open Enrollment changes and view your current benefit set: www.state.mn.us/employee. You need your employee ID (on this address label) and password to log-on.

Minnesota Management & Budget's (MMB) website holds everything needed to complete your Open Enrollment. Visit www.mmb.state.mn.us and click on "Open Enrollment" for the following:

Clinic directory lists all Primary Care Clinics



(PCC) available through the Advantage Health Plan, their cost levels and plan administrators. **The lowest out-of-pocket costs are in Cost Levels 1 and 2.**

Links to plan administrators let you learn more about them and the services they provide.

Dependent Eligibility Chart identifies eligible dependent types and the documents that verify their eligibility.

Employee Open Enrollment meetings will be held throughout the state. Meeting times and locations are on the MMB website.

Retiree Open Enrollment meetings locations, times and dates are on the MMB

and MRSEA websites www.MRSEA.org.

MN HealthScores provides objective information about the quality and value of clinics in the network: www.mnhealthscores.org.

StayWell's confidential personal health assessment (PHA) is a tool that helps you assess your current health status and identify health issues needing attention. During Open Enrollment, complete your PHA and agree to a follow-up call from a StayWell health coach to qualify for the \$5 reduction to office visit copays in 2014 for you and your covered dependents. Complete the PHA at: <https://SEGIP.staywell.com>

Dependent Eligibility and Documentation for Medical and Dental Coverage

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Spouse	Must be legally married under Minnesota law to an insurance eligible employee, and Your spouse is not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in addition to a health plan with a deductible of \$750 or greater	Copy of your marriage certification and 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 and Completed Spouse/Former Spouse Certification Form
Biological Children	To age 26	Copy of the child's birth certificate naming you as the child's parent
Adopted children	To age 26 if adopted or To age 18 if placed with you for adoption	Copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption/placement or copy of the child's birth certificate naming you or your spouse as the parent
Step Children	To age 26 You must be legally married to the child's parent	Copy of the child's birth certificate naming your spouse as the child's parent and Documentation proving your marriage to the parent (marriage certificate and current federal tax return or other document)
Foster Children (ward, legal guardian, legal custody)	To age 26 Full and permanent legal and physical custody	Completed Foster Child Certification Form and Copy of court document showing your name (and/or your spouse) confirming the foster relationship and Copy of the front page of your (or your spouse's) most recent federal tax return confirming this dependent is your (or your spouse's) tax dependent
Grandchildren	To age 19 Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 or Financially dependent upon you and has resided with you continuously from birth -OR- If you have legally adopted your grandchild or are the foster parent of your grandchild follow those eligibility rules	Completed Grandchild Certification Form and Copy of your grandchild's birth certificate, naming your (or your spouse's) child as your grandchild's parent and Copy of your child's birth certificate naming you (or your spouse) as the parent and Document dated within the last 6 months establishing this grandchild currently resides with you and Copy of your most recent federal tax return listing this child as your (or your spouse's) tax dependent If your grandchild has lived with you continuously from birth a copy of your federal tax return from the year this grandchild was born confirming continuous residence and support
Disabled Children	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, and Chiefly dependent upon you for principal support and maintenance, and You must provide proof of such incapacity and dependency biannually as requested by your health plan administrator	Copy of the child's 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

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 the employee may be subject to criminal penalties. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Details are in *Your Employee Benefits* (<http://www.mmb.state.mn.us/doc/ins/yeb/yeb.pdf>).

Smile, dental is open this year – and it has a bigger benefit!

There are reasons to smile! Dental coverage is open and the maximum payable benefit is increasing to \$1,500 per participant per plan year. This annual maximum has not changed in more than 10 years.

Single premiums for employees who receive the full employer contribution remains \$5 per month. The premiums for family dental coverage have increased about \$3 per month.

The two administrators, Delta Dental of Minnesota and HealthPartners State Dental Plan of Minnesota,

both offer the same coverage. However, there are differences in the networks of dentists each offers. Check to ensure your dentist is in the network you select since in-network dentists provide the best benefit.

Remember to seek a pre-estimate when using an out-of-network dentist because benefits are reduced.

During Open Enrollment you can add or drop dental coverage for yourself and your eligible dependents. If you have waived dental insurance in the past, you can enroll at this time. Re-

member, Open Enrollment for dental is offered every two years. Open Enrollment changes must be submitted through the Self Service system and are effective January 1, 2014. You will be required to verify the eligibility of new dependents before their coverage will be active.

Find out more by attending an Open Enrollment meeting or reviewing information on the web – we'd love to see brighter smiles with this benefit increase.

Individual Shared Responsibility – most must have coverage or pay a penalty

Almost everyone must have health coverage by January 1, 2014 or pay a federal penalty. This is a feature of the Affordable Care Act and it likely includes you and your tax dependents.

You can meet the individual mandate requirement by participating in your employment sponsored health coverage. Open Enrollment is your opportunity to enroll your eligible dependents in your coverage. Outside of Open Enrollment, changes can only be made upon a qualified life event.

The federal penalty for not carrying health coverage in 2014 is the greater of either \$95 per uninsured person or 1% of household income over the tax filing threshold, and it increases to the greater of either \$695 per uninsured person or 2.5% of household income over the filing threshold in 2016.

You are not required to report your coverage or exemptions until you file your 2014 income tax return, which is not due until April 15, 2015.

Under the individual shared responsibility

provision the penalty is not imposed on any individual for whom coverage is unaffordable, who has other good cause for going without coverage, or who goes without coverage for only a short time. Examples of who fits this description includes those who are not required to file a tax return, those with a religious exemption, and people who do not reside in the country.

For more information about the individual mandate see www.healthcare.gov.

Who's your reason? – You're ours.

You probably have many reasons for living a healthier life. Your spouse. Your kids. Your grandchildren. Even your pet! You have your reasons. We have ours. You!

We rely on you to make our state run—and hum. That's why we're excited to partner with StayWell® Health Management to help you live your best life—for yourself, your family, your friends and our great state.

Headquartered in St. Paul, StayWell has 35 years of experience helping employees make healthy changes for improved health and wellness. With the help of StayWell and its wellness professionals, you'll get a clear picture of your current health and be inspired to make smart choices that work for you.

Get the big picture. Take the Personal Health Assessment (PHA) during Open Enrollment.

The PHA gives you an instant snapshot of your health habits—what you're doing well and maybe some areas that need your attention. Plus, you'll learn your top three health risks. Curious? It takes 15 to 20 minutes to complete and your answers are always confidential. From November 1 -14, go to <https://SEGIP.staywell.com>, register for an account and click on the "Get Started" button to complete your PHA.



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Begin your health journey

After you complete the PHA you'll receive your instant personal results and an invitation to join follow-up programs. StayWell offers a variety of programs designed to meet your unique health needs. These programs are offered online or through personalized phone coaching.

Use your PHA results to inspire healthy changes to your current lifestyle. Your "reason" will thank you.

Get ready for a healthier, stronger you!

STATE EMPLOYEE GROUP INSURANCE PROGRAM

Minnesota Management & Budget
400 Centennial Building
658 Cedar Street
St. Paul MN 55155

Phone: 651-355-0100 or
800-664-3597 (October 14 - December 20, 2013)
Fax: 651-797-1313
E-mail: segip.mmb@state.mn.us



Open Enrollment
November 1 – 14, 2013

We're on the Web at:
www.mmb.state.mn.us

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Insurance benefits OPEN ENROLLMENT is November 1 – 14, 2013.

This is your only notification.

All Open Enrollment materials are at: www.mmb.state.mn.us

Creditable Coverage

People who enroll in Medicare Part D after age 65 may find themselves paying higher premiums than those who enrolled at age 65. To avoid higher premiums you must be able to prove that you had continuous creditable drug coverage since age 65. The MN Advantage Health Plan offers creditable coverage. Creditable coverage means that the amount the Advantage Plan expects to pay for prescription drugs is as much as, or more than, what the standard Medicare prescription drug coverage will pay. The Advantage Plan's notice, or proof, of creditable coverage, is available to you on the MMB Website shown above.

He's baaaack – Benny is again the FSA debit card

Benny returns on January 1, 2014! He is replacing the EideBailly OneCard as the flexible spending account (FSA) debit card.

Eide Bailly Employee Benefits, our flexible spending account administrator, will begin mailing the new Benny Cards in December. They will send two cards in a white envelope to participants who have a 2014 MDEA or a balance in a 2009 or 2011 State HRA, or a MnSCU HRA.

Purchases are limited to approved items and you must substantiate

your purchases as requested. The IRS sets the criteria for all FSA debit card substantiation requests.



TIDBIT **Flexible Spending Accounts (FSA)**
You MUST enroll in a FSA during each and every Open Enrollment—even if you continue the same dollar amount. MDEA and DCEA balances do not carry forward from year to year. You can only enroll outside of Open Enrollment if you experience a qualified life event (such as the birth of a child).