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#### Plan ahead – it's time to check your OE options

Be an active participant in Open Enrollment! Each year see what's changed, new, and open. Attend an Open Enrollment employee meeting. Check the changes in Primary Care Clinic Levels, and take the Health Assessment. Plan ahead, act now.

### 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

## Open Enrollment 2013 – the basics and the tools

### The basics:

Open Enrollment is conducted through Employee Self Service and enrollment elections must be made online  
**November 1 – 14, 2012.**

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

This year you may, **with-in certain limitations, add or increase optional life insurance** for you and/or your spouse without evidence of good health. You may add life coverage for your children up to age 26. Specific in-

formation is on the MMB website.

**You may also add an eligible dependent to your health and dental coverage. You will be required to verify the eligibility of the dependent.** You may drop dependents from your coverage. A former spouse must request his or her coverage be dropped in writing.

No changes have been made to the Advantage Health Plan benefit set. However, **premiums are increasing**—rate information is available at:

[www.mmb.state.mn.us/health-rates-ee](http://www.mmb.state.mn.us/health-rates-ee).

**You must re-enroll in pretax accounts each year**, even if you are currently participating. The minimum annual participation amount for both MDEA and DCEA is \$100 and the TEA minimum is \$50.

**The MDEA has a new annual maximum of \$2,500.**

**Most benefit elections are effective January 1, 2013.** Your 2013 elections will remain in effect the entire calendar year, unless you experience a qualifying life event that allows you to make changes. See:

[www.mmb.state.mn.us/change-ins](http://www.mmb.state.mn.us/change-ins)

### The tools:

We provide a variety of online tools to help you complete your enrollment.

**Employee Self Service** is where you make your Open Enrollment changes for 2013 and view your current benefit set:

[www.state.mn.us/employee](http://www.state.mn.us/employee). You will need your employee ID (on your address label) and password to log-on.

**Minnesota Management & Budget's (MMB)** website holds all the information and tools necessary for your Open Enrollment. Visit [www.mmb.state.mn.us](http://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 their plan administrators.

[Links to plan administrators](#) lets you learn more about them and the services they provide.

[Dependent Eligibility Chart](#) helps you understand which dependents are eligible and what documents will verify their eligibility.

**MN HealthScores** provides objective information about the quality and value of clinics in the network: [www.mnhealthscores.org](http://www.mnhealthscores.org).

**Employee Open Enrollment meetings** will be held throughout the state. The meeting dates, times and locations are on the MMB website.

**Retiree Open Enrollment meetings** will be held to answer questions about health care coverage in 2013. Meeting locations, dates and times are on the MMB and MRSEA websites [www.MRSEA.org](http://www.MRSEA.org).

**JourneyWell Health Assessment** is a tool that helps you track your current health status and identify health issues needing attention. During Open Enrollment, complete the assessment and agree to a follow-up call from a JourneyWell health coach to qualify for the \$5 reduction to office visit copayments in 2013 for yourself and your covered dependents *and* gain access to year-round health coaching. Complete the assessment at: [www.journeywell.com/SEGIP](http://www.journeywell.com/SEGIP).

## 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, <b>and</b> 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 <b>and</b> 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> 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 <b>or</b> 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 <b>and</b> 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 <b>and</b> Copy of court document showing your name (and/or your spouse) confirming the foster relationship <b>and</b> 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 <b>or</b> Financially dependent upon you and has resided with you continuously from birth  <b>-OR-</b>  If you have legally adopted your grandchild or are the foster parent of your grandchild follow those eligibility rules	Completed Grandchild Certification Form <b>and</b> Copy of your grandchild's birth certificate, naming your (or your spouse's) child as your grandchild's parent <b>and</b> Copy of your child's birth certificate naming you (or your spouse) as the parent <b>and</b> Document dated within the last 6 months establishing this grandchild currently resides with you <b>and</b> 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, <b>and</b> Chiefly dependent upon you for principal support and maintenance, <b>and</b> You must provide proof of such incapacity and dependency biennially 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 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>).

## Enroll your dependents now – verify in December

You may add your eligible dependent during this Open Enrollment period—just like previous Open Enrollments. What's different? You will be required to verify the eligibility of the dependent you are enrolling.

After the Open Enrollment period ends SEGIP will send you a letter requesting documentation verifying your relationship to the tentatively enrolled dependent. You will have 30 days from the date on the letter to provide appropriate documentation. The chart on the opposite page outlines eligibility and the documentation you will need to submit.

If you do not properly verify your relationship to the dependent, your dependent will not be enrolled for the 2013 plan year. Although all

dependents enrolled during Open Enrollment will receive insurance cards, coverage is tentative until positively verified. Receiving an insurance card is NOT an acknowledgment of coverage.

Not all dependents qualify for coverage under the state employee health plan. Eligibility is identified in our plan documents and is summarized on the opposite page. Please note that grandchildren and foster children have limited eligibility.

You may also drop dependents from your coverage. In most cases, a former spouse may not be dropped.

Call SEGIP with all your enrollment and eligibility questions.

## Pretax Accounts – every year is a new year

### You must re-enroll every year

To participate in the Medical/Dental Expense Account (MDEA) or Dependent Care Expense Account (DCEA) you must enroll during each and every Open Enrollment. You must re-enroll each year even if you are continuing the same dollar amount.

### The limits have changed

Beginning in 2013, the MDEA annual maximum has been reduced to \$2,500 per employee. The DCEA annual maximum is \$5,000 per family.

Choose your elections carefully. You may only enroll after open enrollment if you experience a qualifying life event. Any balance remaining in your account at the end of the year (or period of participation) will be forfeited. Your money will be lost and it will not carry over to the next year. Information on the limited events that allow a change outside Open Enrollment is at: [www.mmb.state.mn.us/change-ins](http://www.mmb.state.mn.us/change-ins).

### Transit Accounts

The Transit Expense Account elections can be made or adjusted at any time. BUT—if you have a balance in your 2012 account, and wish to carry that balance forward to the 2013 plan year, **YOU MUST** elect coverage during Open Enrollment. If you do not elect continued coverage, you will forfeit your Transit balance.

The Transit Expense Account includes both the parking (PKEA) and the bus pass/vanpool (BVEA) accounts. If you have deductions directly through your agency for parking or bus pass, you may not need to enroll in these Transit Accounts. You may be electing duplicate deductions. Please contact your agency or SEGIP with questions related to these accounts.

## Control your wallet – choose your clinic wisely

Your choice of a clinic can make a big difference to your wallet. Clinics are assigned to one of four cost levels. The amount of your cost-sharing—copayments, deductibles, and coinsurance—depends on the cost level you choose.

The annual first dollar deductible for care received in a cost level 1 clinic is \$50 for single coverage and \$100 for family coverage versus \$600 for single and \$1200 for family coverage in a cost level 4 clinic. An

attention-getting difference!

Clinics in cost levels 1 or 2 have been found to be some of the most efficient and effective. Check *MN HealthScores* for objective information about the quality and value of your clinic options at: [www.mnhealthscores.org](http://www.mnhealthscores.org).

Understanding your primary care clinic's cost and quality will pay off in dollars and in good health!

## Instant Open Enrollment confirmation online – not in your mailbox

This year as you conclude your enrollment you will be able to instantly review your 2013 Open Enrollment elections, including enrolled dependents, all in one location. A summarized, printable confirmation statement of your 2013 elections will be available immediately online at the end of your enrollment.

You **MUST** accept your elections as they appear or go back and make changes. If you do not accept your elections by November 14, 2012, no Open Enrollment elections will be processed, and your 2012 enrollment elections will remain in effect

(except pre-tax elections which require an annual enrollment.)

Once you have accepted your elections you will be able to print your confirmation statement. **Benefits confirmation statements will no longer be mailed to your home.**

If you did not make any Open Enrollment changes you will be able to view your 2013 enrollments by accessing your Benefits Summary located on Employee Self Service. The Benefits Summary will be updated with your 2013 enrollments by December 1, 2012.

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***Open Enrollment***  
***November 1 – 14, 2012***

**We're on the Web at:**  
**[www.mmb.state.mn.us](http://www.mmb.state.mn.us)**

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**Insurance benefits OPEN ENROLLMENT is November 1 – 14, 2012.**

**This is your only notification.**

**All Open Enrollment materials are at: [www.mmb.state.mn.us](http://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 before 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.

Late Medicare enrollees will need to show proof of continuous coverage to avoid paying higher premiums. The Advantage Plan's notice, or proof, of creditable coverage is available to you on the MMB Website shown above.

### **Dental bonus! It's open again this year!**

During Open Enrollment you may add or drop dental coverage for yourself and your eligible dependents.

The dental plan offers one plan design, supported by two administrators: Delta Dental and HealthPartners Dental. During Open Enrollment you may also change dental administrators.

While both carriers offer the same coverage, there is a difference in the networks offered. Check to ensure that your dentist participates in the network of the administrator you choose. Using an in-network provider gives you the best benefit.

**You will be required to verify**

**the eligibility of the dependents you enroll before their coverage will be active.**

**TIDBIT**

#### **Get coverage now or wait**

Outside of Open Enrollment you cannot make changes to your or your dependents' medical and dental coverage or to your MDEA or DCEA levels unless there is a qualifying life event. The 14 life events are established by the federal government and include changes such as birth, adoption, and marriage, as well as certain reasons for a loss of coverage. Details are at:

[www.mmb.state.mn.us/change-ins](http://www.mmb.state.mn.us/change-ins).

**FIND MORE INFORMATION AT: [WWW.MMB.STATE.MN.US](http://WWW.MMB.STATE.MN.US)**