



HEALTH INSURANCE

OPEN ENROLLMENT FOR 2024

Premiums, plan changes, contacts, and more for Retirees

Open Enrollment meetings
for retirees listed on page 2

Visit mn.gov/mmb/segip
for Open Enrollment
information

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Open Enrollment for Retirees

Open Enrollment is held from Oct. 26 - Nov. 15, 2023. Changes you make are effective Jan. 1 through Dec. 31, 2024.

Retirees may change health plan administrators.

- The Blue Cross and Blue Shield of Minnesota Coordinated Plan premiums will increase by 2.8%.
- HealthPartners Medicare Group Solution Plan premiums will decrease by 0.5%.
- UCare Medicare Group premiums will remain unchanged.
- The Minnesota Advantage Health Plan premiums will increase by 3%.
- Retirees in the UCare Medicare Group may remain with UCare. The UCare Medicare Group will be closed to new enrollment as of Dec. 1, 2023. Retirees with UCare will continue as a closed group as of Jan 1, 2024.

Note: All PreferredOne Retirees and any PreferredOne dependents associated with a UCare Retiree *MUST* select either Blue Cross or HealthPartners to continue insurance coverage with the state. If dependents do not select a new health plan administrator during open enrollment, they will no longer be eligible to remain in the State of Minnesota Insurance Group.

Steps for a Successful Open Enrollment

Step 1: Review the information in this booklet.

Changes in the Minnesota Advantage Health Plan and Senior Plans for plan year 2024 are highlighted below. You will also find the changes posted on the SEGIP website at: mn.gov/mmb/segip.

Step 2: Review the 2024 insurance rate table on page 13 of this booklet.

Step 3: Check the Primary Care Clinic (PCC) to ensure participation for plan year 2024.

There are changes in Primary Care Clinic cost levels for the Minnesota Advantage Health Plan. The same clinic may be listed as a different cost level depending on the health plan administrator selected. The 2024 Clinic Directory is available on the SEGIP website at: mn.gov/mmb/segip. If you want to keep your current health plan administrator, but change clinics, call your customer service number on the back of your current membership card, or use the phone number listed on page 26 of this booklet. Clinic changes are immediate, so be specific about the effective date, for example: Jan. 1, 2024.

To change from one health plan administrator to another, you must complete and return both an Enrollment form and a Disenrollment form found at the back of this booklet. Forms must be postmarked by Nov. 15, 2023.

Step 4: Want to change your health plan administrator? Complete and mail your applications by Nov. 15, 2023.

All PreferredOne Retirees under the age 65 and dependents with PreferredOne who are associated with a UCare Retiree *MUST* submit an Enrollment form to either Blue Cross or HealthPartners and a disenrollment form to PreferredOne.

Complete the Enrollment and Disenrollment forms in this booklet and mail them to the appropriate health plan administrator listed on page 26. If enrolling in Senior Plans, you will receive additional enrollment forms from your new health plan administrator at your home address. Complete and return these forms as quickly as possible. The forms must

be postmarked by Dec. 31, 2023. If your Senior Plan forms are not postmarked by Dec. 31, 2023, you will not have coverage on Jan. 1, 2024.

Open Enrollment applications must be postmarked by Nov. 15, 2023.

If you do not want or need to make changes, do not complete the forms. You will retain medical coverage with your current health plan administrator.

Exclusive Retiree Meetings –In-person and WebEx

No pre-registration is required. Contact SEGIP with any questions about these meetings.

Date	Time	Location
Oct. 24, 2023	10 a.m. to noon	MnDOT - Mankato 2151 Bassett Drive Mankato, MN 56001
Oct. 26, 2023	10 a.m. to noon	Radisson Hotel St. Paul (Capitol Complex) 161 St. Anthony Avenue St. Paul, MN 55103 Fee for parking
Oct. 27, 2023	11 a.m. to 1 p.m.	Grand Rapids Armory 930 NE 1 st Avenue Grand Rapids, MN 55744
Oct. 30, 2023	10 a.m. to noon	MnDOT - St. Cloud 3725 12 th Street N St. Cloud, MN 56303
Oct. 31, 2023	10 a.m. to noon	Southdale Public Library 7001 York Avenue South, Edina 55435
Nov. 1, 2023	10 a.m. to noon	CHS Field, Securian Suite 360 N Broadway Street, St. Paul, MN 55101 Parking may be limited
Nov. 2, 2023	1:30 p.m. to 3:30 p.m.	Southdale Public Library 7001 York Avenue South, Edina 55435
Nov. 7, 2023	10 a.m. to noon	WebEx at mn.gov/mmb/segip

Gather Open Enrollment Information

Retiree meetings

Retiree Open Enrollment meetings take place from Oct. 24 to Nov. 7, 2023. Go to page 2 to find the list of in-person meetings throughout the state. You'll also find details for an online meeting on the list. To join the WebEx meeting, click on the link provided on the SEGIP website. Details about the retiree meetings can also be found on the Minnesota Retired State Employees Association (MRSEA) website at: www.mrsea.org.

Via the internet

Go to SEGIP's website mn.gov/mmb/segip for more information.

If you are under age 65 in the Minnesota Advantage Health Plan, use the Find-a-Clinic tool on the SEGIP website to select a Primary Care Clinic. This list includes the PCC's number you need to write on your form to enroll.

Via the phone

Call the health plan administrators directly if you have questions. Each health plan administrator will provide a list of its participating clinics specific to your area and clinic numbers for Minnesota Advantage Health Plan. The phone numbers for your health plan administrator are listed on page 26 of this booklet.

SEGIP's Member Services Center special open enrollment hours

For answers to questions about rates, eligibility, and coverage, or for help with enrollment issues, call SEGIP's Member Services Center. The Member Services Center is open special hours Oct. 2 through Nov. 17. Call weekdays from 7 a.m. to 4 p.m. They are available 7 a.m. to 7 p.m. on deadline day, Nov. 15. The Member Services Center will be closed Friday, Nov. 10, 2023 in observance of Veterans Day. The phone numbers are 651-355-0100 or 1-800-664-3597. Members with hearing or speech disabilities may contact SEGIP via their preferred Telecommunications Relay Service.

Important – Changes for PreferredOne and UCare

Medicare Group Plans

Earlier this year, Minnesota Management and Budget (MMB) held a competitive bid process for health plan administrators. MMB selected Blue Cross and Blue Shield of Minnesota and HealthPartners as health plan administrators. This ends PreferredOne's contract with the state Dec. 31, 2023.

As a result, the UCare Medicare Group plan available through PreferredOne will close to new enrollment. Retirees, spouses and/or dependents under age 65 are required to select either Blue Cross or HealthPartners to continue in the state's Retiree Group health plan.

What You Need to Know

- Beginning Jan. 1, 2024, the state-sponsored senior plans open to new enrollment are the Coordinated Plan from Blue Cross and Medicare Group Solution from HealthPartners.
- Current UCare members may remain on the UCare plan.
- New Enrollment to UCare closes after Dec. 1, 2023. After that point, the state-sponsored senior plans open to new enrollment are the Coordinated Plan from Blue Cross and Medicare Group Solution from HealthPartners.
- You will remain active with UCare, if you don't make a change.
- You may switch to a state-sponsored senior plan offered through Blue Cross or HealthPartners. You may make this switch Oct. 26 through Nov. 15 during Open Enrollment. Your newly selected plan will be effective Jan. 1, 2024.
- If you choose to switch plans, you may not return to the state retiree UCare plan.
- Dependents currently on PreferredOne who are associated with a UCare member state-sponsored insurance WILL need to CHOOSE a new health plan. Members with dependents under age 65 will receive a separate notice about this change.
- UCare members who do not change health plan administrators will remain with UCare. Each year during Open Enrollment, those members will be able to move to Blue Cross or HealthPartners if you wish to make a change.

Action Required If You Choose to Leave UCare

- Choose a new health plan administrator.
- Enroll with the new health plan administrator.

The forms must be postmarked no later than Nov. 15, 2023. Remember to watch for the Senior Plan enrollment kit from your new health plan administrator to be mailed to your home address. Completion and submission of these forms is required to be postmarked no later than Dec 31, 2023.

If You Choose to Leave UCare:

- Complete a disenrollment request form.
- Purchase a Prescription Drug Plan from the private market.

Note: Once you leave the SEGIP-sponsored UCare retiree group, you will no longer be able to return

Caution: Make sure you choose Medicare coverage sponsored by SEGIP. Medicare will automatically disenroll you from the SEGIP-sponsored UCare Medicare plan if you sign up for a Medicare Advantage or standalone Part D prescription drug plan

not sponsored by SEGIP. You will likely receive a lot of Medicare advertising. Some of the advertising might be about other Medicare coverage not offered through SEGIP. Make sure that if you choose to leave UCare, you move to coverage sponsored by SEGIP if you want to remain in the state's retiree plan. You are not allowed to return to state employee retiree coverage if you leave. Be cautious.

We understand that the loss of PreferredOne or the closing of our UCare Medicare Group to new enrollment **may cause you to consider leaving the State of Minnesota's Retiree Group. This is your choice; however, it is important to be reminded that once you leave the group, you may not return in the future.**

An Overview of Your Health Benefits

As a state retiree, you and your eligible dependents receive health insurance benefits through the State Employee Group Insurance Program (SEGIP).

Open Enrollment will be held from Oct. 26 – Nov. 15, 2023. This booklet is designed to help you make decisions about the SEGIP health benefits that you will receive during the next plan year. Use it to learn about the Minnesota Advantage Health Plan design. Changes in the Minnesota Advantage Health Plan, Senior Plans, and costs which may impact your selection of health plans are listed in this booklet. After Open Enrollment, you are encouraged to keep this booklet as a reference guide. Use it in conjunction with your Plan Summary or Certificate of Coverage to gain a greater understanding of your benefits.

SEGIP will host live, in-person and WebEx meetings for retirees. Check page 2 of this booklet for dates and times. **You do not need to pre-register to attend.** If you plan to join us in-person, please be flexible and patient, as we have no way to gauge attendance. Retiree meetings are also listed on the SEGIP website at: mn.gov/mmb/segip and the MRSEA website at: www.mrsea.org.

Medicare Part D (Prescription Drug Coverage)

CAUTION: Members enrolling in the state's age 65 and over plans (Senior Plans) should NOT apply for or purchase Medicare Part D from another health plan administrator for prescription drug coverage. Enrolling in Part D with an insurance company that is different from your SEGIP group health plan administrator will terminate participation in the SEGIP Senior Plans. As you approach age 65, Medicare beneficiaries will see marketing materials from several different insurance companies and pharmacies offering prescription coverage. If you purchase that coverage, you will **permanently lose** medical insurance coverage in the state's retiree group!

- If you attain age 65 and enroll in Medicare Parts A and B while you are participating in SEGIP as a retiree, your enrollment in Medicare Part D will be handled by enrolling with your health plan administrator's Senior Plan. Blue Cross participants enroll in the Coordinated Plan and HealthPartners participants enroll in HealthPartners Medicare Group Solution.
- Retirees under age 65 in the Minnesota Advantage Health Plan have existing prescription drug coverage that, on average, is as good as, if not better than Medicare Part D. This is important. It ensures that you will not be penalized with a higher premium or Part D penalty if you join a Medicare prescription plan after Medicare Part D was first made available to you. A disclosure is available on the SEGIP website.
- The pharmacy benefit of the state's Senior Plans will include and coordinate with Medicare Part D. Participants in the Senior Plans do not pay a separate Part D premium to Medicare (unless your income is above a certain level as determined by Medicare) or to a Part D plan administrator. The Medicare Part D benefit and premium are built into the premium that retirees pay directly to Blue Cross and Blue Shield Minnesota Coordinated Plan, HealthPartners Medicare Group Solution, and UCare Medicare Group.
- New members to any of the Senior Plans that coordinate with Medicare must immediately complete the Senior Plan's enrollment form and Medicare Part D form sent to their home address by the health plan administrator. Participants who turn 65 during the year and continue coverage in SEGIP must also complete and return both the Senior Plan enrollment form and the Medicare Part D form prior to the month in which they turn 65 to ensure timely coverage upon turning age 65.

Premiums

The 2024 premiums will be:

- 3% increase for the Minnesota Advantage Health Plan.
- 0% change for UCare Medicare Group. The premium remains at \$350.00.
- 0.5% decrease for the HealthPartners Medicare Group Solution. The premium will be \$324.00 per month.
- 2.8 % increase for the Blue Cross and Blue Shield of Minnesota Coordinated Plan will increase. The premium will be \$365.00 per month.

Remember to update your auto payment amounts through your bank. Likewise, you may also provide updated monthly premium amounts to MSRS, if you have a monthly reimbursement deposited to your bank account.

What's New – Minnesota Advantage Health Plan

PreferredOne no longer available

Minnesota Management and Budget selected Blue Cross and Blue Shield of Minnesota and HealthPartners as health plan administrators through a competitive bid process earlier this year. This means PreferredOne is no longer an option as a health plan administrator. Members with PreferredOne must select between Blue Cross or HealthPartners.

MMB and the state's labor unions worked together during collective bargaining to improve benefits. The SEGIP website has more details.

Mental Health and Substance Use Disorder coverage enhanced

Copayments and deductibles are reduced or eliminated for allowed office visits for mental health and substance use disorder care. If your Primary Care Clinic (PCC) is cost level 1 or 2, your copay will be \$0, and the deductible waived. If you chose a PCC in cost level 3 or 4 you will save \$20 on office visit copays, however the deductible is still in place.

Point of Service benefit replaced; all employees now qualify for out-of-area benefits coverage

Up until now, only some members of the Minnesota Advantage Health Plan could get routine care paid for outside the Advantage plan's service area. The benefit was only for members who lived outside Minnesota and bordering counties. And those members needed to submit forms and get advanced approval.

The rules change Jan. 1, 2024. All Minnesota Advantage Plan members will automatically qualify to get the care they need no matter where they live or visit. No forms to fill out and no referrals as long as you stay within your provider's national network. Just go to a health care provider that is within your health plan administrator's national network. This out-of-area care will be covered at cost level 3.

Retirees and dependents using the current Point of Service coverage will receive more details about this change.

Fertility treatment now available from both health plan administrators

Expanded fertility treatment, including in-vitro fertilization, is available through both Blue Cross and HealthPartners in 2024. The 2023 pilot program is now permanent. The benefit covers services to diagnose infertility and provide professional fertility treatment, limited to a lifetime maximum benefit of \$30,000 and a lifetime limit of two assisted reproductive technology cycles.

Primary Care Clinics and Provider Quality

There are changes to the 2024 Primary Care cost levels. Check your current Primary Care Clinic's (PCC) cost level at mn.gov/mmb/segip on the Open Enrollment tab. Quality of care information is provided on the [MNHealthScores](https://mnhealthscores.org) website for most of Minnesota's PCCs. The website mnhealthscores.org is published by MN Community Measurement. It's a nonprofit organization that monitors and reports how well physician groups deliver preventive care and manage a variety of health conditions.

Turning 65 in 2024

If you or your spouse will be turning age 65 during 2024, you should also review the Senior Plans. The Minnesota Advantage Health Plan administrator you have in place when you turn age 65 determines the Senior Plan that you will be eligible to enroll with for the remainder of the 2024 plan year. Turning age 65 and your Medicare eligibility does not give you an opportunity to switch to a Senior Plan affiliated with a different health plan administrator.

Under 65, Minnesota Advantage Health Plan Primary Care Clinics

Check with your health plan administrator during Open Enrollment to see if your Primary Care Clinic will participate in their provider network for the new insurance year. The Clinic Directory for the Minnesota Advantage Health Plan is available on the SEGIP website. If under age 65, you should confirm the cost level of your Minnesota Advantage Health Plan's PCC for the upcoming year, as there are changes to the 2024 clinic cost levels.

If you are currently covered with PreferredOne as a retiree, you must select a different health plan administrator in this Open Enrollment. You must enroll with either Blue Cross or HealthPartners. Failure to move to one of the other health plan administrators for the 2024 plan year will terminate your participation in the state retiree group.

If you are enrolled with Blue Cross or HealthPartners and you do not want to change health plan administrators, you do not need to do anything during Open Enrollment. You will continue to participate with your current health plan administrator in 2024. If you are keeping the same health plan administrator, but need to change your Primary Care clinic, call your health plan administrator. Clinic changes are effective immediately. Be sure to request the effective date you'd like the change (example Jan. 1, 2024).

Other Enrollment Notes

Medicare participation.

To enter a Senior Plan, you must be age 65 and enrolled in:

- Medicare A
- Medicare B

You must be enrolled in Medicare A and B and provide this information at enrollment to ensure claims will be processed correctly. If you are changing health plan administrators and are age 65 or greater, you must enroll with the new health plan administrator's Part D drug benefit. The health plan administrator will send you enrollment forms that must be completed immediately to ensure that your new Senior Plan enrollment takes effect Jan. 1, 2024.

Blue Cross and HealthPartners will send ID cards to your home prior to 2024. Check your cards closely to ensure that all information is correct, including the Primary Care Clinic for the Minnesota Advantage Health Plan. If there are errors, call your health plan administrator immediately.

Important Plan Statements

- The state expects to continue the State Employee Group Insurance Program indefinitely. However, the state reserves the right to change or discontinue all or any part of the program, consistent with the state's rights and obligations under law and collective bargaining agreements.
- The Plan assumes fraud or intentional misrepresentation if a participant enrolls a dependent who does not meet the Plan's definition of dependent. Upon 30-day notice, coverage will be rescinded to the effective date of coverage. You will be liable for all claims paid by the Plan on behalf of an ineligible dependent.

Health Plans Offered

Blue Cross and Blue Shield of Minnesota Plans

- Minnesota Advantage Health Plan (under age 65)
- Coordinated Plan (age 65 or over and a Medicare A and B enrollee)

HealthPartners Plans

- Minnesota Advantage Health Plan (under age 65)
- HealthPartners Medicare Group Solution (age 65 or over and a Medicare A and B enrollee)

UCare Medicare Group – Closed to new members as of Dec 1, 2023.

- UCare Medicare Group (age 65 or over and a Medicare A and B enrollee)

You may receive information about other plans offered by some of the same insurance companies or health plan administrators that offer the plans we have just listed. Be cautious. Plans not listed in this book are not state sponsored. If you enroll in a plan that is not state sponsored, you forfeit your membership in the State Employee Group Insurance Program (SEGIP) and will never be able to re-enroll in the state's group medical insurance.

- Note: If you and your dependents are all under age 65, you must all enroll in the same plan with the same health plan administrator.
- If you and your spouse or dependents are in different age groups (one is age 65 or older; one is under age 65) or you have other insurance-eligible dependents under age 65, you must select plans appropriate by age group.
 - Both age-appropriate plans must be offered by the same health plan administrator. (For example: a retiree who is age 67 may be enrolled in the Blue Cross Coordinated Plan. The under age 65 spouse of this member and dependent children (under the age of 26) would participate in Minnesota Advantage Health Plan with Blue Cross.

You may only change health plan administrators during Open Enrollment. Upon turning age 65, you will have the opportunity to enroll in the Senior Plan affiliated with your current Minnesota Advantage Health Plan administrator. Dependent spouses who move to Blue Cross or HealthPartners, due to the PreferredOne change, will be offered entrance into the Senior Plan affiliated with their selected health plan administrator. Remember, UCare is a closed group as of Jan. 1, 2024. Those approaching age 65 should receive an enrollment kit or packet for the senior plan affiliated with their current health plan administrator thirty (30) to forty-five (45) days prior to the month in which they reach age 65.

Cost

You pay the full cost of retiree health coverage for yourself and your insurance-eligible dependents. Since you are a member of the State Employee Group Insurance Program (SEGIP), you receive the privilege of group rates for high-quality plans. This makes your health care coverage more affordable for a very good plan, with a low out-of-pocket maximum, than if you were to purchase similar coverage on your own. Your monthly cost varies depending on which plan you choose and whether you cover a spouse, the age of your spouse, and whether you cover other eligible dependents. The Minnesota Advantage Health Plan rates and Senior Plan rates are listed in the table on page 13.

Eligibility

If you and/or your spouse are Medicare-eligible and age 65 or older, you must be enrolled in Medicare Part A (hospital insurance) and Part B (medical services). Your Part D (prescription drug coverage) is included with your state group health plan administrator and enrollment will be coordinated through your SEGIP Senior Plan for those ages 65 and older.

Participants in the State of Minnesota Retiree Group health insurance program may change their health plan administrator during Open Enrollment. It is important for you to carefully consider your option to continue your state-sponsored health insurance. If you turn 65 during 2024 you will be offered enrollment in the Senior Plan affiliated with your current Minnesota Advantage Health Plan administrator. **If you decide not to continue, you and/or your dependents will not be eligible to re-enroll in the state's health plans.**

Family coverage

When you retired and became eligible to continue your participation in SEGIP's Retiree Plans, your eligible dependents were also able to maintain coverage.

If you chose coverage for yourself but not your dependent(s) when you retired, you may still be able to add your dependent(s) later. You may add dependent coverage for your eligible dependents, including your spouse if:

- They lose other group coverage or
- You become newly married after retirement

Both situations require **you to submit a *Qualifying Status Change form to the State Employee Group Insurance Program (SEGIP)*** no later than 30 days following the event. Contacting SEGIP prior to the event is encouraged and necessary for retirees adding a spouse who is age 65 or greater. A marriage certificate and other documents will be required to verify the marriage date. When losing other group coverage, you must send written verification on company letterhead from your dependent's employer. The employer's letter must state the exact date of the event that is causing the loss of group coverage. It must also state the current coverage and the date their current coverage ends.

Adding new dependents will require that you verify dependent status. The policy holder verifies dependent status for newly added dependents by submitting specific documents. Failure to provide documentation will result in removal of coverage.

Surviving spouses and dependents

A spouse who was covered by the state's Retiree Plans at the time of the retiree's death may continue participation in SEGIP indefinitely. Dependent children who were covered at the time of the retiree's death may continue participation until the end of the month in which they turn age 26.

COBRA Qualified Events – Dependent

If you have maintained coverage for a dependent child who reaches age 26, contact SEGIP prior to their 26th birthday to ensure that a COBRA offer will be provided. Additionally, if you divorce after retirement, contact SEGIP to provide this information and inquire about continuation options no later than 60 days from the date of divorce.

Availability by County

The Minnesota Advantage Health Plan is available in all counties of Minnesota and the service area extends to all counties that border Minnesota. Both Blue Cross and HealthPartners offer the Minnesota Advantage Health Plan in all counties of Minnesota.

Each health plan administrator offering the Minnesota Advantage Health Plan also provides a national network (outside the service area of Minnesota and bordering counties). If interested in accessing non-emergent care outside the service area, you are encouraged to contact your health plan administrator.

All three Senior Plans are available in all counties of Minnesota. For the closed group members of the UCare Medicare Group, coverage is offered in some of the bordering counties of Wisconsin (refer to the Wisconsin counties below).

For members age 65 and greater who live outside the state of Minnesota and the eligible border counties of Wisconsin, the Blue Cross Coordinated Plan and the HealthPartners Medicare Group Solution can provide your coverage. The HealthPartners Medicare Group Solution plan is expanding their Journey service area to all states except North and South Dakota and parts of Western Wisconsin.

The Blue Cross Coordinated Plan and the HealthPartners Medicare Group Solution are the only senior plans available to members whose permanent residence is outside the state of Minnesota and the surrounding Wisconsin counties.

UCare Medicare Group

Wisconsin Counties

Ashland	Juneau
Barron	La Crosse
Bayfield	Monroe
Buffalo	Pepin
Burnett	Pierce
Chippewa	Polk
Crawford	Richland
Douglas	Sawyer
Dunn	Sauk
Eau Claire	St. Croix
Grant	Trempealeau
Iowa	Vernon
Jackson	Washburn

2024 Monthly Rates

	Section 1		Section 2					Section 3			
	Retiree under 65	Retiree 65 & over	One dependent under age 65 (spouse or child)	Spouse under 65 and 1 or more children	One or more eligible child/ no spouse	Spouse 65 & over	Spouse 65 or over and 1 or more children	Surviving Spouse or one dependent under 65	Surviving Spouse 65 and over	Two or more surviving dependents under 65	Surviving Spouse 65 & over and one or more dependent
Blue Cross and Blue Shield MN Coordinated Plan	—	\$365.00	\$793.14 *	—	—	\$365.00	—	—	\$365.00	—	\$1,904.24
HealthPartners Medicare Group Solution	—	\$324.00	\$793.14 *	—	—	\$324.00	—	—	\$324.00	—	\$1,863.24
Minnesota Advantage Health Plan – Blue Cross and HealthPartners	\$793.14	—	\$1,539.24	\$1,539.24	\$1,539.24	—	\$1,539.24	\$793.14	—	\$2,332.38	—
UCare Medicare Group	—	\$350.00		—	—	\$350.00	—	—	\$350.00	—	NA

Note: Add Section 1 to Section 2 to arrive at the total cost for family coverage. For survivors of retirees, choose the appropriate rate under Section 3. Rates are subject to change on Jan. 1, 2025. * A single remaining dependent continues coverage in the Minnesota Advantage Health Plan is allowed to pay the equivalent of a single premium.

Plan Summaries

The next section of this booklet provides summaries of each SEGIP health plan offered to retirees.

- Retirees and dependents under age 65 should refer to pages 15 through 18 for plan features and types of services covered under the Minnesota Advantage Health Plan.
- Retirees and/or dependents age 65 and greater who are Medicare eligible will find plan summaries and a comparison chart on pages 19 through 25.
- For definitions of some of the terms used in these descriptions, refer to the glossary on page 28.

This booklet does not describe all procedures and requirements established by the health plan administrators to ensure quality and efficiency. For example, the booklet may state coverage is 100 percent for a certain service, but coverage may also require the health plan administrator's prior approval. You should familiarize yourself with how your plan works, in addition to its benefit levels and provider network. Each plan's Certificate of Coverage or Summary of Benefits describes these features. The Minnesota Advantage Health Plan summary will be available on the SEGIP website. The age 65 and over plan certificates will be made available electronically after Jan. 1, 2024.

Provider Networks

Most health plans have a network of physicians, hospitals, and other health care providers through which you receive your care. To be sure that a particular doctor or other health care provider will be in your plan's network for the 2024 insurance year, call the health plan administrator's customer service number (see page 26).

Medicare Coordination

All SEGIP Senior Plans are coordinated with Medicare Parts A, B, and D for people age 65 or over. Medicare-eligible retirees and spouses age 65 and older are required to enroll in Medicare Part A and Part B to participate in the state's Senior Plans. Enrollment in Medicare Part D (prescription drugs) is included with the state group health plan administrator you have chosen for all medical benefits. Your enrollment in Part D will be coordinated through the administrator with which you participate.

Important note

The following descriptions are meant only to highlight the benefits provided by each plan. Refer to the Certificate of Coverage or Summary of Benefits for complete descriptions of all benefits and benefit exclusions. If there are differences between this document and the plans' Certificates of Coverage or Summary of Benefits, the Certificates of Coverage or Summary of Benefits will govern.

Minnesota Advantage Health Plan (under age 65)

Minnesota Advantage Health Plan is the medical benefits program for all retirees and dependents under age 65

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

Minnesota Advantage Health Plan features

The Minnesota Advantage Health Plan features include:

- Cost sharing which help you better control health care costs, while maintaining flexibility in accessing doctors and clinics.
- A uniform and comprehensive set of benefits across all plans.
- Out-of-pocket expense maximums for both prescription drugs and medical services to protect you from financial hardship.
- No copays charged for preventive care, like annual check-ups, etc.
- Most medical care is coordinated through your Primary Care Clinic (PCC), and you will generally need a referral to see a specialist.
- You may self-refer to certain specialists including:
 - Obstetricians/gynecologists
 - Chiropractors
 - Mental health/substance use disorder practitioners
 - Routine eye exam providers

Access to this specialty care still depends on your health plan network and possibly your PCC. Contact your health plan administrator to verify clinic cost level participation.

- You may change your clinic and cost level as often as monthly.
- Referrals for office visits to a specialist are covered at the same level as your PCC office visits.

Creditable coverage for prescription drugs

It has been determined that the prescription drug coverage offered through the Minnesota Advantage Health Plan is creditable. This means the amount that the Minnesota Advantage Health Plan expects to pay, on average, for prescription drugs is the same as or greater than what standard Medicare prescription drug coverage will pay. This is important because if you are now eligible or become eligible for Medicare Part D, but enroll at a future date, you will not pay extra for that coverage. A disclosure is available to you on the SEGIP website at: mn.gov/mmb/segip.

How does the Minnesota Advantage Health Plan work?

Under the Minnesota Advantage Health Plan, you will share in the cost of specific medical services you obtain by paying out-of-pocket costs (annual deductibles, office visit copays, and coinsurance).

Health care providers have been placed into one of four cost levels. The cost level in which each provider is placed depends on the care system in which the provider participates and that care system's total cost of delivering health care. Participants pay the least out-of-pocket costs when using cost level 1 or 2 clinics.

Clinics have changed cost levels for 2024. To check the cost level of your clinic, refer to the Minnesota Advantage Health Plan Clinic Directory on the SEGIP website at mn.gov/mmb/segip. To access, select on Open Enrollment tab. Then select 2024 Minnesota Advantage Health Plan Clinic Directory or call your health plan administrator listed on page 26.

The amount of cost sharing that will be paid when using health care services varies depending on the cost level of the Primary Care Clinic that is chosen. **Primary Care Clinics in cost levels 1 and 2 provide the best value with the lowest possible out-of-pocket costs.**

Members in cost level 1 or 2 have annual out-of-pocket maximums set at the lowest amounts available under the plan: \$1,700 for single coverage and \$3,400 for family. Participants opting for coverage in a cost level 3 or 4 clinic will have higher out-of-pocket costs, as the delivery of care under these cost levels has higher costs. Participants in cost level 3 will share in their cost of care up to the out-of-pocket maximum of \$2,400 single and \$4,800 family. Participants using cost level 4 clinics will share in the cost of their care to a maximum of \$3,600 single and \$7,200 family. Once you've reached your annual out-of-pocket maximum, the Minnesota Advantage Health Plan will pay all remaining medical costs allowed under the plan for that year.

CVS Caremark is the Pharmacy Benefits Manager for all participants of the Minnesota Advantage Health Plan, regardless of the health plan administrator selected. Under the SEGIP plan, most drugs are covered under one of three tiers, regardless of the PCC selected. The formulary may be accessed at www.caremark.com. The out-of-pocket maximum is \$1,050 single and \$2,100 family, regardless of the cost level of a participant's Primary Care Clinic.

2024/2025 Minnesota Advantage Health Plan

2024/2025 Benefit Provision	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
A. Preventive Care Services <ul style="list-style-type: none"> • Routine medical exams, cancer screening • Child health preventive services, routine immunizations • Prenatal and postnatal care and exams • Adult immunizations • Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible (single/family)	\$250 / 500	\$400 / 800	\$750 / 1,500	\$1,500 / 3,000
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> • Outpatient visits in a physician's office • Chiropractic services • Urgent Care clinic visits (in or out of service area/in or out of network) 	\$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
C1. Office visits for mental health and substance use disorder Outpatient office visits only	\$0 copay per visit Not subject to Annual deductible	\$0 copay per visit Not subject to Annual deductible	\$50 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies
D. Convenience Clinics and Online Care	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible
E. Emergency Care (in or out of service area/in or out of network) Emergency care received in a hospital emergency room	\$100 copay Not subject to Annual deductible	\$125 copay Not subject to Annual deductible	\$150 copay Not subject to Annual deductible	\$350 copay Not subject to Annual deductible
F. Inpatient Hospital Copay (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
G. Outpatient Surgery Copay	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics, Durable Medical Equipment	20% coinsurance Not subject to Annual deductible	20% coinsurance Not subject to Annual deductible	20% coinsurance Not subject to Annual deductible	25% coinsurance Annual deductible applies

2024/2025 Benefit Provision	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
J. Lab (including allergy shots), Pathology, and X-ray (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
K. MRI/CT Scans	10% coinsurance Annual deductible applies	15% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies	30% coinsurance Annual deductible applies
L. Other expenses not covered in A-K above, including but not limited to: <ul style="list-style-type: none"> • Ambulance • Home Health Care • Outpatient Hospital Services (non-surgical): <ul style="list-style-type: none"> ○ Radiation/chemotherapy ○ Dialysis ○ Day treatment for mental health and substance use disorder ○ Other diagnostic or treatment related outpatient services 	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin, or a 3- cycle supply of oral contraceptives Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1,700 / 3,400 Combined in and out of area services	\$1,700 / 3,400 Combined in and out of area services	\$2,400 / 4,800 Combined in and out of area services	\$3,600 / 7,200 Combined in and out of area services

Important note: this chart describes coverage **within the Minnesota Advantage Plan's service area**. Covered out-of-area services have a different cost-sharing structure: claims will be processed at Cost Level 3 with the out-of-pocket maximums described in section O above, and with a separate out-of-area deductible (\$750 single/\$1,500 family). Most care must be received within the national network of the selected plan administrator.

Emergency care or urgent care at a hospital emergency room or urgent care center, whether in/out of area or in/out of network, is covered as described in sections C and E above.

Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

This Plan uses an embedded deductible: if any family member reaches the individual deductible, then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.

Coordinated Plan (age 65 and over)

This is a Blue Cross and Blue Shield of Minnesota plan available for those who are:

- Age 65 and older.
- Enrolled in Medicare Parts A and B.
- Enrolled in Medicare Part D which is included and coordinated through this plan.

Requires immediate completion and return of forms to the health plan administrator. There are two forms entitled, “*Enrollment Form for State of Minnesota Coordinated Plan*” and, “*Group MedicareBlue Rx (PDP)*.” Forms will be mailed directly to your home address.

General plan features

The Coordinated Plan is available in all Minnesota counties and worldwide.

As a member of the Coordinated Plan, you are free to choose any health care provider that accepts Medicare assignment. However, when you use providers that participate with Blue Cross, your claims will be filed for you and the Blue Cross payment will be made directly to the provider. In addition, Blue Cross providers have agreed to accept the allowed amount as payment in full. You are only responsible for any deductible, coinsurance, and copays for eligible services.

Health care providers who do not participate with Blue Cross may charge more for services than the allowed amount. When you use a provider who does not participate with Blue Cross you are responsible for the deductible, copays, coinsurance, and any eligible charges that exceed the allowed amount. You may also have to file your own claims.

Some deductibles specified in the Coordinated Plan are based on 2024 Medicare deductibles which are subject to change through action by the federal government. Be aware that such changes could take place without warning.

Inpatient admissions or services

- General hospital
- Skilled nursing facilities
- Mental health
- Chemical dependency

The Coordinated Plan will process at 80% of the first \$3,000 of total eligible expenses, then 100% for a semi-private room up to 365 days, following your \$200 annual deductible.

- **Deductible:** A deductible applies to the first \$200.
- **Coinsurance:** After the \$200 inpatient deductible, each participant is responsible for 20% of the first \$3,000 (\$600) of the total eligible expenses.
- Eligible expenses more than \$3,000 each calendar year are covered at 100%.
- Inpatient services out-of-pocket maximum: \$800 per participant per calendar year (\$200 deductible plus 20% of the next \$3,000).

Coordinated Plan (age 65 and over)

Emergency services

After the Medicare Part B annual deductible, 100% coverage. The plan requires participants to pay the Medicare Part B deductible of \$226.00 for 2023. The 2024 Medicare Part B deductible is not available for plan year 2024 as of the writing of this booklet.

Health care services

There is an annual outpatient deductible for all medical (Medicare Part B) services. After the deductible is met, services will be covered as follows.

- **Preventive care:** 100% coverage. Preventive care is not subject to the deductible.
- **Physician services:** 100% coverage.
- **Eye and hearing exams:** One routine exam per calendar year. 100% coverage of the allowed amount. The Medicare Part B deductible does not apply.
- **Hospital outpatient and surgery center:** 100% coverage.
- **Outpatient mental health services:** 100% coverage.
- **Outpatient chemical dependency services:** 100% coverage.
- **Chiropractic services:** 100% coverage.
- **Physical, speech, and occupational therapy (in an outpatient hospital):** 100% coverage.
- **Home health care:** 100% of the Medicare-approved amount for medically necessary skilled care.

Prescriptions and products

Prescription Drugs: 30-day supply, including insulin.

- **\$10 copay** for generic drugs.
- **\$30 copay** for preferred brand drugs.
- **\$50 copay** for brand name drugs.
- **\$50 copay** for specialty.
- **25% coinsurance** for supplemental drugs. These are certain classes of drugs not covered by Medicare.
- SEGIP retirees pay the appropriate copay while in the donut hole or medication gap. SEGIP retirees do NOT pay a greater percent of drug costs while in the donut hole.
- **Catastrophic prescription drug coverage:** If out-of-pocket expenses total \$8,000, prescription drug copays will no longer be charged after reaching this threshold. No charges will be applied to prescriptions for the remainder of the calendar year in which you have reached \$8,000. For excluded drugs covered under our Supplemental drug list, you pay 25% coinsurance.
- **Mail Order/Preferred Extended Supply:** (90-day supply). Generic Drugs - \$20 copay, Preferred Brand Drugs - \$60 copay, Non-Preferred Brand Drugs - \$100 copay, Specialty Drugs - \$100 copay.

Prosthetics and durable medical equipment:

- 100% coverage after the annual Medicare Part B deductible.
- **Hearing aids:** 80% coverage for hearing aids and accessories every three years. Hearing aids must be purchased from participating providers. Coverage does not apply to upgrades. Check your Certificate of Coverage for more information.

Fitness Program - SilverSneakers®

HealthPartners Medicare Group Solution (age 65 and over)

This is HealthPartners Medicare Group Solution available for those who are:

- Age 65 and older.
- Enrolled in Medicare Parts A and B.
- Continue to pay Part B premium.

Requires immediate completion and return of enrollment forms to the health plan administrator. The form is entitled “2024 HealthPartners® Medicare Group Solution Enrollment Form.” **Forms will be mailed directly to your home address, and you can complete the enrollment online if you choose.**

General plan features

- Part D is included and coordinated through this plan.
- Retirees living in the Journey Group Service area (Minnesota and all contiguous states except parts of North and South Dakota and part of Western Wisconsin will be enrolled in the HealthPartners Journey Group Plan (a Medicare Advantage Plan). Journey members have access to any doctor that accepts Medicare and is willing to see them. Retirees living in North Dakota, South Dakota, and part of Western Wisconsin will be enrolled in the Retiree National Choice Plan (RNC). Retiree National Choice members have access to any doctor that accepts Medicare.
- Coverage of Virtuwel.com (on-line clinic), e-visits, scheduled telephone visits, and video visits.

Travel coverage

- Broad based travel benefits available for up to 9 consecutive months. Able to use any providers who accept Medicare across the United States and access to a national pharmacy network.
- Urgent and emergency coverage world-wide.
- Full range of travel-related services from Assist America, the nation’s largest provider of global emergency services.

Inpatient admissions

- **General hospital:** \$100 copay, then 100% coverage.
- **Skilled nursing facilities:** 100% coverage for rehabilitative care for up to 100 days per benefit period.
- **Mental health and Chemical dependency:** \$100 copay and then 100% coverage for unlimited days.

Emergency services

- **United States and US territories:** \$50 copay for emergency room services (waived if admitted). 100% coverage for ambulance service.
- **Outside the United States and US territories:** 80% coverage. **Ambulance Benefit:** 20% coinsurance for one-way (limited to ground ambulance to nearest appropriate facility).
- All members have access to worldwide travel logistics if medical care is needed at least 100 miles from permanent residence or in a foreign country.

HealthPartners Medicare Group Solution (age 65 and over)

Health care services

There is a \$3,400 out-of-pocket maximum expense for health care services.

- **Preventive care:** 100% coverage.
- **Physician services:** 100% coverage after a \$15 copay (\$15 copay does not apply to nutritional therapy for diabetics and renal disease).
- **Eye and hearing exams:** 100% coverage for preventive visits; \$15 copay for diagnostic visits.
- **Hospital outpatient and surgery center:** 100% coverage.
- **Outpatient mental health services:** 100% coverage after a \$15 copay; \$7.50 copay for group therapy.
- **Outpatient chemical dependency services:** 100% coverage after a \$15 copay.
- **Chiropractic services:** 100% coverage after a \$15 copay, when meeting Medicare guidelines.
- **Physical, speech, and occupational therapy:** \$15 copay, then 100% for physical, occupational, or speech therapy.
- **Home health care:** 100% coverage. Must meet Medicare guidelines (no coverage beyond Medicare).
- **Online Care:** You pay nothing for online care visits at [virtuwell.com](https://www.virtuwell.com).
- **Foot orthotics:** in accordance with Medicare Requirements: 90% coverage.

Prescriptions and products

Prescription drugs: 30-day supply in the initial coverage and coverage gap phases

- **\$10 copay** for generic and preferred generic.
- **\$30 copay** for preferred brand.
- **\$50 copay** for non-preferred brand.
- **\$50 copay** per prescription for specialty drugs.

Catastrophic coverage: 100% coverage after the member has reached \$8,000 in prescription drug costs.

- **Mail order prescription options:** A three-month supply of drugs available for only two copays at preferred mail order pharmacy.

Prosthetics and durable medical equipment:

- 90% coverage, including test strips and syringes for people with diabetes. (No more than a 90-day supply will be covered and dispensed at a time.)
- **Hearing Aid benefit:** Up to two hearing aids every year (one per ear per year) through TruHearing. Covered at 100% of the charges incurred, subject to \$99/\$199/\$499 copayment per aid.
- **Fitness Program:** SilverSneakers® program at no cost.

UCare Medicare Group (age 65 and over)

This plan is a closed group as of Jan. 1, 2024. Participants enrolled in this plan before Dec 1, 2023 may continue. If the dependent is your spouse, that spouse will be allowed to enter the Senior Plan affiliated with the health plan administrator that provides their Minnesota Advantage Health Plan when they turn 65. This applies to individuals who are:

- Age 65 and older.
- Enrolled in Medicare Parts A and B.
- Enrolled in Medicare Part D which is included and coordinated through this plan.
- Entered the plan on or before Dec. 1, 2023.

General plan features

Health care services are provided through the UCare network of physicians, clinics, pharmacies, and other health care providers. UCare Medicare Group is available in all counties in Minnesota and 26 western Wisconsin counties listed on page 12 of this booklet.

Referrals are not needed for specialty care. UCare also provides coverage for services obtained outside the UCare network. This coverage is offered at a reduced benefit level.

As a UCare member, you select the clinic of your choice. Family members may choose different clinics.

Point of Service

Routine and non-emergency physician services outside of the UCare Medicare Group network in the United States are covered at 80% to a maximum benefit of \$7,500. The participant pays 20% to a maximum out-of-pocket of \$7,500 for eligible expenses per calendar year. The participant would be responsible for all charges above \$75,000. Physician office visits out of network will be covered with the same copays as in network office visits.

Inpatient admissions or services

- **General hospital:** 100% coverage after a \$100 copay per admission.
- **Skilled nursing facilities:** 100% coverage for rehabilitative care up to 100 days. Must meet current Medicare coverage requirements. No 3-day hospitalization stay required.
- **Mental health:** 100% coverage, after a \$100 copay per admission.
- **Each Medicare-covered Opioid treatment program service:** 0% coinsurance for each service.
- **Chemical dependency:** 100% coverage.

Emergency/urgent care services

- In and out of area emergencies: \$50 copay, 100% coverage thereafter. Copay waived upon hospital admission. Worldwide coverage.
- Urgent care: \$20 copay, 100% coverage thereafter.
- Ambulance: 100% coverage after \$100 copay.

UCare Medicare Group (age 65 and over)

Health care services

There is a **\$3,000 out-of-pocket maximum expense for in-network health care services.**

- **Preventive care:** 100% coverage.
- **Physician services:** 100% coverage after a \$15 copay per visit.
- **Eye and hearing exams:** 100% coverage.
- **Hospital outpatient and surgery center:** 100% coverage.
- **Outpatient mental health services:** 100% coverage after a \$15 copay per visit.
- **Outpatient chemical dependency services:** 100% coverage after a \$15 copay per visit.
- **Opioid Treatment Program:** \$0 copay for each Medicare-covered opioid treatment program services.
- **Chiropractic services:** 100% coverage for Medicare-approved services. Must use a UCare Medicare Group affiliated chiropractor.
- **Physical, speech, and occupational therapy:** 100% coverage after a \$15 copay per visit.
- **Home health care:** 100% coverage for skilled care.

Prescriptions and products

Prescription drugs: 30-day supply

- **\$10 copay** for generic drugs.
- **\$30 copay** per prescription for preferred brand name drugs.
- **\$50 copay** per prescription for brand name drugs.
- **\$50 copay** for specialty drugs.
- SEGIP retirees pay the appropriate copay while in donut hole or gap. SEGIP retirees do NOT pay a greater percent of drug costs while in donut hole.
- Mail order or Preferred Pharmacy network which includes CVS/Target, Costco, Cub, Sam's Club/Walmart, and others: 90-day supply for 2 copays
- **Catastrophic prescription drug coverage:** If out-of-pocket expenses total \$8,000 prescription drug copays will no longer be charged after reaching this threshold. No charges will be applied to prescriptions for the remainder of the calendar year in which you have reached \$8,000.
- \$75 every six months for over-the-counter items available by mail order, online, or in store. Purchase at participating retail locations.

Prosthetics, durable medical equipment, and diabetic supplies:

- 100% coverage for prosthetics.
- 80% coverage for durable medical equipment, including glucose monitors, test strips and Lancets for people with
- diabetes. **Syringes and insulin covered as prescription drugs.**
- 100% coverage for Part B diabetic supplies.
- Up to two TruHearing-branded hearing aids every year. Limited to TruHearing's Advanced and Premium hearing aids. Must see a TruHearing provider. \$499 copay per aid for Advanced aids, \$799 copay per aid for Premium aids.
- \$200 toward eyeglass frames and lenses once each calendar year.

Fitness Program:

- One Pass Fitness Program®
- UCare Health Club Savings Program

Comparison Chart for Senior Plans

2024 Benefit	Blue Cross Coordinated Plan	HealthPartners Medicare Group	UCare Medicare Group
Extended Absence or Point of Service	Worldwide coverage	Worldwide coverage for emergencies and urgently needed care.	Worldwide coverage for emergencies. May be outside service area for up to 6 months.
Inpatient Admissions General Hospitalization	\$200 deductible + 20% of the first \$3000 (\$600) = \$800 per patient per calendar year	\$100 copay per admission then 100% coverage	\$100 copay per admission, then 100% coverage.
Emergency Services	After Medicare B annual deductible, 100% coverage	\$50 copay or 100% ER visit if admission results	\$50 copay, waived if admitted
Out of Pocket Maximum	\$800 inpatient, Medicare B deductible and 20% on hearing aids	\$3,400	\$3,000
Preventative care	100% Coverage (no deductible)	100% Coverage	100% Coverage
Eye & Hearing Exam	100% (no deductible) for one routine exam per year	100% Coverage	100% Coverage
Physicians Service	Medicare B deductible, then 100%	\$15 copay, then 100% coverage	\$15 copay, then 100% coverage
Hospital Outpatient and Surgery Center	After Medicare B annual deductible, 100% coverage	100% Coverage	100% Coverage
Outpatient Mental Health	After Medicare B annual deductible, 100% coverage	\$15 copay or \$7.50 copay for group then 100% Coverage	\$15 copay per visit, then 100% coverage
Outpatient Chemical Dependency	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage	\$15 copay per visit, then 100% coverage AND \$0 copay for each Medicare-covered opioid treatment program service
Chiropractic	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage, subject to Medicare guidelines	100% Coverage for Medicare approved services at UCare Medicare Group Chiropractor.
Physical Therapy	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage	100% coverage outpatient setting, after \$15 copay per visit
Occupational Therapy	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage	100% coverage outpatient setting, after \$15 copay per visit
Speech Therapy	After Medicare B annual deductible, 100% coverage	\$15 copay, then 100% coverage	100% Coverage outpatient setting after \$15 copay per visit
Home Health –skilled care meeting Medicare approved guidelines	After Medicare B annual deductible, 100% coverage	100% Coverage	100% Coverage
30-day Prescriptions	Copay coverage thru gap	Copay coverage thru gap	Copay coverage thru gap
	\$10 Generic	\$10 Generic	\$10 Generic
	\$30 Preferred Brand	\$30 Preferred Brand	\$30 Preferred Brand Name
	\$50 Brand Name	\$50 Non-Preferred Brand	\$50 Brand Name
	\$50 for Specialty drugs	\$50 for Specialty drugs	\$50 for Specialty drugs
	25% for supplementary drugs	n/a	Supplemental Rx Covered
Mail Order Available	Yes	Yes	Yes
Prosthetics	100% after the annual Medicare B deductible	90% coverage	100% coverage
Durable Medical Equipment	100% after the annual Medicare B deductible (foot orthotics 80%)	90% including test strips and syringes for diabetics	80% and 100% for Part B diabetic supplies
Hearing Aid	80% for hearing aids and accessories every 3-yrs any vendor (upgrades not covered)	\$99/\$199/\$499 copay per aid per year from a TruHearing network provider.	\$499 copay per aid for TruHearing Advanced aids, \$799 copay per aid for TruHearing Premium Aids.
Eyeglasses	eyewear discounts available	Up to 35% discount on eyewear (100% per cataract surgery)	\$200 allowance toward eyewear per year

Other information

Addresses and phone numbers

	Address	Phone Numbers
Minnesota Advantage Health Plan – Blue Cross and Blue Shield of Minnesota, Coordinated Plan	Blue Cross and Blue Shield of Minnesota P.O. Box 64560 St. Paul, MN 55164-9756 www.bluecrossmn.com/segip	(800) 262-0819 771 - TTY
MedicareBlue RX	www.YourMedicareSolutions.com	(877) 838-3827 711 - TTY
National PPO for Advantage - Blue Cross Blue Card	www.bluecrossmn.com/segip	(800) 810-2583
Minnesota Advantage Health Plan – HealthPartners	HealthPartners - Individuals MS 21103R P.O. Box 9463 Minneapolis, MN 55440-9463 www.healthpartners.com/segip	(952) 883-7900 (888) 343-4404 (952) 883-5127 - TTY
HealthPartners Medicare Group Solution	HealthPartners Attn: Riverview Membership Accounting MS 21103R P.O. Box 9463 Minneapolis, MN 55440-9463 www.healthpartners.com/segipmedicare	(952) 883-7428 (866) 993-7428
Minnesota Advantage Health Plan – PreferredOne	PreferredOne Administrative Services 6105 Golden Hills Drive Golden Valley, MN 55416 www.preferredone.com/segip	(763) 847-4477 (800) 997-1750 (763) 847-4013 - TTY
UCare Medicare Group	UCare Attn: Group UCare Medicare Group 500 Stinson Boulevard NE Minneapolis, MN 55413 Groupsales@ucare.org www.ucare.org	(612) 676-6900 (877) 598-6574 (612) 676-6810 – TTY (800) 688-2534 - TTY
CVS Caremark	CVS Caremark Claims Department P.O. Box 52136 Phoenix, AZ 85072-2136 www.caremark.com	(844) 345-3234 (toll free)

	Address	Phone Numbers
State Employee Group Insurance Program (SEGIP) MMB	MMB - Employee Insurance 400 Centennial Office Building 658 Cedar Street St. Paul, MN 55155 mn.gov/mmb/segip	(651) 355-0100 (800) 664-3597
Medicare	www.Medicare.gov	(800) MEDICARE (800) 633-4227 (877) 468-2048 TTY/TDD
Social Security	www.ssa.gov	(800) 772-1213 (800) 325-0778

Glossary

Advantage Value for Diabetes: A program that gives Minnesota Advantage Health Plan members diagnosed with diabetes access to reduced out-of-pocket costs for high-value medical and pharmacy services that are primarily for diabetes. Eligible medical services include physician office visits, dietitian office visits, diabetic retinal eye exams, lab tests, diabetic testing supplies, and pharmacist consults. Eligible pharmacy services include diabetic testing supplies as well as diabetes, hypertension, cholesterol, and depression medications.

Allowed amount: A set amount which an insurance company (often referred to as a plan) agrees to pay for a particular service or product provided by a doctor or health care provider. Under some plans, there may be a difference in the insurance company's allowed amount and the health care provider's fee for a particular service or product. In some of these cases, the insured person is responsible for paying the difference.

Brand name drugs: Prescription drugs that are sold under a trademarked brand name.

Certificate of Coverage: A document available to plan participants describing details of coverage. Insured plans call this a certificate of coverage and self-insured plans call this a summary of benefits.

Coinsurance: This is a percentage of the cost that is charged for certain services after the deductible has been paid. For example, a coinsurance level of 90% means that the member first pays the deductible, then the plan would pay 90% of the costs and the member would pay the remaining 10% of the costs. Once the employee costs reach the out-of-pocket limit, the plan would pay all costs for the rest of the plan year.

Copay: A flat dollar amount that is charged every time a service is provided. For example, under Advantage, members will be charged an office visit copay for most visits to the doctor's office. (Copays will not be charged for preventive care under Advantage, such as annual check-ups, etc.)

Creditable Coverage: Prescription drug coverage that is on average at least as good as the standard Medicare prescription drug coverage.

Deductible: An annual amount that must be paid each year before the plan starts paying for services. A "\$400 deductible" for example, means that the member would pay the first \$400 per year for certain services before the plan would begin covering the cost of services.

Dependent: Generally, the spouse/children of a covered person, as defined in the insurance policy or plan.

Effective date: The date on which an insurance policy or plan goes into effect and coverage begins.

Eligible expenses: Medical expenses for which a health plan will provide benefits. Some health providers may charge more than what an insurance plan considers eligible. In these cases, the covered person is responsible for paying the additional costs.

Family coverage: Health insurance for the retiree and one or more eligible dependents.

Formulary: A drug formulary is a listing of preferred high-quality, cost-effective drugs selected by a professional committee of physicians and pharmacists.

Generic: A drug that has been on the market long enough that no single manufacturer has an exclusive right on making and marketing.

In-network: The group of health care providers with whom a plan has contracted to provide services to members of the plan. Ask if a provider is still participating with your plan before you seek services because networks may change during the year.

Medicare: The federal government's plan for paying certain hospital and medical expenses for those individuals who qualify and are enrolled in the Medicare plan, primarily those 65 and over. Benefits are provided regardless of income level. The program is government-subsidized and government-operated.

Medicare Part A: Medicare Part A, hospital insurance, generally pays for inpatient hospital services and post-hospital care.

Medicare Part B: Medicare Part B, Supplementary Medical Insurance, pays for medically necessary doctors' services, outpatient hospital services, and other medical services and supplies not covered by Part A.

Medicare Part D: Medicare Part D pays for prescription drug coverage for qualified Medicare beneficiaries.

Open Enrollment: The period during which participants in the State Employee Group Insurance Program have an opportunity to change from one plan administrator to another.

Out-of-pocket costs: Fees and charges, in the form of deductibles, copays, and co-insurance, that an insured person is required to pay for products or services.

Outpatient services: Treatment that does not require hospitalization.

Preferred brand: A group of brand name drugs that the pharmacy benefit manager has selected to be the most effective for the price.

Preferred Provider Organization (PPO): A group of physicians and hospitals that contract with an insurance company to provide medical services.

Prescription Drug Plan (PDP): Private risk-bearing entity providing stand-alone Medicare Part D coverage.

Primary care: Routine medical care, normally provided in a doctor's office, by an internist, family or general practitioner, obstetrician-gynecologist, osteopath, or pediatrician.

Provider: A doctor, therapist, chiropractor, or another licensed medical practitioner. A participating provider is a provider who contracts with a plan to provide services to members of the health or dental insurance plan.

Summary of Benefits: A document available to plan participants describing details of coverage. Insured plans call this a certificate of coverage and self-insured plans call this a summary of benefits.

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.