

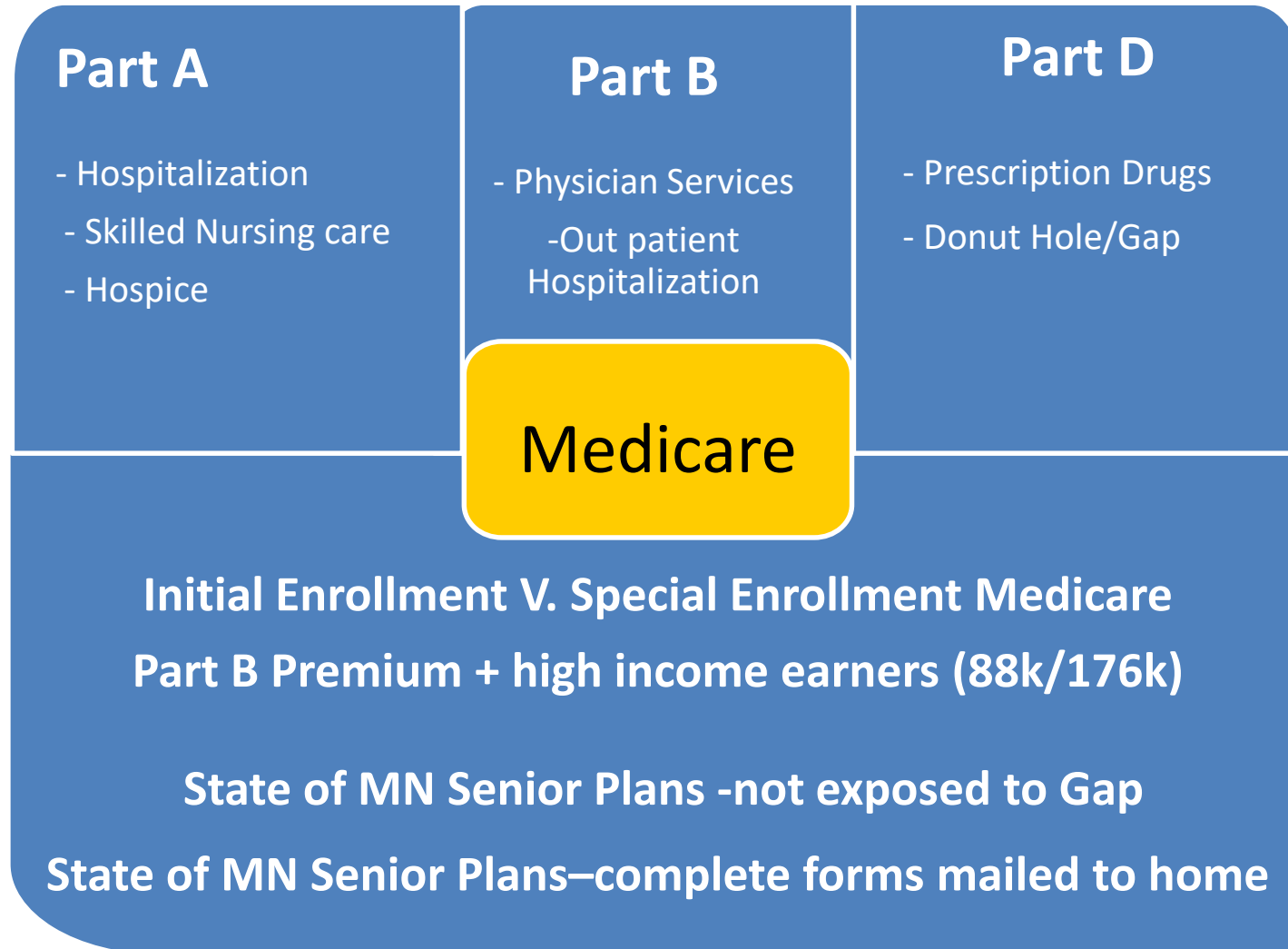
# Continuing Insurance Upon Retirement

# Introduction

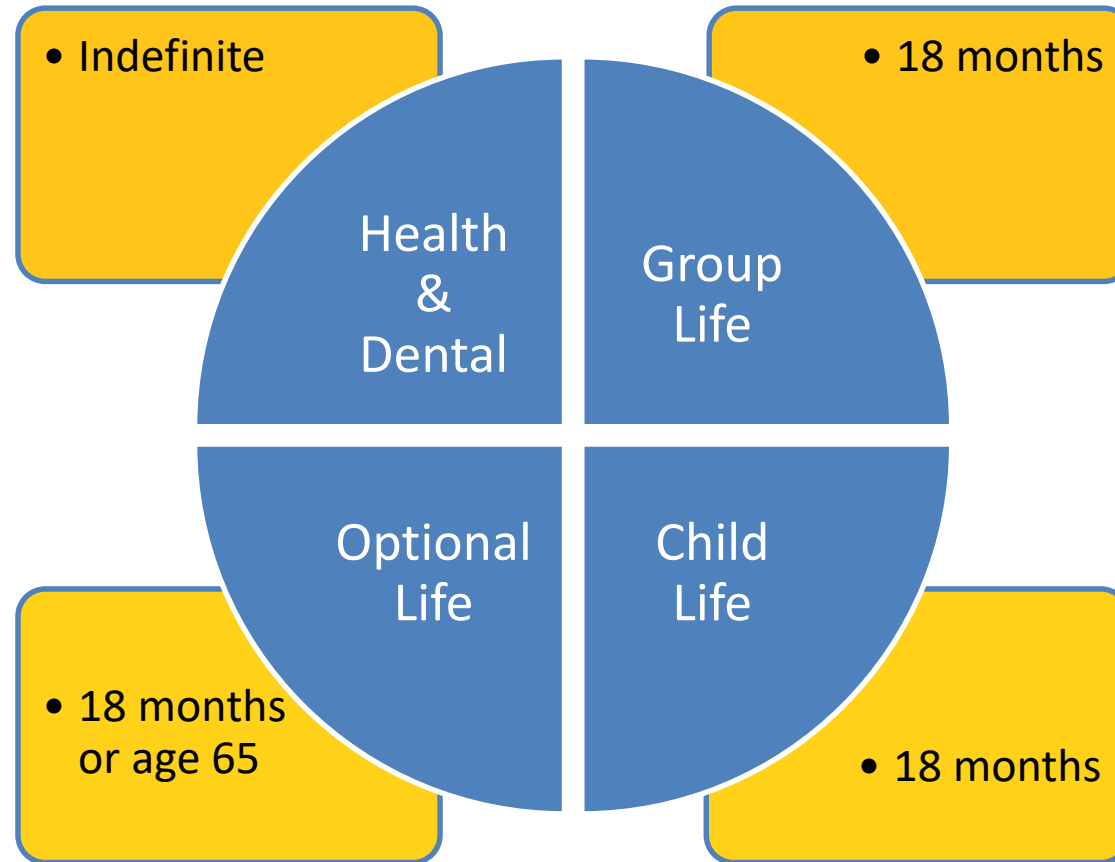
*All insurance eligible retirees have the option to continue their insurance coverage*

*Retirees who elect not to continue insurance coverage at the time of retirement cannot enroll at a future date!*

# Introduction



# Introduction (cont.)



# Eligibility

## Regular

- Age 65 or older  
and
- Medicare A & B  
and
- Eligible for a  
regular retirement  
annuity

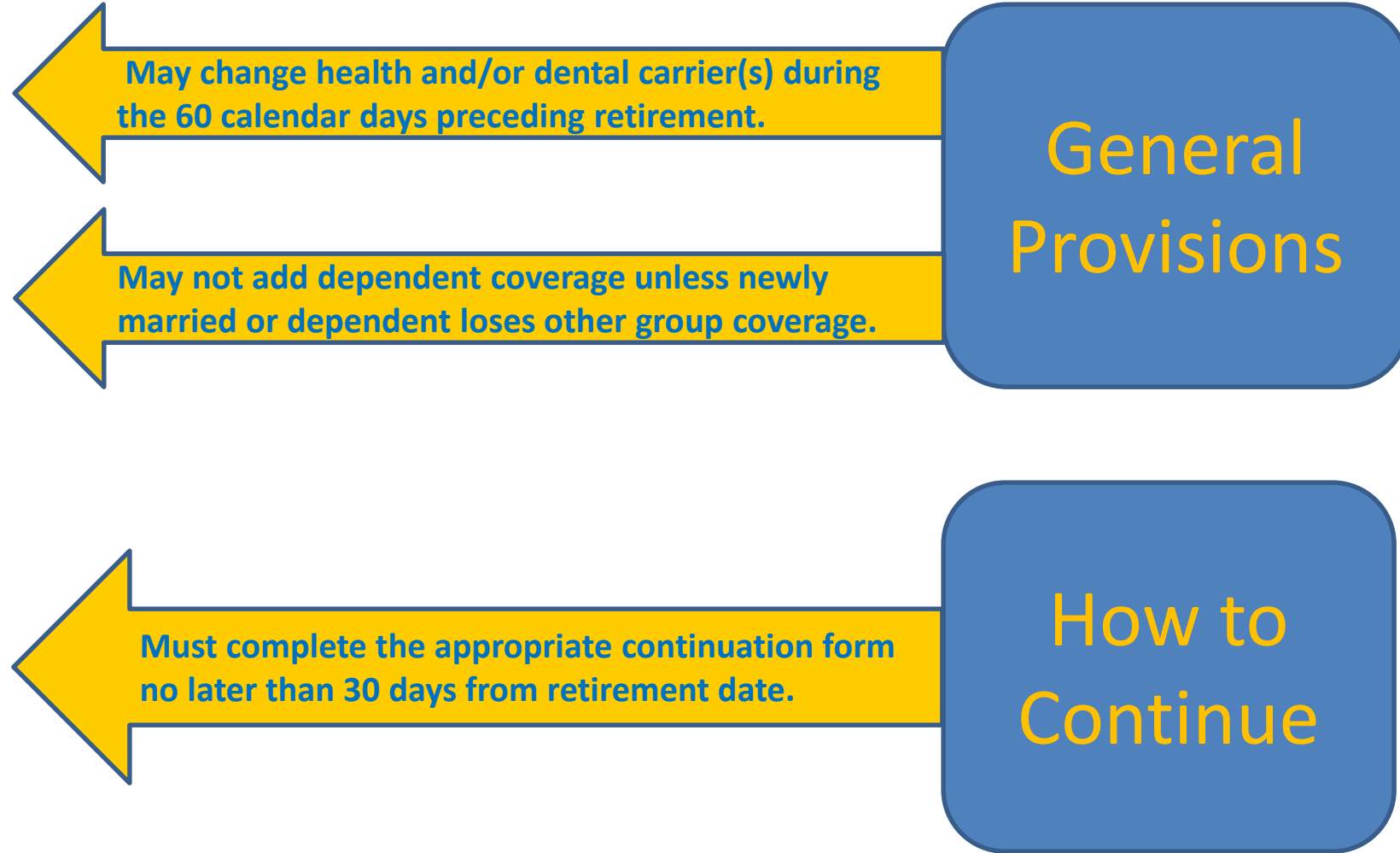
## Early

- Under age 65 and
- 5 years allowable  
pension service +  
entitled to regular  
retirement annuity  
or
- Age 50 with 15  
years of state  
service

## Special

- Under age 65 &  
eligible for  
employer  
contribution  
because of special  
legislation or  
contract language

# Enrollment





# Request for Continuation of Coverage upon Retirement

**Retiree:** This is available to all employees covered under the Minnesota State Employee Group Insurance Program who are taking regular retirement (including regular early retirement) and who are interested in maintaining their coverage. Be sure to complete all sections below. **Your HR representative will forward the original signed copy to Minnesota Management & Budget (MMB).** Retain a copy for your records.

Instructions are included.

### 1. Employee Information – All Information is required

Name  SSN  Employee ID #   
(Last, First, Middle Initial)

Address  Phone: Work  Home:

City, State, Zip code  Date of Birth (mm/dd/yyyy)

Email

### Spouse Information – If applicable

Name  Gender  Male  Female  
(Last, First, Middle Initial)

Date of Birth (mm/dd/yyyy)  SSN

### 2. Continuation of Health Insurance Coverage

	Self	Spouse/Dependent
I and/or my spouse are eligible for benefits under Medicare.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
I and/or my spouse are currently covered under or have applied for Medicare:		
• Part A Hospitalization? Effective date (mm/dd/yyyy): <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
• Part B Medical? Effective date (mm/dd/yyyy): <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you or your spouse are 65 or over, you are required to submit Medicare information to your health plan. Enrollment kit(s) from the carrier will be mailed to your home address. Enrollments must be completed and returned to the carrier prior to the first of the month following retirement.		
Current Medical Carrier:	<input type="radio"/> BlueCross BlueShield <input type="radio"/> HealthPartners <input type="radio"/> PreferredOne	
I wish to continue single health insurance coverage.	<input type="radio"/> Yes <input type="radio"/> No	
My spouse is age 64 or under and I wish to continue family health insurance coverage.		<input type="radio"/> Yes <input type="radio"/> No
My spouse is age 65 or over and I wish to continue family health insurance coverage.		<input type="radio"/> Yes <input type="radio"/> No
My spouse is age 65 or over but will remain on the Advantage Health Plan because dependent children will continue to be covered.		<input type="radio"/> Yes <input type="radio"/> No

# 2021 SEGIP MEDICAL INSURANCE RATES

2021 Retiree Monthly Rates	Section 1		Section 2					Section 3			
	Retiree under 65	Retiree 65 & over	One Dependent under 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
<b>Minnesota Advantage Health Plan – BlueCross BlueShield</b>	732.94	—	1422.44	1422.44	1422.44	—	1422.44	732.94	—	2155.38	—
Coordinated Plan	—	355.00	732.94	—	—	355.00	—	—	355.00	—	1777.44
<b>Minnesota Advantage Health Plan - HealthPartners</b>	732.94	—	1422.44	1422.44	1422.44	—	1422.44	732.94	—	2155.38	—
Medicare Group Solution	—	313.20	732.94	—	—	313.20	—	—	313.20	—	1735.64
<b>Minnesota Advantage Health Plan - PreferredOne</b>	732.94	—	1422.44	1422.44	1422.44	—	1422.44	732.94	—	2155.38	—
UCare Medicare Group	—	355.00	732.94	—	—	355.00	—	—	355.00	—	1777.44



Add Section 1 to 2 to determine family rates



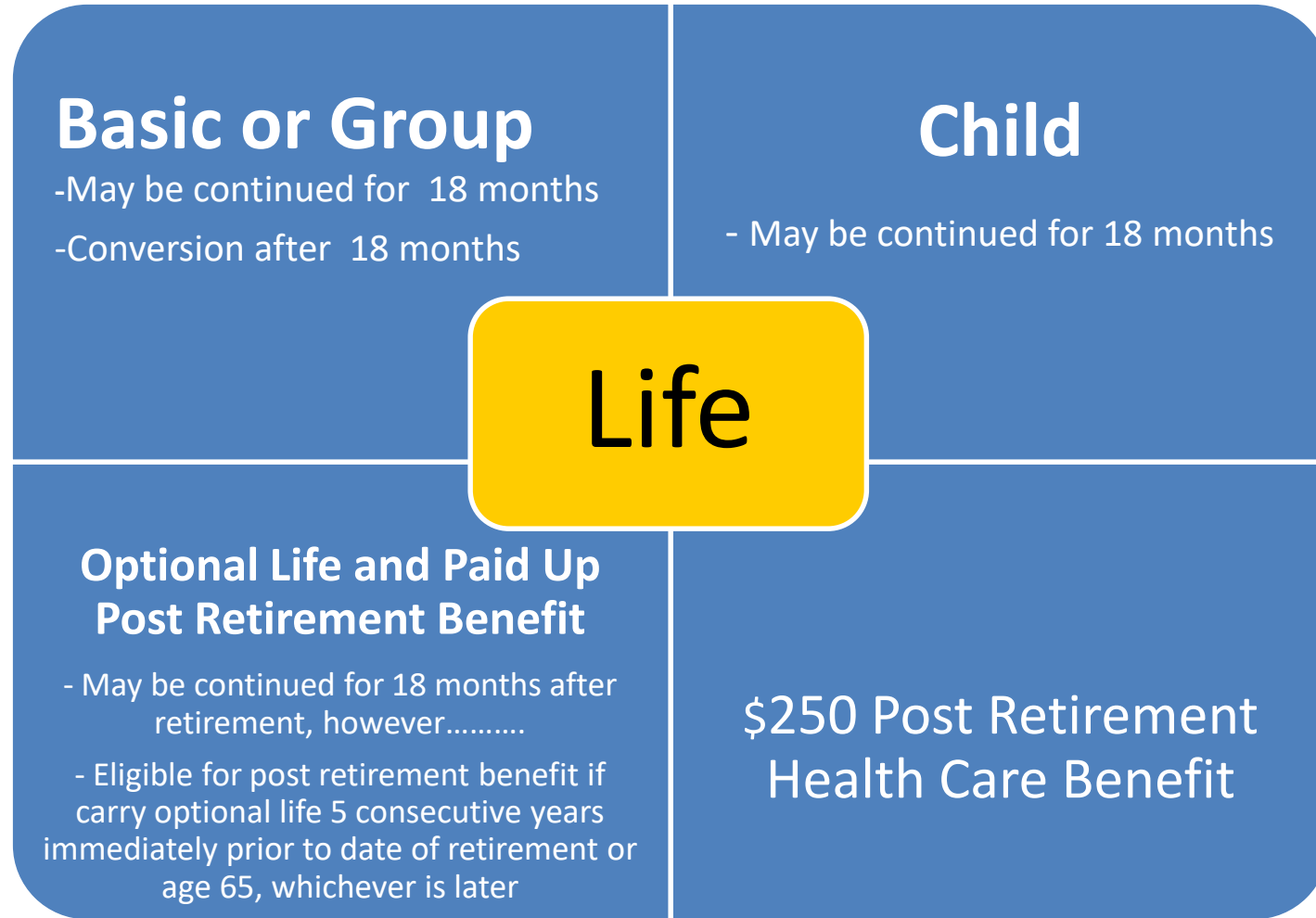
Section 3 only applies to surviving dependents



# 2021 SEGIP DENTAL INSURANCE RATES

2021 Dental Plan Monthly Rate	retiree/former employee rate	family rate	surviving dependent rate only
State Dental Plan Delta Dental (Group 216)	40.74	120.54	40.74
State Dental Plan HealthPartners	40.74	120.54	40.74

# Life Insurance



## Retirement Insurance or Benefit



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