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

Part A

- Hospitalization
- Skilled Nursing care
- Hospice

Part B

- Physician Services-Out patientHospitalization

Medicare

Part D

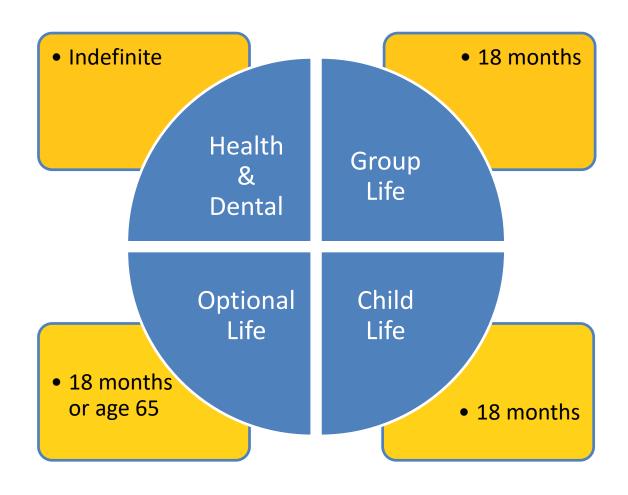
- Prescription Drugs
- Donut Hole/Gap

Initial Enrollment V. Special Enrollment Medicare
Part B Premium + high income earners (88k/176k)

State of MN Senior Plans -not exposed to Gap
State of MN Senior Plans-complete forms mailed to home



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

May change health and/or dental carrier(s) during the 60 calendar days preceding retirement.

May not add dependent coverage unless newly married or dependent loses other group coverage.

General Provisions

Must complete the appropriate continuation form no later than 30 days from retirement date.

How to Continue





Request for Continuation of Coverage upon Retirement



STATE EMPLOYEE GROUP-INSURANCE PROGRAM

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 Phon	e: Work Home:					
City, State, Zip code Date	of Birth (mm/dd/yyyy)					
Emai						
Spouse Information – If applicable						
Name Gend	er Male Female					
(Last, First, Middle Initial)						
Date of Birth (mm/dd/yyyy) SSN						
I and/or my spouse are eligible for benefits under Medicare. I and/or my spouse are currently covered under or have applied for Part A Hospitalization? Effective date (mm/dd/yyyy): Part B Medical? Effective date (mm/dd/yyyy): If you or your spouse are 65 or over, you are required to submit Me	Yes No Yes No					
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: BlueCross BlueShield	HealthPartners PreferredOne					
I wish to continue single health insurance coverage.	○ Yes ○ No					
My spouse is age 64 or under and I wish to continue family health i coverage.	nsurance Yes No					
My spouse is age 65 or over and I wish to continue family health inscoverage.	Surance Yes No					
My spouse is age 65 or over but will remain on the Advantage Heal because dependent children will continue to be covered.	th Plan Yes No					

2021 SEGIP MEDICAL INSURANCE RATES

2021	Sec	tion 1	Section 2			Section 3					
Retiree Monthly Rates	Retiree under 65	Retiree 65 & over	One Dependent under 65 (spouse or child)	Spouse under 65 and 1 or more children	eligible child/	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
Minnesota Advantage Health Plan – BlueCross BlueShield	732.94	ı	1422.44	1422.44	1422.44	-	1422.44	732.94	_	2155.38	_
Coordinated Plan		355.00	732.94	_	ı	355.00	ı	_	355.00	_	1777.44
Minnesota Advantage Health Plan - HealthPartners	732.94	1	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
Minnesota Advantage Health Plan - PreferredOne	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

Basic or Group

- -May be continued for 18 months
- -Conversion after 18 months

Child

- May be continued for 18 months

Life

Optional Life and Paid Up Post Retirement Benefit

- May be continued for 18 months after retirement, however......
- Eligible for post retirement benefit if carry optional life 5 consecutive years immediately prior to date of retirement or age 65, whichever is later

\$250 Post Retirement Health Care Benefit



Retirement Insurance or Benefit



Shannon.Tupper@state.mn.us

• 651-539-5567

Bob.Zdechlik@state.mn.us

• 651-539-5564

