# 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

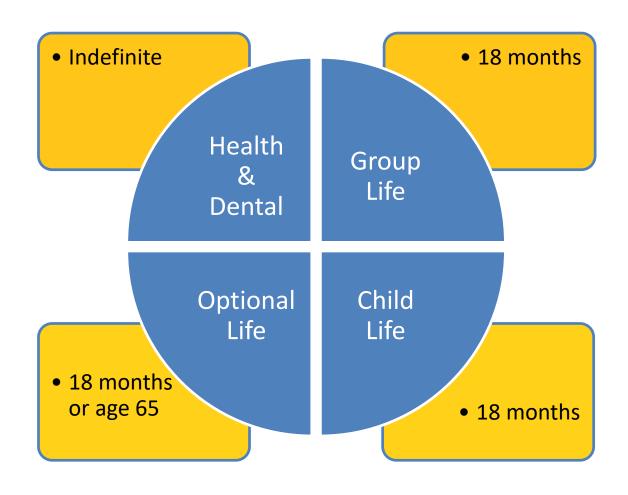
- Prescription Drugs
- Donut Hole/Gap

Initial Enrollment V. Special Enrollment Medicare
Part B Premium + high income earners (91k/182k)

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	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 Medical?	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 insurance coverage.				
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			

#### 2022 SEGIP MEDICAL INSURANCE RATES

2022	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	754.94	-	1465.10	1465.10	1465.10	_	1465.10	754.94	_	2220.04	_
Coordinated Plan	_	355.00	754.94	_	_	355.00	_	_	355.00	_	1820.10
Minnesota Advantage Health Plan - HealthPartners	754.94	-	1465.10	1465.10	1465.10	_	1465.10	754.94	_	2220.04	_
Medicare Group Solution	_	32560	754.94	_	_	325.60	_	_	325.60	_	1790.70
Minnesota Advantage Health Plan - PreferredOne	754.94	_	1465.10	1465.10	1465.10	_	1465.10	754.94	_	2220.04	_
UCare Medicare Group	_	350.00	754.94	_	_	350.00	_	_	350.00	_	1815.10



Add Section 1 to 2 to determine family rates



Section 3 only applies to surviving dependents



#### 2022 SEGIP DENTAL INSURANCE RATES

2022 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



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