



Continuation of Insurance Upon Retirement

Agenda

- Continuing Insurance
- Eligibility
- Medicare
- Length of Continuation
- Enrollment

- Calculation & Rates
- Medical Insurance
- Dental Insurance
- Life Insurance
- Resources

Continuation of Insurance

- 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

Eligibility for Regular Retiree

Regular Retiree

- Age 65 or older

and

- Medicare A & B enrollment

and

- Eligible for a regular retirement annuity

Early Retiree

- Under age 65

and

- 5 years allowable pension service + entitled to regular retirement annuity

or

- Age 50 with 15 years of state service

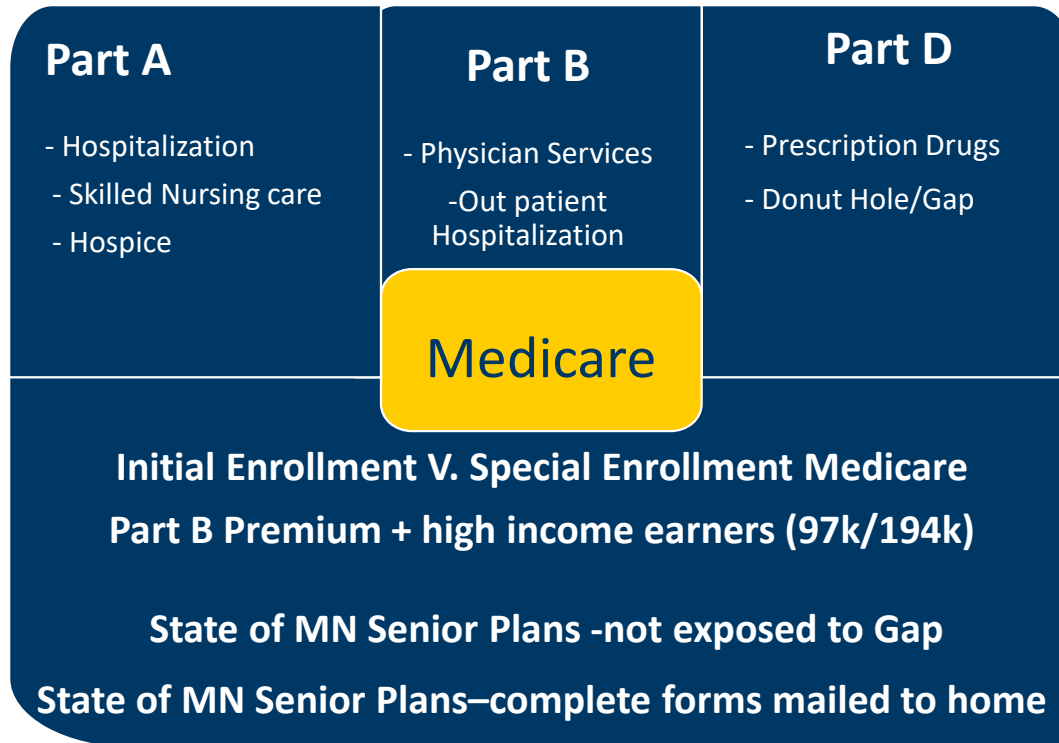
Special Retiree

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

Examples:

- Correctional Employees Retirement Plan (CERP)
- Law Enforcement (MLEA)

Medicare



Indefinite Coverage

- Medical
- Dental

18 months

- Vision

Length of Continuation continued

18 months

- Basic or Manager's Life
- Child Life

18 months or to age 65

- Employee Optional Life
- Spouse Optional Life

General Provisions Enrollment

General Provisions

- May change health and/or dental carrier(s) during the 60 calendar days preceding retirement
- May not add dependent coverage unless:
 - newly married
 - dependent loses other group coverage

How to Continue:

- Must complete the appropriate continuation form(s) no later than 30 days from retirement date
- Vision must be elected on COBRA forms mailed to your home address

Enrollment Form

REQUEST FOR CONTINUATION OF COVERAGE-SPECIAL RETIREMENT Minnesota State Employee Group Insurance Program					segip MINNESOTA	
TO BE COMPLETED BY THE EMPLOYER:						
1. RETIREE INFORMATION (a) CHECK ONE. The employee is retiring under the following retirement incentive: (Attach copy of incentive language in effect at time of employee's retirement.) <input type="checkbox"/> Faculty <input type="checkbox"/> Corrections <input type="checkbox"/> DHS MOU <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other <input type="checkbox"/> Contract <input type="checkbox"/> Statute					(b) Bargaining Unit: _____ Anniversary Date: _____ Years of Service in Current Pension Plan (if applicable): _____ Pension Plan at Time of Retirement (if applicable): _____	
(c) Name (Last, First, Initial): _____		Employee ID No.: _____		Birthdate: _____		Age at Retirement: _____
Department Name: _____		Employee SSN: _____		Department No.: _____		
Spouse Name (if applicable): _____		Spouse SSN: _____		Birthdate: _____		
Last Date on Payroll: _____		SEMA4 Retirement Date: _____		Employer Paid Contribution to Continue Until: _____		
MO: _____ DAY: _____ YEAR: _____		MO: _____ DAY: _____ YEAR: _____		MO: _____ DAY: _____ YEAR: _____		
Human Resources Approval: _____		Phone No.: _____		Date: _____		
TO BE COMPLETED BY THE EMPLOYEE:						
2. CONTINUATION OF HEALTH INSURANCE COVERAGE						
Are you or your spouse eligible for benefits under Medicare?				Self		Spouse
Do you or your spouse have or applied for Medicare?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Part A Hospitalization? Date: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Part B Medical? Date: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you or your spouse are over 65, you will be required to submit Medicare information to your health plan. Call your plan for application forms.						
I currently have coverage with the following health insurance plan: _____						
Yes <input type="checkbox"/>		No <input type="checkbox"/>		I wish to continue single health insurance coverage.		
				My spouse is under age 65 and wishes to continue health insurance coverage.		
				(This would also include coverage for eligible dependent children.)		
				My spouse is age 65 or older and wishes to continue health insurance coverage.		
3. CONTINUATION OF DENTAL INSURANCE COVERAGE						
I currently have coverage with the following dental insurance plan: _____						
Yes <input type="checkbox"/>		No <input type="checkbox"/>		I wish to continue single dental insurance coverage.		
				I wish to continue family dental insurance coverage.		
4. CONTINUATION OF GROUP LIFE INSURANCE COVERAGE (18 months) *See directions for optional life post-retirement benefits.						
Yes <input type="checkbox"/>		No <input type="checkbox"/>		I wish to continue my current basic/manager group life insurance for 18 months.		
				I wish to continue child life insurance.		
				I wish to continue employee optional life insurance.*		
				I wish to continue spouse optional life insurance.*		
5. CONTINUATION OF MEDICAL/DENTAL EXPENSE ACCOUNT (MDEA) This is a pre-tax expense account administered by 121 Benefits.						
Yes <input type="checkbox"/>		No <input type="checkbox"/>		I wish to continue participation in the medical/dental expense account on a post-tax basis. Enrollment in the MDEA continues as long as monthly payments are made timely or until the end of the plan year, whichever occurs first.		
Employee Signature: _____				Date: _____		
Home Address: _____		City: _____		State: _____		Zip: _____
				Home Phone: _____		
PE-00112-13 (03/16)						

Post-Retirement Enrollment Form

Minnesota Life Insurance Company
A Securian Financial Company
400 Robert Street North
St. Paul, MN 55101-2098



RELIASTAR

ReliaStar Life Insurance Company
20 Washington Avenue South
Minneapolis, MN 55401

Additional Life Insurance POST-RETIREMENT BENEFIT APPLICATION

State of Minnesota - UNDER AGE 65 RETIREE Policy Number: 7166

Full name: _____ Phone: _____

Address: _____

Social Security number: _____ Date of birth: _____ Retirement date: _____

I. RETIREE

NOTE: Retirees who have qualified for, elected, continued or received the post-retirement employee supplemental life and/or optional spouse life benefit(s) are not entitled to enroll in the supplemental employee and/or optional spouse coverage as a rehired employee upon return to employment with an agency that is covered by the State Employee Group Insurance Program.

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Pre-55 Calculation

Employee A retires at age 50. The monthly employer contribution is \$2,001.78. The total cost of insurance is \$2,244.64 (employer + employee contribution). Here is how the benefit is calculated:

$$120 \times \$2,001.78 \text{ (employer cont.)} = \$240,213.60$$

$$\$240,213.60 \text{ divided by } 180 \text{ months (15 years to age 65)} = \$1,334.52$$

\$2,244.64
(total cost of ins.)

—

\$1,334.52
(employer contribution)

=

\$910.12
(employee cost)

2024 SEGIP Medical Insurance Rates

2024 Retiree Monthly Medical Rates	Section 1 Retiree		Section 2 Dependent					Section 3 Surviving Spouse and Dependents			
	Retiree under 65	Retirees 65 and over	One dependent under age 65 (spouse or child)	A spouse under 65 and 1 or more children	One or more eligible children/ no spouse	Spouse 65 and 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 and over and one or more dependent
Blue Cross and Blue Shield of MN Minnesota Advantage Health Plan Coordinated Plan (Medicare)	\$793.14	—	\$1,539.24	\$1,539.24	\$1,539.24	—	\$1,539.24	\$793.14	—	\$2,332.38	—
	—	\$365.00	\$793.14 *	—	—	\$365.00	—	—	\$365.00	—	\$1,904.24
HealthPartners Minnesota Advantage Health Plan Medicare Group Solution	\$793.14	—	\$793.14 *	—	—	—	\$1,539.24	\$793.14	—	\$2,332.38	—
	—	\$324.00	—	—	—	\$324.00	—	—	\$324.00	—	\$1,863.24
UCare Medicare Group (Closed)	—	\$350.00	—	—	—	—	—	—	\$350.00	—	\$1,889.24

Retiree & Spouse both under age 65

Retiree 65+ & Spouse under 65

Retiree under 65 & spouse 65+

Both 65+

Add Section 1 to Section 2 to arrive at the total cost of family medical coverage.

*A single remaining dependent continues coverage in the Minnesota Advantage Health Plan and is allowed to pay the equivalent of a single premium.

Dental Premium Rates

2024 Dental Plan Monthly Rate	Retiree/former employee rate	Family rate	Surviving dependent rate only
State Dental Plan Delta Dental (Group 216)	44.92	132.92	44.92
State Dental Plan HealthPartners	44.92	132.92	44.92

Basic or Manager's Group Life

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

Child

- May be continued for 18 months

Optional Life Insurance

Optional Life & 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

- Most contracts and plans - Check with Agency

Retirement Insurance

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