Pre-Retirement Education Program

NDPERS INSURANCE BENEFITS

NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Health, Vision, Dental & Life Insurance

Retirees receiving a retirement benefit may be eligible to participate in:

- Health insurance
- Dental insurance
- Vision insurance
- Life Insurance *(if continued without break from enrollment as active employee)*

Surviving spouses **receiving an ongoing retirement benefit:**

- May be eligible to continue or newly enroll in NDPERS insurances *(excluding life insurance)* at time of retiree's death

Surviving spouses **NOT receiving an ongoing retirement benefit:**

- May be eligible to continue the NDPERS insurance they are currently participating in *(excluding life insurance)*

There is no Open Enrollment in Retirement

Only “Qualifying Events”

Within 31 days of the following:

- First NDPERS retirement benefit payment
- Receiving a first retirement benefit payment from a Non-NDPERS retirement plan (TIAA or TFFR)

  Must provide a Verification of Alternate Retirement Plan (SFN 53863)
- Retiree or spouse’s 65th birthday or eligibility for Medicare
- Loss of coverage in an employer-sponsored plan
- Marriage, Birth, Adoption, or Legal Guardianship

HEALTH INSURANCE OPTIONS AT RETIREMENT

Options for Non-Medicare Eligible

COBRA health insurance with your employer insurance for up to 18 months.

- COBRA is the EXACT SAME insurance you have today!
- You pay a premium.

Enroll in your spouse's insurance plan

Go to the marketplace

What happens after COBRA?

If you, or an eligible dependent are **NOT Medicare eligible**, you will need to find other coverage until you or an eligible dependent become Medicare eligible.

- Federal exchange www.healthcare.gov.
- Private insurance
- Employer sponsored plans

If you or an eligible dependent are **Medicare eligible**, let's talk NDPERS Retiree Health Insurance!

Health Insurance Options at Retirement

Medicare eligible (you OR an eligible dependent)

One Medicare + Other(s) Health Insurance (also knows as One Medicare/One Non-Medicare)

- The “One” Medicare is the Dakota Retiree Plan, which is a supplement to Medicare Parts A and B and includes the Part D prescription plan.
- The “other(s)” is the non-Medicare individual(s) enrolled in the Dakota Plan.

Dakota Retiree Plan

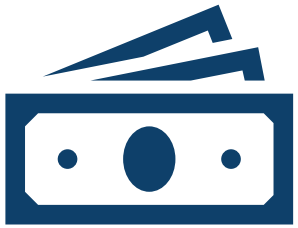
- Supplement to Medicare Parts A and B and includes the Part D prescription plan.
- Supplement and Part D are “bundled”. You must enroll in both.
- **Both you and your eligible dependent(s) can enroll in this plan.**

What do you mean by “Other(s)”?

It is the Dakota Plan – the same insurance available to eligible employees.

Includes a $250 a year Wellness Benefit!*

Cost Sharing Amounts	PPO	Basic
Single Coverage		
Deductible amount	**$500**	**$500**
Coinsurance maximum	$1,000	$1,500
Out-of-pocket maximum	**$1,500**	**$2,000**
Family Coverage - All members in the family contribute to deductible and coinsurance amounts; however an individual family member's contribution cannot be more than the single coverage amount listed above.		
Deductible amount	**$1,500**	**$1,500**
Coinsurance maximum	$2,000	$3,000
Out-of-pocket maximum	**$3,500**	**$4,500**



$200 maximum benefit allowance per member per benefit period

Deductible waived

After max reached, preventive services subject to cost-sharing amounts

Benefits Include

One routine physical exam

Routine diagnostic screenings

Routine screening procedures for cancer

Dakota Plan Preventive Screening Services

Dakota Plan Prescriptions

Non-Medicare

Formulary Generic

- $7.50 Copayment + 12% Coinsurance
- $1,200 coinsurance maximum for formulary prescriptions per member per plan year

Formulary Brand Name

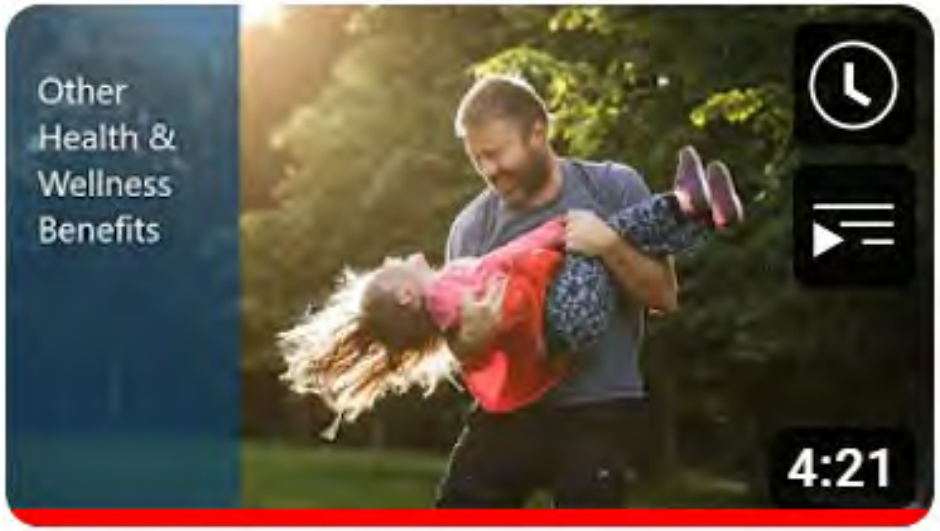
- $25 Copayment + 25% Coinsurance
- $1,200 coinsurance maximum for formulary prescriptions per member per plan year

Non-Formulary Generic/Brand

- $30 Copayment + 50% Coinsurance
- $1,200 coinsurance maximum does not apply

Mail order is available to NDPERS members.

Health Insurance - Grandfathered PPO/Basic...



Other Health & Wellness Benefits

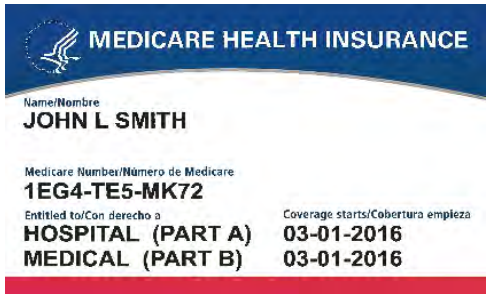
Great Insurance “Shorts” on YouTube!

How Medicare and the Dakota Retiree Plan Work Together

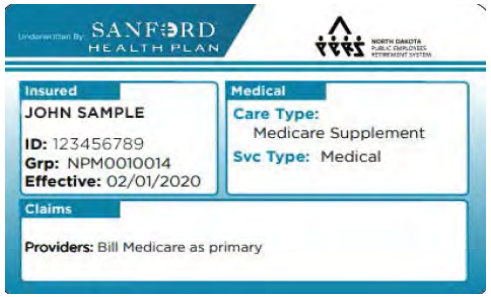
1. Medicare - pays first for medical and hospital visits

2. Sanford Health Plan pays second – after Medicare. You cannot be enrolled in secondary insurance if you don't have Medicare insurance!

3. Humana Group Medicare is the Part-D Prescription Drug Plan



You get through Social Security



Dakota Retiree Plan through NDPERS

Dakota Retiree Plan – Sanford Health Plan

Secondary coverage (“supplement”) through Sanford Health Plan

Typically, if your service is covered by Medicare and you are at a facility that accepts Medicare, your out-of-pocket cost after Medicare and Sanford Health Plan is zero.

Medicare Supplement Outline of Coverage

Customer Service

Sanford Health Plan

- 701-751-4125
- Toll Free 1-800-499-3416
- sanfordhealthplan.com/NDPERS

Dakota Retiree Plan – D is for Drugs

- Part D through Humana Group Medicare
- Will always have an out of pocket based on which tier prescription is in.
- Prescriptions may change tiers by the Pharmacy Benefits Manager with guidance from the Federal Drug Administration (FDA)/Drug Enforcement Administration (DEA).
- 2026 Comprehensive Prescription Drug guide

Part D through Humana Group Medicare

*Out of pocket changes from $2,100 to $2,400 in 2027

Deductible

Pharmacy (Part D) deductible	This plan does not have a deductible.

Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)
You pay the following until your total out-of-pocket drug costs reach **$2,100**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	**$5** copay and you pay **15%** of the remaining cost share	**$5** copay and you pay **15%** of the remaining cost share
2 (Preferred Brand)	**$15** copay and you pay **25%** of the remaining cost share	**$15** copay and you pay **25%** of the remaining cost share
3 (Non-Preferred Drug)	**$25** copay and you pay **50%** of the remaining cost share	**$25** copay and you pay **50%** of the remaining cost share
4 (Specialty Tier)	**$25** copay and you pay **50%** of the remaining cost share	**$25** copay and you pay **50%** of the remaining cost share
90-day supply		
1 (Generic or Preferred Generic)	**$5** copay and you pay **15%** of the remaining cost share	**$5** copay and you pay **15%** of the remaining cost share
2 (Preferred Brand)	**$15** copay and you pay **25%** of the remaining cost share	**$15** copay and you pay **25%** of the remaining cost share
3 (Non-Preferred Drug)	**$25** copay and you pay **50%** of the remaining cost share	**$25** copay and you pay **50%** of the remaining cost share
4 (Specialty Tier)	N/A	N/A

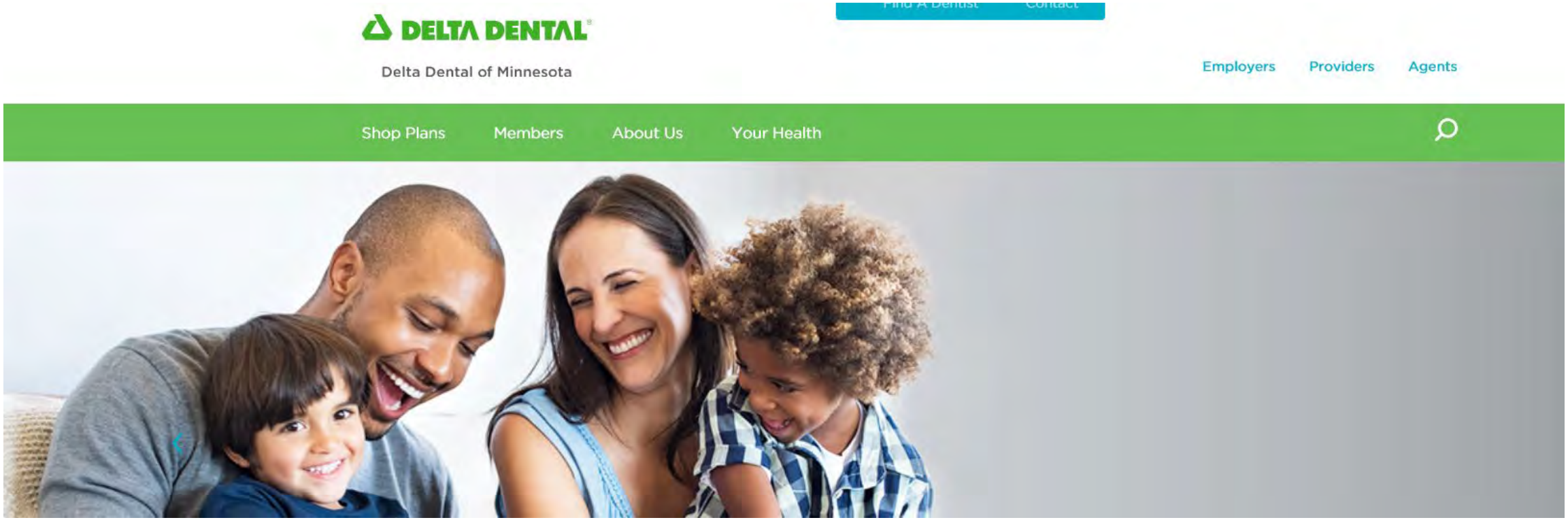
Plan name:
Humana Group Medicare PDP plan

How to reach us:
Members should call toll-free
1-800-585-7417 for questions
(TTY/TDD 711)

Call Monday – Friday, 7 a.m. - 8 p.m.
Central Time.

Or visit our website: **Humana.com**

Humana Customer Service



Group Dental Plan

DELTA DENTAL

Dental Coverage

**Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.*

Delta Dental PPO™ & Delta Dental Premier®

Monthly Premium Rates	
Employee:	$42.24
Employee + Spouse:	$81.50
Employee + Child(ren):	$94.62
Family:	$134.74

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

- $50 Deductible per person per year
  doesn't apply to diagnostic/preventive services
- Diagnostic & Preventive Services: 100%*
- Basic Services, Endodontics, Periodontics, Oral Surgery, Prosthetic Repairs and Adjustments: 80%*
- Major Restorative, Prosthetics, Orthodontics: 50%*
- Calendar Year Plan Maximum: $1,000 per person
- Lifetime Orthodontics Maximum: $1,500 per covered dependent

2027 Monthly Premium Rates	
Individual Only	$43.50
Individual & Spouse	$83.94
Individual & Child(ren)	$97.46
Family	$138.78

DELTA DENTAL

Dental Plan Features

- No waiting periods
- No age limit on Orthodontic treatment
- Out-of-pocket savings if dentist is within network
- Online services at www.deltadentalmn.org

Group Vision Plan

Plan Highlights

SuperiorVision

superiorvision.com | 1 (800) 507-3800

Vision Care Plan for North Dakota Public Employees Retirement System

Benefits through Superior National network

Frequency	
Exam	1 per calendar year
Frame	1 per calendar year
Contact lens fitting	1 per calendar year
Eyeglass lenses	1 pair per calendar year
Contact Lenses	1 allowance per calendar year

Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.

Exams

Eye exam copay:
$0

Materials[1]

Materials copay:
$35

Frames

In-network allowance:
$100

Contact Lens Fitting Exam

Contact lens fitting copay[2] (standard and specialty):
$35

Standard Contact lens fitting:
Covered in full after copay

Specialty Contact lens fitting
In-network allowance: **$100**

Contacts[4]
in lieu of glasses

In-network allowance:
$100

Monthly Premiums

Employee only:	$5.03
Employee + spouse:	$10.06
Employee + child(ren):	$9.16
Employee +family:	$14.19

Vision Plan Coverage

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to $45 retail
Exam (optometrist)	Covered in full	Up to $45 retail
Frames	$100 retail allowance	Up to $47 retail
Contact lens fitting (standard[2])	Covered in full	Not covered
Contact lens fitting (specialty[2])	$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to $35 retail
Bifocal	Covered in full	Up to $50 retail
Trifocal	Covered in full	Up to $70 retail
Progressives lens upgrade	See description[3]	Up to $70 retail
Contact lenses[4]	$100 retail allowance	Up to $100 retail

We are on YouTube! Great Insurance “Shorts”

Retiree Health Insurance Credit (RHIC) – Monthly, lifetime benefit

Administered by ASIFlex

Check out this YouTube video for fantastic RHIC information!

Claiming your Retiree Health Insurance Credit (RHIC)

RHIC Key Words!

Reimbursement, After Tax Premium (not expenses)

IMPORTANT: First, you pay the premium – then, it is reimbursed by ASIFlex

Eligible AFTER-TAX premiums:

- Health insurance premium
- Vision plan premium
- Dental plan premium
- Long- term care premium
- Note: RHIC will **not** be reimbursed on subsidized insurance premiums

RHIC: How Reimbursement Works

NDPERS insurances: NDPERS validates to ASIFlex – you are automatically reimbursed.

Non-NDPERS insurances: You submit a claim form for non-NDPERS after-tax health insurance premium (Medicare Part B and Part D qualifies) to ASIFlex – you are automatically reimbursed.

Claims submitted after the deadline will be denied.

*****DEADLINE: March 31st to submit for the prior year.*****

RHIC Contact Information

Retiree reimbursement questions should be directed to ASIFlex.

- Phone: 1-800-659-3035
- Fax: 1-877-879-9038
- Web: www.asiflex.com
- Email: asi@asiflex.com
- Address: ASIFlex – PO Box 6044 – Columbia, MO 65205-6044

Life Insurance

UNDERWRITTEN BY VOYA FINANCIAL

NDPERS LIFE INSURANCE

Continue term life insurance with NDPERS

Retirees that participated in the life insurance plan as active employees have the option to continue (if no break) their basic employee, supplemental employee, dependent supplemental and spouse supplemental life insurance coverage.

- Must make election within 31 days of the date of termination.

- Upon turning age 65, retirees can only continue the basic life insurance coverage through NDPERS.

Upon retirement, the basic level of coverage reduces from $12,000 to $1,500.
The premium for the basic life insurance coverage is $4.32 per month.

Port your term life insurance directly with Voya

You have the option to work directly with Voya to maintain your term life insurance coverage until age 70.

Premiums through Voya.

Voya will send you a letter when you terminate employment.

Voya: 1 (800) 955-7736.

Convert your term coverage to whole life directly with Voya

Premiums through Voya.

Voya will send you a letter when you terminate employment.

Voya: 1 (800) 955-7736.

“Port” Rights with Voya

Member may “port” existing level of coverage

- Up to age 70

Rates and “port” information provided directly by Voya

Cannot keep term policy with NDPERS if electing to “port” coverage

NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Contact NDPERS

- **Customer Service**
  - Call: (701) 328-3900 or
  - TF:(800) 803-7377
- **Online Resources**
  - Website: ndpers.nd.gov
  - Member Self Service (MSS)