

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)

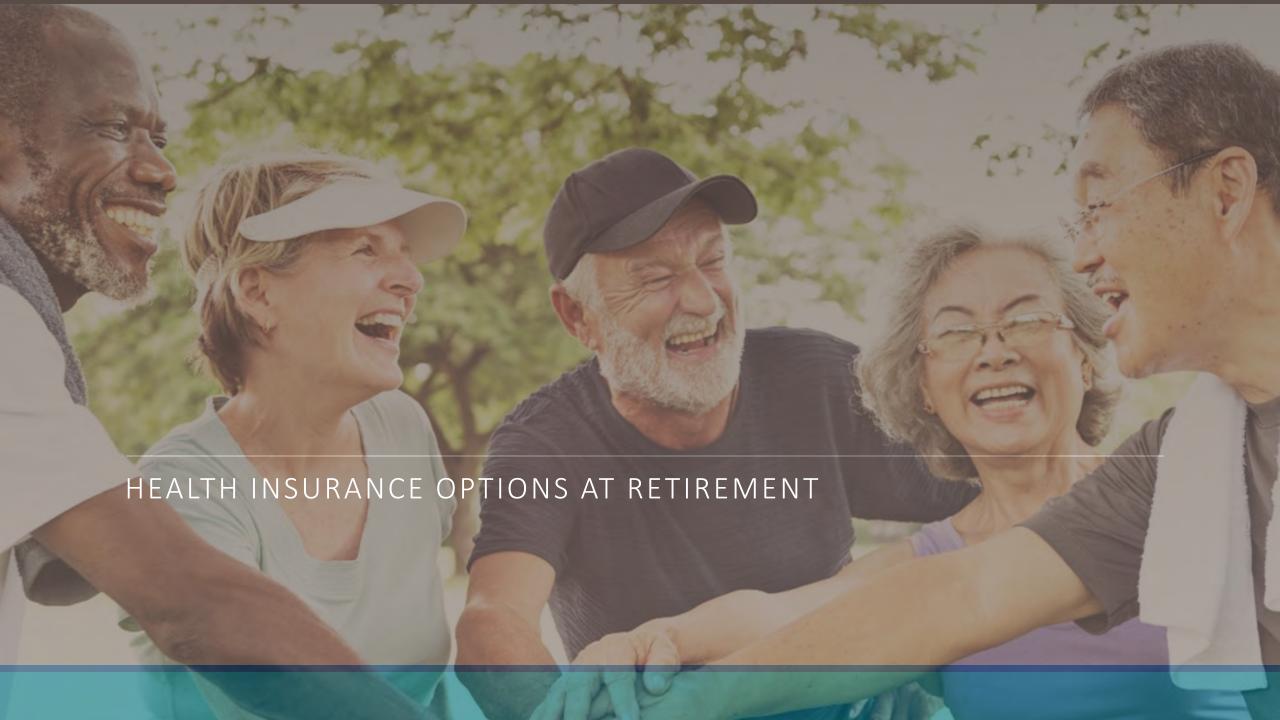
Health, Vision, Dental & Life Insurance

There is no Open Enrollment in Retirement!

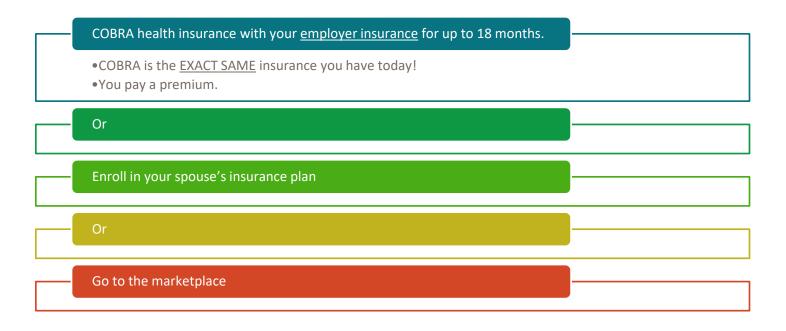
Only "Qualifying Events"

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



NOT Medicare eligible



What happens after COBRA?

If you, or an eligible dependent <u>are NOT</u> Medicare eligible, you will need to find other coverage until you or an eligible dependent become Medicare eligible.

- Available through federal exchange <u>www.healthcare.gov</u>.
- If you or an eligible dependent <u>ARE Medicare</u> eligible,
 then, 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 called One Medicare/One Non-Medicare)

The "One" Medicare is the <u>Dakota Retiree Plan</u>, 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 enrolled in the <u>Dakota Plan</u>.

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.

What do you mean by "Other(s)" – hmmm?

It is the Dakota Plan – the same insurance that State employees and some political subdivisions have!

Cost Sharing Amounts					
	PPO	Basic			
Single Coverage			_		
Deductible amount	\$500	\$500			
Coinsurance maximum	\$1,000	<u>\$1,500</u>			
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 memb	per's contribution cannot be more than the single coverage amount liste	ed above.		
Deductible amount	\$1,500	\$1,500			
Coinsurance maximum	<u>\$2,000</u>	\$3,000			
Out-of-pocket maximum	\$3,500	\$4,500			

Includes a \$250 a year Wellness Benefit!*

Dakota Plan Preventive Screening Services

\$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

<u>Dakota Plan</u> <u>Prescriptions</u>

This would be for the Non-Medicare person/s

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.





We are on YouTube! — Great Insurance "Shorts"

How Medicare and the Dakota Retiree Plan Work Together

1

Medicare - pays first for medical and hospital visits

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

Outline of Medicare Supplement 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 with Humana!

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).



2025 Comprehensive Prescription Drug Guide

Part D through Humana Group Medicare



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 \$2,000. 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

Customer Service



Group Dental Plan



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®

2025 Monthly Premium Rates Employee: \$42.24 Employee + Spouse: \$81.50 Employee + Child(ren): \$94.62 Family: \$134.74

- \$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





Dental Plan Features



No waiting periods



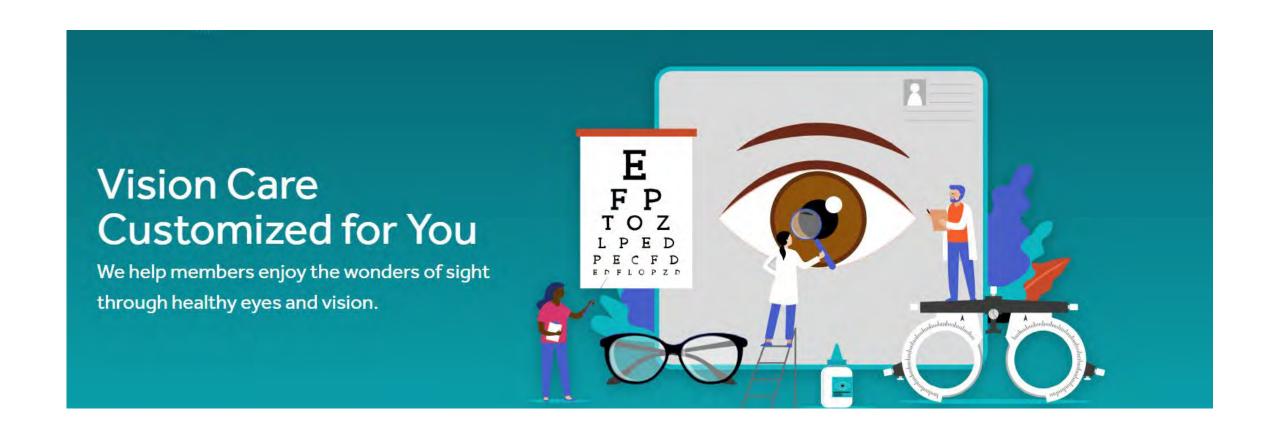
No age limit on Orthodontic treatment



Out-of-pocket savings if dentist is within network



Online services at www.deltadentalmn.org



Group Vision Plan



Vision Care Plan for North Dakota Public Employees Retirement System

Benefits through Superior National network

Frequency

Plan Highlights

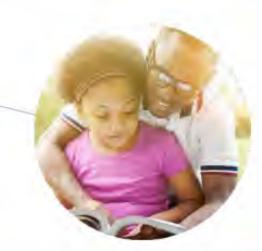
Exam 1 per calendar year

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



Materials1

Materials copay: \$35



In-network allowance: \$100



Contact Lens Fitting Exam

Contact lens fitting copay² (standard and specialty):

\$35

Standard Contact lens fitting: Covered in full after copay

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



Contacts⁴ in lieu of glasses

In-network allowance: \$100 Employee +family: \$14.19

Monthly Premiums

\$5.03

\$10.06

\$9.16

Employee only:

Employee + spouse:

Employee + child(ren):

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	Photos attention of the case.	
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 IT WORKS

Reimbursement:

- NDPERS insurances: NDPERS validates to ASIFlex you are automatically reimbursed.
- 2. Non-NDPERS insurances: You submit a claim form non-NDPERS after-tax health insurance premium (Medicare Part B and Part D qualifies) to ASIFlex you are automatically reimbursed.
- 3. 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



NDPERS LIFE INSURANCE

- 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.

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

"Port" Rights with Voya

Life Insurance Information

NDPERS website

Voya: 1 (800) 955-7736



We are on YouTube!





Contact NDPERS

Customer Service

- Call: (701) 328-3900 or
- TF:(800) 803-7377

Online Resources

- Website: ndpers.nd.gov
- Member Self Service (MSS)