



**NOTICE OF TRANSFER GUIDE**  
(Rev. 01-2025)

**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**  
**(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920**  
<https://www.ndpers.nd.gov/>



This publication contains information and instructions necessary for an employee to transfer current benefits to his/her new employer or to apply for continuation of benefits if coverage does not transfer. The transfer forms related to this publication are to be completed by BOTH the Employers and Employee.

This publication is intended to provide general information and may not be considered to be a legal interpretation of law. Statements contained in this publication do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board.

*The information in this publication is subject to changes made by the North Dakota legislature, by the Board of the North Dakota Public Employees Retirement System (NDPERS), and its agents.*

# NAVIGATING THE NOTICE OF TRANSFER GUIDE

COMPLETE FORMS IN BLUE OR BLACK INK



## **EMPLOYER Responsibility:**

The *Notice of Transfer SFN 53706* may be completed by your current and new employer, but is not required.

**Forms may be submitted to NDPERS through the upload document feature in Employer Self Service (ESS). You may also submit by fax, email, or by mail.**

**Any forms that are not legible will require resubmission to NDPERS.**

## **Transfer Policy:**

- ✓ Retirement service record will transfer.
- ✓ Employees cannot change their level of health insurance coverage.
- ✓ Employees cannot change their level of life insurance coverage.
- ✓ If enrolled in the dental, vision or long-term care plans, no change in level of insurance coverage is allowed.
- ✓ If enrolled in the NDPERS Administered FlexComp plan, no change in deduction is allowed unless there is an IRS Qualified Change of Status as a result of the transfer.
- ✓ If enrolled in the deferred compensation plan, the amount authorized for deduction by the previous employer will automatically transfer to the new employer. The employee may change the deduction amount by completing a new participation agreement.

In recognition of the fact that the current employer may not be aware of the circumstances regarding a departing employee's employment plans and subsequently a new employer will not receive any transfer information, NDPERS has developed a series of scenarios along with the required administrative procedures to follow depending on the particular situation. These procedures are designed to ensure transfers are processed consistently based on "what the employer knows at the time of separation of employment." Please refer to the Employer Guide for details.

## **EMPLOYEE Responsibility:**

### **1. Group Retirement Plans**

#### **Newly Eligible for Retirement:**

See [New Hire Guide](#)

Effective January 1, 2025, any newly enrolled eligible members will be in the Defined Contribution 2025, Tier 3 Plan. Members of Public Safety, Bureau of Criminal Investigation, National Guard, and Judges Plans will be enrolled in each of those individual plans – not the Defined Contribution 2025, Tier 3.

Note: Effective January 1, 2025, the Main Defined Benefit Retirement Plan is closed to newly enrolled employees hired January 1, 2025 or later. This closure is in accordance with House Bill (HB) 1040 passed in the 68th Legislative Assembly.

## **Transfer of Unused Sick Leave:**

The benefits described in this section only pertain to members of NDPERS Defined Benefit Plan or Defined Contribution Plan. Read the “Group Retirement Plans” section carefully before proceeding.

- ✓ If you transfer employment from one participating employer to another participating employer without terminating eligible employment, NDPERS will record unused sick leave of a participating member if the new employer certifies that it will not transfer that leave. The certification must include documentation from the previous employer detailing the number of hours of sick leave. NDPERS must receive the certification within sixty days after the member leaves employment with the former employer. Complete the *Transfer of Unused Sick Leave Verification SFN 53404*.
- ✓ If you change retirement status from contributing to “non-contributing” participation (no longer accruing sick leave as a part-time or temporary employee) **or** change to any position in which you are “no longer accruing sick leave” without terminating eligible employment, you must submit *Conversion of Unused Sick Leave Application SFN 58358* and purchase unused sick leave in the month in which this change occurs.
- ✓ If you change employment and are no longer participating in the NDPERS retirement plan (ex. change to ND University System or TFFR retirement plan) but continue to accrue unused sick leave, you may not purchase your unused sick leave under the NDPERS retirement.

## **Termination of Coverage:**

- ✓ Complete either:
  - ✓ [Deferred Retirement Guide](#) and [Forms](#)
  - ✓ [Refund/Rollover Guide](#) and [Forms](#)
  - ✓ [Disability Retirement Guide](#) and [Forms](#)
  - ✓ [Retirement Guide](#) and [Forms](#)

## **2. Deferred Compensation Plan**

The benefits described in this section only pertain to members of NDPERS 457 Deferred Compensation Plan. Read the “The Deferred Compensation Plan” section carefully before proceeding.

### **Newly Eligible for Deferred Compensation:**

See [New Hire Guide](#)

The Deferred Compensation Plan is a voluntary supplemental retirement plan for eligible employees of participating governmental agencies. The plan is set up under Section 457 of the Internal Revenue Code. This program permits you to make pretax deductions from your salary with the intent to receive the deferred amount at a later date, such as retirement. Neither the amount deferred to your investment account

nor the income or gains on those investments are taxable until you begin to withdraw money from the account.

**Eligibility:**

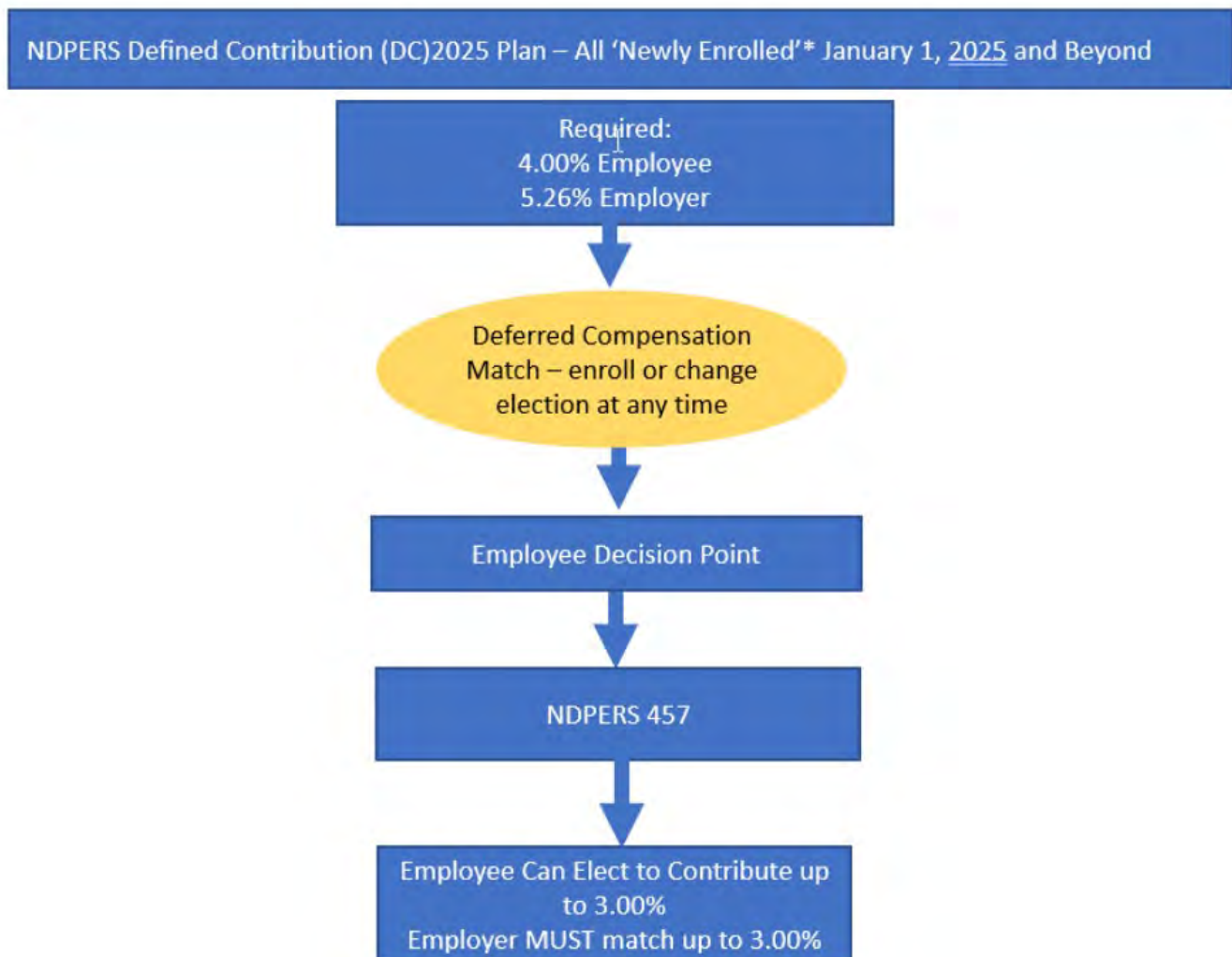
Eligible employees of a participating employer who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year, and whose positions are regularly funded and not of limited duration (i.e., are permanent) are eligible to enroll.

**Enrollment:**

You need to login to your PERSLink MSS account online or complete the 457 Deferred Compensation Plan Enrollment/Change SFN 3803.

**Defined Contribution 2025, Tier 3 Only:**

Eligible DC2025, tier 3 members may receive up to a 3% match from their employer in a State of North Dakota Deferred Compensation 457 plan.



**Portability Enhancement Provision (PEP) – Defined Benefit Plans Only:**

Note: The Main Defined Benefit Plan has been closed to newly enrolled members as of January 1, 2025.

For employees that participate in a Defined Benefit Plan (Highway Patrol excluded), PEP is automatic upon your enrollment. State of ND 457 Plans: You may enroll in an eligible State of North Dakota 457 Plan. You must contact the provider to set up your 457 account. Your payroll deduction will be sent to the provider you choose.  
NDPERS Companion Plan

Empower is the Trust Company selected by the NDPERS Board for the NDPERS Companion Plan. If you choose to enroll in the Companion Plan, your payroll deduction will be invested in the Empower Life Cycle Mutual Funds allocated based upon your estimated retirement age. This is the NDPERS Companion Plan administered by Empower. You can also choose to invest your money in other funds with Empower.

#### **Transfer of Coverage:**

- ✓ If enrolled in the deferred compensation plan, the amount authorized for deduction by the previous employer will automatically transfer to the new employer. You may change the deduction amount online through your Member Self Service account or by completing a new "457 Deferred Compensation Plan Enrollment/Change SFN 3803". A transfer is not a distributable event under the 457 regulations.

#### **Termination of Coverage:**

- ✓ Upon termination of employment, your North Dakota Section 457 Deferred Compensation Plan becomes available for distribution after a 31-day period of separation from covered employment.

### **3. Group Health Insurance**

The benefits described in this section only pertain to members of NDPERS. Read the Dakota Health Plan section carefully before proceeding.

#### **Newly Eligible for Health Insurance:**

See [New Hire Guide](#)

#### **Transfer of Coverage:**

- ✓ You cannot increase your level of health insurance coverage.

#### **Termination/Decrease Level of Coverage:**

- ✓ Complete the *Continuation of Group Insurance Coverage (COBRA) SFN 14120* if you are continuing OR waiving continuation of your current coverage that is terminating with your transfer of employment.
- ✓ Complete the Health Insurance Application or Change SFN 60036 if you are requesting a decrease to your level of coverage, and/or removing dependents currently enrolled.

### **4. Group Life Insurance**

The benefits described in this section **only** pertain to members of NDPERS.

**Newly Eligible for Life Insurance:**

See [New Hire Guide](#)

**Transfer of Coverage:**

- ✓ You cannot change your level of life insurance coverage.

**Termination/Decrease of Coverage:**

- ✓ You will receive a packet from Voya Financial that will provide options regarding portability of your life insurance or converting to an individual plan.
- ✓ Complete the *Group Life Insurance Enrollment/Change SFN 53803* if you are continuing but at a reduced level of coverage.

## **5. Group Dental Insurance**

The benefits described in this section only pertain to members of NDPERS. Read the “Dental Coverage” section carefully before proceeding.

**Newly Eligible for Dental Insurance:**

See [New Hire Guide](#)

**Transfer of Coverage:**

- ✓ You cannot increase your level of dental insurance coverage.

**Termination/Decrease Level of Coverage:**

- ✓ Complete the *Continuation of Group Insurance Coverage (COBRA) SFN 14120* if you are continuing OR waiving continuation of your current coverage.

## **6. Group Vision Insurance**

The benefits described in this section only pertain to members of NDPERS. Read the “Vision Coverage” section carefully before proceeding.

**Newly Eligible for Vision Insurance:**

See [New Hire Guide](#)

**Transfer of Coverage:**

- ✓ You cannot increase your level of vision insurance coverage.

**Termination/Decrease of Coverage:**



- ✓ Complete the *Continuation of Group Insurance Coverage (COBRA) SFN 14120* if you are continuing OR waiving continuation of your current coverage.

#### *COBRA Notification Letter*

Federal COBRA Law: The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that employers provide employees and their dependents who lose their eligibility to participate in a group health, dental, and vision insurance plans an opportunity to continue comparable coverage at their own expense.

## **7. Employee Assistance Program**

### **Transfer of Coverage:**

- ✓ Transfers automatically

### **Termination of Coverage:**

- ✓ Cancels automatically

## **8. NDPERS Administered FlexComp Plan**

The benefits described in this section only pertain to participants of NDPERS Administered FlexComp Plan. Read the “Transfer of Coverage” section carefully before proceeding.

### **Transfer of Coverage:**

- ✓ No change in your deductions is allowed unless there is a qualified IRS Change in Status Event as a result of the transfer.

### **Termination of Coverage:**

- ✓ Complete the *Continuation of Coverage in a Medical Spending Account (COBRA) SFN 53512* if you participate in the NDPERS Administered FlexComp Plan and are transferring to an employer group not on the State of North Dakota FlexComp Plan.

#### *COBRA Notification Letter*

Under the provisions of the Internal Revenue Service (IRS) COBRA regulations you have the opportunity to extend your participation in the NDPERS Medical Spending Account to the end of the current plan year on December 31.

## **9. Long Term Care**

Please review information on the importance of [Long-Term Care Insurance](#) available on our website at.

# GROUP RETIREMENT PLAN



## **DEFINED BENEFIT PLAN:**

Effective January 1, 2025, the Main Defined Benefit Retirement Plan is closed to newly enrolled new employees hired January 1, 2025 or later. This closure is in accordance with House Bill (HB) 1040 passed in the 68th Legislative Assembly. Any newly enrolled eligible members will be in the Defined Contribution 2025, Tier 3 Plan. See “DEFINED CONTRIBUTION PLAN” section below.

Members of Public Safety, Bureau of Criminal Investigation, National Guard, and Judges Plans will be enrolled in each of those individual plans – not the Defined Contribution 2025, Tier 3.

## **Transfer of Employment:**

Your member account balance and service credits with NDPERS are “portable” if you move from one participating employer to another. Even though you may have had several different participating employers, all service credit and employee contributions are maintained by NDPERS.

If you transfer employment from one participating employer to another participating employer without terminating eligible employment, NDPERS will record unused sick leave of a participating member if the new employer certifies that it will not transfer that leave. The certification must include documentation from the previous employer detailing the number of hours of sick leave. NDPERS must receive the certification within sixty days after the member leaves employment with the former employer. Complete the Transfer of Unused Sick Leave Verification SFN 53404.

## **Termination of Coverage:**

To be eligible for benefits listed below, you must terminate employment. **“Termination of employment” for the purposes of determining eligibility for benefit payments means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence or reemployment with any covered employer prior to receiving a lump sum distribution of the member’s account balance does not constitute termination of employment.**

## **Member Account Balance:**

The member account balance consists of the monthly employee contributions, the vested portion of your employer contributions, any purchase payments and interest. This interest is compounded monthly up to the time you receive a refund/rollover of your account or begin receiving a monthly benefit. The interest paid on your account is based on a rate established by the NDPERS Board and builds on a tax deferred basis. If you take a refund or rollover, your retirement funds will not be available until you have been terminated for approximately 60-90 days, subject to tax notification requirements. See the “Special Tax Notice Regarding Plan Payments”.

### **Option 1**

You can choose to have your member account balance paid directly to you. If you choose this option, only 80 percent of the taxable amount of your member account balance is payable to you because NDPERS is required to withhold 20% (percent) of the payment for federal tax purposes. In addition, if you are under age 59 1/2, you may be subject to an additional 10 percent penalty for early withdrawal. If you elect this option, then you will need to complete a “Refund/Rollover Guide”.

### **Option 2**

You can choose to have all or a portion of your member account balance directly rolled over into an



amount not rolled over will automatically be mailed to you and subject to the taxes indicated in “Option 1”. The portion rolled over is not taxed until you take it out of the IRA or other employer plan. (NOTE: Be sure to check to see if the other employer plan will accept a rollover from a 401(a) plan and request a letter of acceptance be forwarded to NDPERS from the named financial institution). If any portion of your rollover includes non-taxable income, the letter of acceptance is required before your request will be processed. If you elect this option, you will need to complete a “Refund/Rollover Guide”.

### **Option 3**

Whether vested or not, you can leave your member account balance intact with NDPERS and take a refund or rollover at a later date. If you elect to leave your member account balance intact with NDPERS, you must complete a “NDPERS Deferred Retirement Guide”.

### **Option 4** *[This option is only available for vested members]*

To be vested in a defined benefit program means that you have become legally entitled to a monthly benefit from NDPERS when you reach retirement age and terminate employment. Under NDPERS you become vested at:

<b>Retirement Plan</b>	<b>Months For Vesting</b>
Disability	6
Main (closed to newly enrolled members effective 1/1/2025) Public Safety State Public Safety State National Guard State BCI agents hired before 8/1/2023	36
Judges	60
BCI agents hired on or after 8/1/2023 Highway Patrol	120

You can elect a Deferred Vested Benefit. Under this option, you leave your account with NDPERS and elect to receive a monthly benefit at a later date. The earliest age a member can begin to receive a monthly benefit may be either age 50 or age 55. Under the Deferred Vested Benefit Option, unreduced monthly benefits may begin at age 65 or by meeting the “Rule”, whichever happens first. Interest continues to compound on your member account balance until you begin receiving a monthly benefit. If you choose this option, you will need to complete a “NDPERS Deferred Retirement Guide”.

### **Option 5**

You are eligible to receive NDPERS retirement benefits upon termination of employment if:

<b>Retirement Plan</b>	<b>Eligibility</b>
Main Plan	<u>EARLY RETIREMENT</u> ✓ age 55 or older and have 3 years of eligible service credit; or <u>NORMAL RETIREMENT</u> ✓ meets the Rule of 85; (Rule of 90 with minimum age 60 for members hired on or after 01-01-2016) ✓ attained age 65 while actively employed with a NDPERS participating agency.
Public Safety, National Guard & BCI agents hired before 8/1/2023	<u>EARLY RETIREMENT</u> ✓ age 50 or older and have 3 years of eligible service; or <u>NORMAL RETIREMENT</u> ✓ meets the Rule of 85 ✓ attained age 55 and have 3 years of eligible service.
BCI Agents hired on or after 8/1/2023	<u>EARLY RETIREMENT</u> ✓ age 50 or older and have 10 years of eligible service; or <u>NORMAL RETIREMENT</u> ✓ meets the Rule of 85 ✓ attained age 55 and have 10 years of eligible service.
Judges	<u>EARLY RETIREMENT</u> ✓ age 55 or older and have 5 years of eligible service; or <u>NORMAL RETIREMENT</u> ✓ meets the Rule of 85 ✓ attained age 65 while actively employed with a NDPERS participating agency.
Highway Patrol	<u>EARLY RETIREMENT</u> ✓ age 50 or older and have 10 years of eligible service; or <u>NORMAL RETIREMENT (Max. age 60)</u> ✓ meet the Rule of 80 ✓ attained age 55 and have 10 years of eligible service.

Eligible service credit may include dual membership service.

See the NDPERS Group Retirement Plan handbook for specific information on early retirement reductions, meeting the “Rule”, eligible service credit, and dual membership service.

You and your employer must complete a “NDPERS Retirement Guide”.

If you are not vested, your member account balance is less than \$1,000 and you do not indicate you wish to leave your account intact, you will be issued a refund automatically upon termination.

## **CONVERTING UNUSED SICK LEAVE:**

### **Transfer of Employment:**

If you transfer employment from one participating employer to another participating employer without terminating eligible employment, NDPERS will record unused sick leave of a participating member if the new employer certifies that it will not transfer that leave. The certification must include documentation from the previous employer detailing the number of hours of sick leave. **NDPERS must receive the certification within sixty days after the member leaves employment with the former employer.**

**You, your current employer, and your new employer must complete a *Transfer of Unused Sick Leave Verification SFN 53404*.**

### **Termination of Employment:**

At termination, you may purchase all or part of your sick leave for retirement service credit.

**To elect to convert your unused sick leave, the *Conversion of Unused Sick Leave Application – Defined Benefit SFN 58358* must be completed and received by NDPERS before the last day of the month in which you terminate employment or are no longer eligible to accrue sick leave hours.**

#### **Why convert unused sick leave?**

Converting unused sick leave means that NDPERS will use the balance of your unused sick leave hours at time of termination to offer you an additional number of months for retirement service credit that you may choose to purchase. People purchase additional service credit for the following reasons: 1) to obtain normal retirement or meet “Rule” 2) to increase the monthly benefit amount payable at regular retirement date or 3) obtain both.

Sick leave conversion with NDPERS is available to you, even if your employer pays out a portion of your sick leave at time of separation. Whether or not you choose to convert and purchase service using your remaining unused sick leave hours, your employer will still honor any unused sick leave payout agreement you have with them. Payout of unused sick leave at termination by an employer to an employee and converting unused sick leave with NDPERS are two different things. Please confirm any rules that may apply to unused sick leave payout with your employer.

### **Purchase of Unused Sick Leave Conversion Process**

**Step 1:** To elect to convert your unused sick leave, the *Conversion of Unused Sick Leave Application SFN 58358* must be completed and received by NDPERS before the last day of the month in which you separate employment or are no longer eligible to accrue sick leave hours. If using pre-tax dollars for your purchase, please ask your Employer to complete Part F on the form. Please review the terms on the conversion application carefully.

**Step 2:** You may purchase all or part of your unused sick leave for retirement service credit. One month of service credit may be purchased with NDPERS for each 173.3 hours of unused sick leave.

$$\frac{\text{Number of unused sick leave hours}}{173.3 \text{ (\# of working hours in a month)}} = \text{Number of months eligible to purchase (rounded up)}$$

**Step 3:** The cost to purchase sick leave is determined as follows:

$$\begin{array}{c} \text{Number of months eligible to purchase (rounded up)} \\ \times \\ \text{Final Average Salary (FAS)} \\ \times \\ \text{Plan Contribution Rate} \\ = \\ \text{Cost to Purchase Unused Sick Leave*} \end{array}$$

**\*After receiving a completed application, the final payment amount will be calculated by NDPERS and mailed to you.** NDPERS will send you a request for payment, which will include a *Purchase Payment Election Form SFN 53757*. If needed, a rollover form, *SFN 52059*, will also be included to complete your purchase.

**Step 4:** Complete all required forms and submit payment in full to NDPERS prior to deadline.

- Payment may be made either on an after-tax basis through personal check or pre-tax basis with qualified funds (457, 403(b), 401K, IRA, etc.) through direct rollover/transfer.
- You must return the purchase payment election form, SFN 53757, with a personal check for the retiree health insurance credit (RHIC) amount of the purchase, if applicable. If making the entire purchase payment with after-tax dollars, write a check for the full amount.
- If electing to rollover/transfer funds, you must work with your provider to complete the rollover form SFN 52059.
- **The unused sick leave completed forms and payment(s) must be paid by the 15<sup>th</sup> of the month following the month of your termination.**

**2025 Required Contribution Rates:**

16.26%	= Main System (closed to newly enrolled members effective 1/1/2025)
18.04%	= Public Safety with Prior Service
15.80%	= Public Safety w/o Prior Service
21.48%	= State Public Safety
18.04%	= State National Guard
31.40%	= State BCI
26.66%	= Judges
38.14%	= Highway Patrol System

# **DEFINED CONTRIBUTION PLAN:**

PLAN	FIRST ENROLLED	VESTING	CONTRIBUTION RATE	OPTIONAL CONTRIBUTIONS
Defined Contribution Plan, Tier 1	Prior to January 1, 2020	Gradual vesting 2 years = 50%, 3 years =75%, 4 years =100%  Or 100% vested if age 65 while employed	Mandatory EE Contribution: 7% Mandatory ER Contribution: 7.12% Mandatory RHIC Contribution: 1.14%	N/A
Defined Contribution Plan 2020, Tier 2	January 1, 2020 – December 31, 2024	Gradual vesting 2 years = 50%, 3 years =75%, 4 years =100%  Or 100% vested if age 65 while employed	Mandatory EE Contribution: 7% Mandatory ER Contribution: 8.26% No RHIC	N/A
Defined Contribution Plan 2025, Tier 3	After December 31, 2024	Gradual vesting 2 years = 50%, 3 years =75%, 4 years =100%  Or 100% vested if age 65 while employed	Mandatory EE Contribution: 4% Mandatory ER Contribution: 5.26% No RHIC	If, Optional EE Contribution: up to additional 3% made to either DC plan or NDPERS 457 plan.  Then, Required ER Contribution Match: up to additional 3%

## **Transfer of Employment:**

You shall remain a participant in the Plan regardless of whether you return to State employment or become employed by a political subdivision that participates in NDPERS. However, this rule does not apply to participants who are reemployed with the State as a highway patrolman, as a teacher, or as an employee of the ND Board of Higher Education who becomes covered under the TIAA retirement plan.

If you participate in the Defined Contribution Plan 2025, Tier 3, any optional contributions previously elected in the Defined Contribution Plan will transfer to the new employer.

If you participate in the Defined Contribution Plan 2025, Tier 3, any optional contributions in a Deferred Compensation Plan will have to be re-elected if you transfer

to an employer that does not have the same Deferred Compensation Plan as your previous employer.

You and your employer must complete a “NDPERS Transfer Guide”.

**Termination of Employment:**

**Deferred Member Account Balance**

When you terminate employment, you can apply to defer your entire vested account balance. Under this option you leave your account balance with the Trustee Company until you either take it out as a lump sum or periodic distribution. If you choose this option, you and your employer must complete a “NDPERS Deferred Retirement Guide” to elect this option.

**Lump Sum Distributions**

If you elect this option, your entire vested account balance will be paid to you as a lump-sum distribution. You may elect to roll this lump-sum distribution into an IRA or another eligible employer plan. If you choose this option you will need to complete a “NDPERS Refund/Rollover Guide” and a “Trustee Company Distribution Form”, which you must obtain from NDPERS.

**Periodic Distributions**

If you elect this option, your vested account balance will be paid to you in monthly, quarterly, semiannual or annual periodic payments until your account is exhausted and you must receive a payment at least annually. If you choose this option you will need to complete a “NDPERS Retirement Guide” and a “Trustee Company Distribution Form”, which you must obtain from NDPERS.

**Distributions will be subject to the following rules:**

**1.) Refund Distribution**

Any taxable distribution paid by the Trustee Company directly to you will be subject to mandatory Federal income tax withholding of 20% of the requested distribution. You cannot elect out of this tax withholding, but you can avoid it by electing a direct rollover distribution. This withholding is not a penalty but rather a prepayment of your federal income taxes, although there may also be an IRS penalty assessed in certain circumstances. If you are under age 59 1/2 at the time the distribution occurs, you may be subject to a 10% penalty at the time you file your income tax return for the year you took the distribution.

**2.) Direct Rollover Distribution**

As an alternative to a cash distribution, you may request that your entire distribution be rolled directly into an IRA or another eligible employer plan (if it accepts rollover contributions). Federal income taxes will not be withheld on any direct rollover distribution.

**a.) Rollover to an IRA –**

You must complete a Qualified Plan Distribution Form and indicate the name and address of the custodian or trustee, and account number for your IRA. After authorizing your distribution, NDPERS will forward the form to the Trustee Company. A check will be issued by the Trustee Company payable to the IRA custodian or trustee for your benefit. The check will contain the notation ‘Direct Rollover’ and it will be mailed directly to you. You will be responsible for forwarding it on to the custodian or trustee. You must provide NDPERS with complete information to facilitate your direct rollover distribution.



*b.) Rollover to another Eligible Employer Plan –*

You should check with your employer to determine if its plan will accept rollover contributions. If allowed, then you must complete a Qualified Plan Distribution Form and indicate the name, address and plan number of your employer's qualified plan. After authorizing your distribution, NDPERS will forward the form to the Trustee. A check will be issued by the Trustee Company payable to the trustee of your eligible employer plan. The check will contain the notation 'Direct Rollover' and it will be mailed directly to you. You will be responsible for forwarding it on to the new trustee. You must provide NDPERS with complete information to facilitate your direct rollover distribution.

*3.) Combination Refund Distribution and Direct Rollover Distribution*

You may request that part of your distribution be paid directly to you and the balance to be directly rolled into a traditional IRA or another eligible employer Plan. Any cash distribution you receive will be subject to the Federal income tax withholding rules referred to in the "Special Tax Notice Regarding Plan Payments" section of this guide.

You will pay income tax on the amount of any taxable distribution you receive from the Plan unless it is rolled into a traditional IRA or another eligible employer Plan. A 10% IRS premature distribution penalty tax may also apply to your taxable distribution unless it is rolled into an IRA or another eligible plan. The 20% Federal income tax withheld under this section may not cover your entire income tax liability.

If your vested account balance is less than \$1,000, the entire amount will be automatically distributed to you unless you request in writing that the vested account balance remain in the Plan within 120 days after termination.

# 457 DEFERRED COMPENSATION PLAN

## **TRANSFER OF COVERAGE:**

If you are enrolled in the NDPERS 457 Deferred Compensation Plan, the amount authorized for deduction by the previous employer will automatically transfer to the new employer. You may change the deduction amount by completing a new SFN 3803 – 457 Deferred Compensation Plan Enrollment/Change Form.

If the transfer of employment is to an employer not participating in the NDPERS deferred compensation plan, the employee will have terminated participation in the NDPERS plan. Terminating employees may not begin to receive distributions from a deferred compensation account until they have been off the payroll of a covered employer for one month. At that time, you may elect to begin distribution immediately, regardless of your age, or you may defer payments to a future date.

If you elect a lump sum distribution of your deferred compensation plan account, you will be subject to a 20% Federal income tax withholding requirement. The Provider Company will send you a 1099R statement the year in which you receive distribution from your account. There is no IRS 10% penalty for withdrawal prior to 59 ½.

You also have the option to do a direct rollover to an eligible 401(a), 401(k), 457(b), 403(b), IRA or another qualified plan that accepts eligible rollover distributions from your account. If you elect a direct rollover, taxes will not be withheld and are not payable until you receive a distribution from the 457 account.

Please consult with your investment Provider representative for assistance in selecting a payment option or if you have any questions regarding your tax liability or withdrawal penalties.

# **CONTINUATION OF INSURANCE COVERAGE (COBRA)**

## **Retiring or Terminating Employees**

Revised 1/2025

**Please read this information carefully. You should retain this notice for your records.**

Please disregard this notice if: 1. you transferred employment to another NDPERS covered employer, or 2. you are still employed with your current employer and just experienced a change in your employment status.

As a result of a recent "Qualifying Event", your insurance coverage has or will terminate. Under the Federal Consolidated Omnibus Budget Reconciliation Act (COBRA), you and/or your covered dependents that are losing coverage are entitled to continue your group insurance coverage under the plan sponsored by your employer beyond the date coverage would normally end. You may have already made an election; however, we are required by federal law to provide you this notice for your records.

You and/or your covered dependents that are losing coverage are "Qualified Beneficiaries". A family member added to the covered employee's contract due to marriage or birth or placement for adoption during a period of continuation coverage will also be deemed a qualified beneficiary for COBRA purposes. The spouse or child must be added to COBRA coverage within 31 days from the date of the qualifying event.

As qualified beneficiaries, you and/or your eligible dependents losing coverage are entitled to continue the same group insurance coverage that you had on the day before the qualifying event (provided that the company has not eliminated the policy or changed insurance carriers since the qualifying event). Additionally, you are also entitled to COBRA continuation coverage if you have other insurance coverage *prior* to electing COBRA coverage (including entitlement to Medicare).

Under the law, you have a 60-day election period during which you must inform your employer in writing or by completing an application that you want continuation coverage. This election period begins on the later of (1) the date you lose coverage due to the qualifying event or (2) the date you are provided your COBRA notification. If you are or become mentally or physically incapacitated during this election period, an appointed guardian or responsible party may elect and/or pay for COBRA continuation coverage on your behalf. If you choose COBRA continuation coverage, your election is considered made on the date you send your application and payment to the Plan Administrator.

### **PLAN OR BENEFIT CHANGES**

If you elect continuation coverage, you will receive the same level of benefits under the plan as similarly situated active employees. Plan benefits may be modified or amended during the period of continuation coverage that may result in a change of premiums in accordance with federal COBRA regulation. As a qualified beneficiary, you are entitled to the same open enrollment rights as active employees. This includes special enrollment rights such as adding coverage for newly acquired family members.

Please be advised that notification to an individual, who is a qualified beneficiary as the spouse of a covered employee, shall be considered notification to all other qualified beneficiaries residing with such spouse at the time such notice is made.

### **HIGH DEDUCTIBLE PLAN MEMBERS**

If you participate in the NDPERS High Deductible Health Plan with a Health Savings Account (HSA) and terminate employment, NDPERS is not responsible for any further employer contributions to your HSA. However, prior to depleting your funds or closing your account, please contact NDPERS to verify that all contributions have been deposited.

## **OTHER COVERAGE OPTIONS**

There may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Medicare, or other group plan coverage options (such as a spouse's plan) through what is called a "special enrollment period". Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based insurance coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice it can be difficult or impossible to switch to another coverage option.

Additional details on the Health Insurance Marketplace are provided later in this notice.

## **CONTINUATION PERIOD**

Your Qualifying Event entitles you and/or your covered dependents to continue coverage for the period of 18 months if you are qualifying due to the member's termination of employment or reduction in hours. This period begins on the date your coverage under the group insurance plan would normally cease because of the Qualifying Event. If you have signed an Early Retirement Agreement, whereby your employer will pay the premiums for a specified period, any portion of employer paid premium is counted towards the 18 months of COBRA continuation coverage.

Continuation coverage may end before the maximum continuation period in certain circumstances, such as failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

## **EXTENDED COBRA CONTINUATION COVERAGE PERIOD**

Any qualified beneficiary in connection with a qualifying event may be entitled to an extension of continuation coverage from 18 to 29 months if an individual is determined under Title II or XVI of the Social Security Act to have been disabled at any time during the first 60 days of COBRA continuation coverage. The disability extension applies only if any of the qualified beneficiaries provides notice to the plan administrator of the disability determination within 60 days after the date the determination is issued and before the end of the original 18-month maximum coverage period. The affected individual must also notify NDPERS within 31 days of any final determination that the individual is no longer disabled. The disability extension applies separately to each qualified beneficiary including non-disabled family members who are qualified beneficiaries due to the termination or reduction in hours of employment.

In addition, if you are the spouse or dependent of an employee who has been terminated from employment or whose hours of employment have been reduced, you may receive an extension of continuation coverage if a second qualifying event occurs (such as employee death, divorce, legal separation, employee Medicare entitlement or losing dependent status under the Plan) during the original 18-month continuation coverage period. In such a case, the original 18-month period (or 29-month period, in the case of a disability extension) is expanded to 36 months. This extension applies only if the Plan Administrator is notified in writing within 60 days of the second qualifying event and within the original 18 or 29-month coverage period. This extension applies to individuals who are qualified beneficiaries because of the first qualifying event and who are still qualified beneficiaries at the time of the second qualifying event. A reduction in hours followed by a termination of employment is not considered a second qualifying event for COBRA purposes.

For more information about extending the length of COBRA continuation coverage, visit <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/an-employees-guide-to-health-benefits-under-cobra.pdf>.

## **PREMIUMS FOR COBRA CONTINUATION COVERAGE**

You will be charged 102% of the applicable group premium rate for the level of coverage you select. Unless you expressly elect otherwise, the coverage to be continued will be that which you and/or your dependents

(if any) had on the day before the qualifying event. However, be aware that each qualified beneficiary has independent COBRA election rights. The initial premium for continuation coverage must be made within 45 days of your COBRA election.

Insurance rates are subject to change. Contact the NDPERS office for premium information and additional details. The initial premium for continuation coverage must be made within 45 days of your COBRA election.

Your continuation coverage will not be effective until the initial premium payment is received. If the initial premium payment is not made within the indicated period, you will forfeit your right to continuation coverage. Subsequent monthly premium payments are due and payable on the 1st day of each month for that month's coverage. Pursuant to COBRA law, your continuation coverage will be terminated if your premium is not received by the last day of the month for which coverage was due.

### **MARKETPLACE INSURANCE COVERAGE**

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you decide to enroll. Through the Marketplace, you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at [www.HealthCare.gov](http://www.HealthCare.gov).

Coverage through the Marketplace may cost less than COBRA continuation coverage. Being offered continuation coverage won't limit your eligibility for coverage or for a tax credit through the marketplace.

You have 60 days from the time you lose your job-based coverage to enroll in the Marketplace as a “special enrollment” event. **After 60 days, your special enrollment period will end, and you may not be able to enroll.** In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **ENROLLMENT IN ANOTHER GROUP PLAN**

You may be eligible to enroll in coverage under another group plan (like a spouse's plan), if you request enrollment within the eligibility window set by the other group plan.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group plan for which you are eligible, you'll have another opportunity to enroll in the other group health plan within 31 days of losing your COBRA continuation coverage.

If you need a Certificate of Coverage (COC), please contact your insurance carrier for health and dental insurances. For vision, please contact your employer for verification of coverage.

### **ENROLLMENT IN MEDICARE**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the initial enrollment period for Medicare Part A or B, you have an 8-month special enrollment period to sign up, beginning on the earlier of

- The month after your employment ends, or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare Part B and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and then enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or

before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer), and COBRA will pay second. Certain COBRA continuation coverage plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information, visit <https://www.medicare.gov/medicare-and-you>.

### **HOW TO ELECT COBRA CONTINUATION OF INSURANCE COVERAGE**

1. Obtain and complete by following the instructions on the *CONTINUATION OF GROUP INSURANCE COVERAGE (COBRA) SFN 14120* and return it to the NDPERS office before the Election Period Expiration Date. The form can be found on the NDPERS website at [www.ndpers.nd.gov](http://www.ndpers.nd.gov).
2. Pay the initial premium required for COBRA continuation coverage within forty-five (45) days of your COBRA election date. See the Premiums for COBRA Continuation Coverage section. You're responsible for making sure that the amount of your first payment is correct. Please contact NDPERS to confirm the correct amount of your first payment.

### **TERMINATION OF CONTINUATION COVERAGE**

You may lose your continuation coverage before the end of your maximum coverage period for any of the following reasons:

1. If any required premium is not paid in a timely manner, coverage will cease for you and your qualified beneficiaries.
2. If you or any of your qualified beneficiaries become covered under another group insurance plan after the date of COBRA election that does not contain any applicable exclusion or limitation with respect to any pre-existing condition.
3. If all our group insurance plans are terminated (including successor plans), coverage will cease for you and your qualified beneficiaries.
4. If coverage was extended to 29 months due to a disability, coverage will cease if there is a determination that the individual is no longer disabled. **Please note:** Federal law requires that you inform the plan administrator within 31 days of a final determination that the individual is no longer disabled.
5. If you or your qualified beneficiaries become entitled to coverage under Medicare after the date of COBRA election, coverage will cease for each individual so eligible. If you are age 65 or over and receive or have applied for Social Security (or qualify for Social Security at an earlier age due to a disabling condition) you are considered to be entitled to Medicare.
6. If you request cancellation of COBRA continuation coverage in writing. Cancellation requests are only prospective from the date NDPERS receives such request.
7. If the group insurance plan terminates the coverage for cause for similarly situated active employees, then the qualified beneficiary's coverage can be terminated on the same basis (such as for submission of fraudulent claims, etc.).

**IMPORTANT:** The plan is required to make a complete response to any inquiry from an insurance provider regarding your right to coverage under the plan during the election period. Similar requirements exist to provide the status of COBRA coverage inquiries made by insurance care providers during any applicable premium payment grace periods. If you elect the continuation coverage, the initial payment will cover the first period of continuation coverage beginning immediately after the date that your coverage under the group insurance plan ceased. Please see Premiums for COBRA Continuation Coverage section of this document.

### **MORE INFORMATION**

For more information about your rights under COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at <http://www.dol.gov/ebsa> or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit [www.HealthCare.gov](http://www.HealthCare.gov).



**ADDRESS CHANGES**

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy in any notices you send to the Plan Administrator.

# HEALTH INSURANCE

## **COBRA COVERAGE:**

If the new employer does not provide health insurance, your NDPERS health coverage will end one month after your date of separation from employment. You and your covered dependents may apply for COBRA coverage within 60 days of your last day of coverage under the group plan if you, as an active employee, and your covered dependents were enrolled in the NDPERS health plan.

You will have the option to continue COBRA coverage for a maximum period of 18 months. COBRA coverage will be terminated if:

- ✓ You or your covered dependents become eligible for an employer sponsored health plan.
- ✓ You or your eligible dependents become enrolled in Medicare.

The following COBRA premiums are in effect through June 30, 2025:

State Agencies	Single \$806.62	Family \$1,945.26
Political Subdivisions enrolled prior to July 1, 2023:		
Grandfathered	Single \$861.82	Family \$2,083.36
Non-Grandfathered	\$874.92	\$2,115.06
Political Subdivisions enrolled after July 1, 2023:		
Premiums from July 1, 2023 to June 30, 2024:	Single	Family
Non-Grandfathered	\$852.24	\$2,060.14
Premiums from July 1, 2024 to June 30, 2025:		
Non-Grandfathered	\$897.60	\$2,169.98

If you are a family of two on the health insurance, it may cost less for you to split your coverage into two separate contracts during the 18 months COBRA period. Please contact NDPERS for further details and to discuss if this option is best for you.

## **High Deductible Health Plan (HDHP):**

If you are an active state employee covered on the High Deductible Health Plan (HDHP) at the time you terminate, your coverage in this plan will continue while you are on COBRA. You will have opportunity to discontinue your participation in the HDHP plan and switch to the PPO/Basic Plan during the designated annual enrollment period.

Once terminated, there is no longer an employer contribution to a Health Savings Account (HSA) on your behalf.

However, the premium that you are required to pay reflects that the state does not pay an employer contribution and are lower than the PPO/Basic COBRA rates. The premiums for HDHP COBRA are:

Single:	\$ 702.86
Family:	\$1,694.16

NDPERS is not responsible for depositing employer contributions into your Health Savings Account (HSA) once you close the account. Please contact NDPERS to verify that all contributions have been deposited into your HSA account prior to closing it.

### **EXTENDED COBRA CONTINUATION COVERAGE:**

#### **Disability**

A member or their dependent determined to have been disabled for Social Security purposes may extend the continuation of coverage to 29 months. If member or their dependent becomes disabled at any time during the first 60 days of COBRA coverage, the member must provide notice of Social Security Disability determination to NDPERS. This notice must be provided to NDPERS within 60 days of the date of any final determination of Social Security Disability, but before the end of the 18-month COBRA period.

#### **Death**

Continuation of coverage may be extended for a period up to 36 months for an eligible dependent.

#### **Cancellation of Health Coverage:**

If you wish to cancel your NDPERS health coverage you must submit a written request providing the contract holder's name, PERSLink Member ID number or last four digits of Social Security number, and effective cancellation date. Cancellations will only be done at the end of the month. We cannot cancel your policy for a partial month or do a retroactive cancellation of a policy. NDPERS must receive your cancellation request by the 15<sup>th</sup> of the month prior to the effective cancellation date.

# GROUP HEALTH INSURANCE

For complete features of the Dakota Plan visit <https://www.ndpers.nd.gov/>



## **Eligibility:**

Eligible employees are those who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year, and whose positions are regularly funded and not of limited duration (i.e., permanent).

## **Part-Time /Temporary Employees:**

A Part-Time/Temporary Employee may be eligible to participate if the employee is employed at least 30 hours per week or 130 hours per month and meets the definition of a full-time employee as defined in the Affordable Care Act (ACA). Coverage will be effective the first of the month following date of employment. If application is not made within the first 31 days, the provisions of the Special Enrollment Periods will apply. The employer is responsible for determining eligibility and offering coverage when applicable.

## **Enrollment Period:**

You have an initial enrollment period of 31 days from your date of employment. Applications received within the enrollment period will be accepted with no restrictions or limitations for you and any eligible dependents. Coverage will be effective the first of the month following your hire date.

If you do not enroll during the initial 31-day eligibility period when hired or do not enroll within 31 days of a qualifying event, you may apply for coverage during the designated Annual Enrollment Season with coverage effective the following January 1.

## **TRANSFER OF COVERAGE:**

In most circumstances, you cannot increase your current level of health insurance coverage when transferring from one NDPERS participating employer to another. You may decrease coverage or cancel at any time.

If you are transferring from a political subdivision participating with NDPERS' health plan to a state agency, you may be eligible to enroll in the High Deductible Health Plan (HDHP).

If you have questions regarding eligibility to increase coverage at the time of Transfer, contact the NDPERS office.

## **Employment Change from Permanent to Temporary Status:**

If you change from Permanent to Part-Time/Temporary Status:

Your eligibility to continue on this plan will be determined based upon the Part-Time/ Temporary employee requirements.

Note: Your coverage provided by your employer for your permanent employment will stop at the end of the month of your change in status.

**Employment Change from Temporary to Permanent Status:**

If you change from Part-Time/Temporary to Permanent Status:

If you were already enrolled in the NDPERS Health Plan as a Part-Time/Temporary employee, no action is needed unless you want to change the level of coverage. This must be completed within 31 days of the permanent employment start date.

Note: If no action is taken, your existing level of coverage will remain in effect. The permanent health plan premium will be effective first of month following the final date of temporary employment.

# GROUP HEALTH INSURANCE

## DAKOTA PLAN (PPO/BASIC)

### **Preferred Provider Organization (PPO):**

The Preferred Provider Organization (PPO) is a group of hospitals, clinics and physicians who have agreed to discount their services to members of NDPERS. You have "freedom of choice" in selecting which physician or medical facility to use for services. No referral is needed. If you choose a provider who participates in the PPO program, you will have lower out-of-pocket expenses. PPO benefits are only available in the State of North Dakota, unless the medical facility provides services at a satellite location in another State.

### **Basic:**

Providers that are not part of the PPO network.

### **DAKOTA PLAN DEDUCTIBLE AND COINSURANCE:**

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

<b><u>Plan Features:</u></b>	<b><u>Basic</u> (Self-Referral or Out-of-State)</b>	<b><u>PPO</u></b>
Deductible for All Services		
-Per Person	\$500	\$500
-Per Family	\$1500	\$1500
Copayment for Physician Office Visits (no limit)	\$ 35	\$ 30
Copayment for Emergency Room	\$ 60	\$ 60
Coinsurance on all covered services except Physician Office Visits	75/25	80/20
Annual Coinsurance Maximum		
-Individual	\$1500	\$1000
-Family	\$3000	\$2000
Annual Out-of-Pocket Maximums (Deductible and Coinsurance)**		
-Individual	\$2000	\$1500
-Family	\$4500	\$3500
*Out-of-network coverage is at the Basic level. **Office visit and emergency room copayments and prescription drug copayments and coinsurance are additional		



## **PREVENTIVE SCREENING SERVICES:**

<b>Wellness Services</b>				
	Copayment	PPO Plan	Basic Plan	Special Conditions
<b>Well Child Care</b> <i>(to member's 6th birthday)</i>	\$30/\$35	100%	100%	Deductible does not apply.
<b>Preventive Screening Services</b> <i>(members 6 and older)</i>	\$30/\$35	100%	100%	Maximum benefit allowance of \$200 per member per benefit period for any non-routine screening services. Deductible does not apply. Benefits beyond the maximum benefit allowance will be subject to cost sharing amounts. Deductible does not apply.
<b>Immunizations</b>		100%	100%	Deductible does not apply.
<b>Mammography &amp; Pap Smear Screening Services</b>		100%	100%	The number of visits for mammography varies by age group. Maximum benefit allowance of 1 Pap smear per benefit period. Refer to benefit plan for details.
<b>Prostate Cancer Screening Services</b>	\$30/\$35	80%	75%	Refer to the benefit plan for details. Deductible does not apply.

**For a Complete list of benefits please refer to the Certificate of Insurance**

## **SUMMARY OF BENEFITS AND COVERAGE (SBC):**

The Affordable Care Act (ACA) added a new requirement for the disclosure of a Summary of Benefits and Coverage (SBC). The Summary of Benefits & Coverage (SBC) for the various NDPERS group health insurance plans are located on the NDPERS website and can be found under the Publications listing for each plan (PPO/Basic - Grandfathered, PPO/Basic Non-Grandfathered and High Deductible Health Plan (HDHP)). These documents provide a comprehensive resource for the purposes of comparing coverage levels across all plans.

**DAKOTA PLAN PRESCRIPTION DRUG COVERAGE:**

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

<b><u>Prescription Drug Coverage:</u></b>	<b><u>Basic</u> (Self-Referral or Out-of-State)</b>	<b><u>PPO</u></b>
Prescription Formulary Generic Drug		
-Copayment	\$7.50	\$7.50
- Coinsurance (\$1,200 maximum per person per benefit period, covered at 100% after \$1,200 maximum is met)	12%	12%
Prescription Formulary Brand-Name Drug***		
-Copayment	\$25	\$25
- Coinsurance (\$1,200 maximum per person per benefit period, covered at 100% after \$1,200 maximum is met)	25%	25%
Prescription Non-Formulary Drug		
-Copayment	\$30	\$30
-Coinsurance	50%	50%

\*\*\*One copayment amount per prescription order or refill for a 1–34-day supply. Two copayment amounts per prescription order or refill for a 34–100-day supply. Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.

**MAIL ORDER PRESCRIPTION DRUGS:**

Please contact Optum RX at 1-866-833-3463 if you have questions regarding the mail order prescription plan.

## **REFERENCE MATERIALS AVAILABLE:**

As a health plan accredited with the National Committee for Quality Assurance (NCQA), Sanford Health Plan is required to provide you with additional information as you make decisions regarding your medical benefit plan. This information, including accessing your provider network, pharmacy information and other important notices can be found at -

<https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-health/reference-material-grandfathered.pdf>

### Provider Network

- Networks available

### Member Handbook

- How to read an Explanation of Benefits (EOB)
- What to do in an emergency
- Special communication services
- How claims are paid

### Special Notices

- Learn about Sanford Health Plan's privacy policy
- Find out more about the claims appeal process

Feel free to contact Sanford Health Plan with any questions that you may have at (701) 751-4125 or toll-free at (800) 499-3416.

## **NON-GRANDFATHERED PPO/BASIC PLAN:**

Some political subdivisions participate in the NDPERS Non-Grandfathered PPO/Basic Plan. Contact your employer to determine if this applies to you. If so, details on the plan are available on the NDPERS website at <https://www.ndpers.nd.gov/>.

# NDPERS PPO and Basic

## An overview of benefits and services provided by this plan.



**This is a grandfathered Benefit Plan  
under the Patient Protection and  
Affordable Care Act (PPACA).**



**SANFORD**  
HEALTH PLAN



# Who is eligible for benefits?

If you have family coverage, benefits are available for you, your spouse and eligible children. Eligible children include:

- Children under age 26. Coverage will be continued until the end of the month in which the child becomes age 26.
- Children placed with you or your covered spouse for adoption, or whom you or your covered spouse has legally adopted.
- Children for whom you or your covered spouse have been appointed legal guardian by court order.
- Grandchildren of yours or your covered spouse if:
  - The parent of the grandchild is a covered eligible dependent under this Plan.
  - The parent and grandchild are primarily dependent on you or your covered spouse for their support.
- Children for whom you or your covered spouse are required by court order to provide health benefits.
- Children incapable of self-sustaining employment because of a disabling condition.

## Prescription drug and diabetes supplies benefits

This benefit plan includes a participating pharmacy network called OptumRx. When you use this national network, your claims are filed for you.

### **Prescriptions are categorized as follows:**

- Generic formulary medications
- Brand name formulary medications
- Non-formulary medications
- Specialty medications
- Excluded medications
- Other supplies

Certain medications may have a dispensing limit and/or require preauthorization/prior approval.

Benefits are available nationwide at any pharmacy participating in the Plan's pharmacy network. To locate a participating pharmacy, call OptumRx at (866) 833-3463.

When a generic drug or biosimilar alternative is available and you choose not to accept it, you are responsible for the difference between the cost of the generic and brand name medication, as well as the cost sharing amount. All costs above the allowed charge are your responsibility.

All costs above the allowed charge are your responsibility.



This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits		PPO		Basic Plan		Special Conditions
		with a PPO-participating provider within North Dakota or its contiguous counties				See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
		Benefit Amount as a % of the allowed charge after the deductible is met.		Benefit Amount as a % of the allowed charge after the deductible is met.		
		Amount you pay per visit (PPO/Basic)	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met
<b>Inpatient Treatment Services</b>			80%	100%	75%	100%
<b>Outpatient Treatment Services</b>						Preauthorization/prior approval is required for all non-emergent medical and surgical overnight stays. This includes when you stay overnight for treatment of a mental health and/or substance use disorder but does not include maternity.
Physical Therapy		\$25 / \$30	\$25, then 80%	\$25, then 100%	\$30, then 75%	\$30, then 100%
Occupational & Speech Therapy		\$25 / \$30	\$25, then 80%	\$25, then 100%	\$30, then 75%	\$30, then 100%
<b>Professional Health Care Provider Services</b>			80%	100%	75%	100%
Inpatient, Outpatient & Surgical Services						Refer to the Certificate of Insurance for details on other covered outpatient therapy services. Benefits are based on established medical guidelines. Deductible does not apply.
<b>Wellness Services</b>						Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary. Deductible does not apply.
Preventive Screening Services (members 6 and older)		\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%
Immunizations			100%	100%	100%	100%
Mammography			100%	100%	100%	100%
Pap Smear Screening Services		\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%
Prostate Cancer Screening Services		\$30 / \$35	80%	100%	75%	100%
<b>Home &amp; Office Visits</b>		\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%
<b>Diagnostic Services</b>						The Plan will pay up to a Maximum Benefit Allowance of \$200 per member per benefit period for any non-routine screening services not listed in the Certificate of Insurance. Such non-routine screening services will be subject to copayment, deductible, and coinsurance amounts after the \$200 benefit allowance has been met.
Lab, X-ray, MRI			80%	100%	75%	100%
Allergy Testing			80%	100%	75%	100%
<b>Radiation Therapy, Chemotherapy &amp; Dialysis</b>			80%	100%	75%	100%
<b>Maternity Services</b>			80%	100%	75%	100%
Inpatient, Outpatient, Pre & Postnatal Care						Deductible does not apply to delivery services received from a PPO provider when enrolled in the Healthy Pregnancy Program.
<b>Mental Health and Substance Use Disorder Treatment Services</b>						Preauthorization/prior approval is required for non-emergency inpatient treatment for mental health and/or substance use disorders.
Inpatient - Includes acute inpatient admissions and residential treatment			80%	100%	75%	100%
<b>Outpatient</b>						For all outpatient services, 100% of the allowed charge (includes copayment and deductible/coinsurance) is waived for the initial five (5) visits, per member per benefit period.
Office visits		\$30 / \$35	100%	100%	100%	100%
All other services, includes intensive outpatient and partial hospitalization			80%	100%	80%	100%
<b>Emergency Services</b>						Preauthorization/prior approval is not required.
Professional Health Care Provider Charge			80%	100%	80%	100%
Emergency Room Visit		\$60 / \$60	80%	100%	80%	100%
Ambulance Services			80%	100%	80%	100%
<b>Skilled Nursing Facility Services</b>			80%	100%	75%	100%
<b>Home Health Care Services</b>			80%	100%	75%	100%
<b>Hospice Services</b>			80%	100%	75%	100%
<b>Chiropractic Services</b>						
Home & Office Visits		\$30 / \$35	100%	100%	100%	100%
Therapy & Manipulations		\$25 / \$30	80%	100%	75%	100%
<b>Diagnostic Services</b>			80%	100%	75%	100%
<b>Medical Supplies &amp; Equipment</b>			80%	100%	75%	100%



This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits		PPO		Basic Plan		Special Conditions
		with a PPO-participating provider within North Dakota or its contiguous counties				See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
		Benefit Amount as a % of the allowed charge after the deductible is met.		Benefit Amount as a % of the allowed charge after the deductible is met.		
	Amount you pay per visit (PPO/Basic)	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
Hearing Aids		80%	100%	75%	100%	Limited to one hearing aid, per ear, per Member every 3 years. For Members ages 18 and older, excludes hearing aids to correct gradual hearing impairment or loss that occurs with aging and/or other lifestyle factors.

Description of Pharmacy Drug and Diabetes Supplies Benefits		Copayment		Special Conditions
Benefit Amount as a % of the allowed charge after the deductible is met.		Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Benefits are subject to the Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.
Prescription Medications (Retail and Mail Order)				One copayment amount per prescription order or refill for a 1-34 day supply. Two copayment amounts per prescription order or refill for a 35-100 day supply. Prescription Medications and nonprescription diabetes supplies are subject to a dispensing limit of a 100- day supply. Insulin and medical supplies for insulin dosing and administration have a \$25 copay per 30-day supply. \$1,200 coinsurance maximum per person, per benefit period.
Formulary				
Generic	\$7.50, then 12% of allowed charge	\$7.50	\$7.50	
Brand	\$25, then 25% of allowed charge	\$25	\$25	
Nonformulary	\$30, then 50% of allowed charge	\$30, then 50% of allowed charge		

Cost Sharing Amounts				
			PPO	Basic
<b>Single Coverage</b>				
<b>Deductible amount</b>			<b>\$500</b>	<b>\$500</b>
Coinsurance maximum			<u>\$1,000</u>	<u>\$1,500</u>
<b>Out-of-pocket maximum</b>			<b>\$1,500</b>	<b>\$2,000</b>

<b>Family Coverage</b> - 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.				
<b>Deductible amount</b>			<b>\$1,500</b>	<b>\$1,500</b>
Coinsurance maximum			<u>\$2,000</u>	<u>\$3,000</u>
<b>Out-of-pocket maximum</b>			<b>\$3,500</b>	<b>\$4,500</b>

<b>Prescription Drug Coinsurance Maximum Amount</b>	\$1,200 per member per benefit period
When the prescription drug coinsurance maximum amount has been met, copayment amounts will continue to apply, and formulary drugs will be covered at 100% of the allowed charge for the remainder of the benefit period. Prescription Medication Copayment Amounts do not apply toward the Prescription Drug Coinsurance Maximum Amount.	
This chart reflects the cost sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly. Prescription Medication Cost Sharing Amounts do not apply toward the Out-of-Pocket Maximum Amounts.	

**Preferred Provider Organizations (PPO)**  
PPO stands for "Preferred Provider Organization" and is a group of Health Care Providers who provide discounted services to the Members of NDPERS. Because PPO Health Care Providers charge Sanford Health Plan less for medical care services provided to the Members of NDPERS, cost savings are passed on to Members by way of reduced Cost Sharing Amounts.  
To receive a higher payment level, Covered Services must be received from an NDPERS PPO Health Care Provider. Please see the NDPERS PPO Health Care Provider Listing at [www.sanfordhealthplan.com/ndpers](http://www.sanfordhealthplan.com/ndpers).

This grid describes an employer group health plan that is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits; and requirements under the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).  
Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status can be directed to Sanford Health Plan at [memberservices@sanfordhealth.org](mailto:memberservices@sanfordhealth.org). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). The Department of Labor website has a table summarizing which protections do and do not apply to grandfathered health plans.

**Call (800) 499-3416 to speak with Customer Service.**

This Page is Intentionally Blank

# GROUP HEALTH INSURANCE

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Permanent state employees, university system employees and district health unit employees are eligible to participate in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). Participation in the HDHP/HSA is optional. Temporary employees and employees of political subdivisions are not eligible to participate in the HDHP/HSA at this time.

The HDHP/HSA option has higher annual deductibles and larger out-of-pocket costs for medical services. However, the higher initial out-of-pocket costs are partially offset by an employer contribution to an HSA created in the member's name. The NDPERS HDHP/HSA has a cap on how much you will pay out-of-pocket during a year and covers preventive and other services (as designated by the Affordable Care Act (ACA)) with no out-of-pocket costs to you.

The HSA helps cover medical expenses until your annual deductible and coinsurance maximums are met. NDPERS will contribute to your HSA for each month you participate as follows:

	<b>Month</b>
Single	\$101.74
Family	\$246.16

The employer contributions are sent to the HSA vendor on a delayed schedule. For example, the June coverage month contributions will be posted to your HSA account by the end of July.

In addition, you may be able to contribute to your HSA through pre-tax payroll deductions if your employer allows this option. The IRS establishes annual limits of total contributions (both employee and employer paid) that can be contributed to an HSA per calendar year. For 2025, the limits are:

Single HDHP Coverage:	\$4,300
Family HDHP Coverage:	\$8,550
Age 55+Catchup:	\$1,000

If your employer does not allow pre-tax payroll deductions to an HSA, you may contribute on an after-tax basis directly with Sanford Health Plan and may claim those contributions when you file your annual tax return.

Please see the NDPERS High Deductible Health Plan summary for more details on benefits and services provided by this plan, the Health Savings Account (HSA) FAQ for Participants information sheet to learn more on how an HSA works. Additional information about the HDHP/HSA is also available on the NDPERS website.

HealthEquity may require account verification in order to establish your HSA. However, if the HSA cannot be established, employer contributions will not be made on your behalf but you will remain in the HDHP Plan. HSAs cannot be established if you are a non-resident alien, covered under Tricare, Medicare or are enrolled in a medical spending account.

## **SUMMARY OF BENEFITS AND COVERAGE (SBC):**

The Affordable Care Act (ACA) added a new requirement for the disclosure of an SBC. The SBC for the various NDPERS group health insurance plans are located on the NDPERS website and can be found under the Active Members/Group Health Plan listing for each plan (PPO/Basic – Grandfathered, PPO/Basic Non-Grandfathered and High Deductible Health Plan (HDHP). These documents provide a comprehensive resource for the purposes of comparing coverage levels across all plans.

## **HDHP PRESCRIPTION DRUG COVERAGE:**

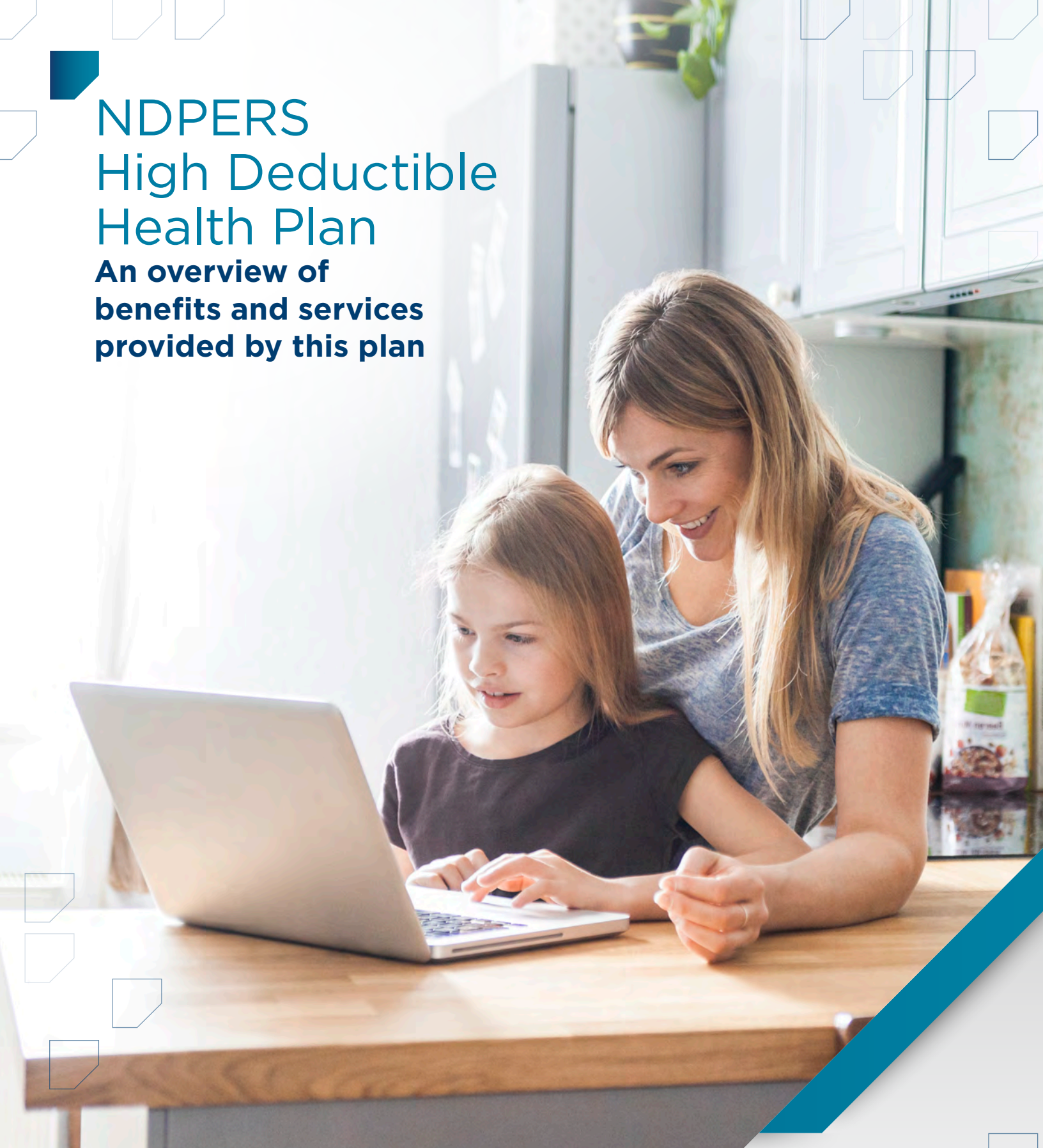
Deductible and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31. Prescription drug coverage outlined below is after the deductible has been met but before out-of-pocket maximum is met.

<b><u>Prescription Drug Coverage:</u></b>	<b><u>Out of pocket</u></b>
Prescription Formulary Drug	
- Coinsurance	20%
Prescription Non-Formulary Drug	
-Coinsurance	50%

One copayment amount per prescription order or refill for a 1–34 day supply. Two copayment amounts per prescription order or refill for a 34–100 day supply.

## **MAIL ORDER PRESCRIPTION DRUGS:**

Please contact OptumRX at 1-866-833-3463 if you have questions regarding the mail order prescription plan.

A photograph of a woman with long blonde hair and a young girl with blonde hair sitting at a wooden table in a kitchen. The girl is typing on a silver laptop, and the woman is leaning over her shoulder, smiling and looking at the screen. The background shows white kitchen cabinets and a window with sheer curtains. The image is framed by a white border with decorative geometric shapes in the corners.

# NDPERS High Deductible Health Plan

**An overview of  
benefits and services  
provided by this plan**

**This is not a grandfathered Benefit Plan  
under the Patient Protection  
and Affordable Care Act (PPACA).**



**SANFORD**  
HEALTH PLAN



## THIS BENEFIT PLAN COVERS THESE SERVICES AND MORE.

### Who is eligible for benefits?

If you have family coverage, benefits are available for you, your spouse and eligible children. Eligible children include:

- Children under age 26. Coverage will be continued until the end of the month in which the child becomes age 26.
- Children placed with you or your covered spouse for adoption, or whom you or your covered spouse has legally adopted.
- Children for whom you or your covered spouse have been appointed legal guardian by court order.
- Grandchildren of yours or your covered spouse if:
  - The parent of the grandchild is a covered eligible dependent under this Plan.
  - The parent and grandchild are primarily dependent on you or your covered spouse for their support.
- Children for whom you or your covered spouse are required by court order to provide health benefits.
- Children incapable of self-sustaining employment because of a disabling condition.

### Prescription Drug and Diabetes Supplies Benefits

This benefit plan includes a participating pharmacy network called OptumRx. When you use this national network, your claims are filed for you.

Prescriptions are categorized as follows:

- Generic formulary medications
- Brand name formulary medications
- Non-formulary medications
- Specialty medications
- Excluded medications
- Other supplies

Certain medications may have a dispensing limit and/or require preauthorization/prior approval.

Benefits are available nationwide at any pharmacy participating in the Plan's pharmacy network. To locate a participating pharmacy, call OptumRx at (866) 833-3463.

When a generic drug or biosimilar alternative is available and you choose not to accept it, you are responsible for the difference between the cost of the generic and brand name medication, as well as the cost sharing amount. All costs above the allowed charge are your responsibility.

### Preventive Screening Services

Evidence-based items or services that have, in effect, a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, when received from a Participating Provider, are covered without payment of any deductible or coinsurance requirement that would otherwise apply. As these recommendations change, your coverage may also change. Services performed outside of Plan Preventive Guidelines, and with a medical diagnosis, will be applied to your deductible and coinsurance. Preventive screening services covered include:

- One routine physical examination
- Routine diagnostic screenings
- Mammography screening (for members age 35 and older)
- Cervical cancer screening
- Colorectal cancer screening (for members age 45 and older)
- Certain nutritional counseling
- Tobacco cessation services

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits	PPO		Basic Plan		Special Conditions
	with a PPO-participating provider within North Dakota or its contiguous counties				See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
<i>Benefit Amount as a % of the allowed charge after the deductible is met.</i>	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
<b>Inpatient Hospital Services</b>	80%	100%	75%	100%	Preauthorization/prior approval is required for all non-emergent medical and surgical overnight stays. This includes when you stay overnight for treatment of a mental health and/or substance use disorder but does not include maternity.
<b>Outpatient Therapy Services</b>	80%	100%	75%	100%	
Physical Therapy	80%	100%	75%	100%	Refer to the Certificate of Insurance for details on other covered outpatient therapy services. Benefits are based on the medical guidelines established by Sanford Health Plan.
Occupational & Speech Therapy	80%	100%	75%	100%	Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary.
<b>Professional Health Care Provider Services</b>	80%	100%	75%	100%	
Inpatient, Outpatient & Surgical Services					
<b>Wellness Services</b>	100%	100%	100%	100%	
Immunizations					
Well Child Care (to member's 18th birthday)	100%	100%	100%	100%	
Preventive Screening Services (members 18 and older)	100%	100%	100%	100%	Evidence-based items or services that have, in effect, a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, when received from a Participating Provider, are covered without payment of any deductible or coinsurance requirement that would otherwise apply. As these recommendations change, your coverage may also change. Services performed outside of Plan Preventive Guidelines, and with a medical diagnosis, will be applied to your deductible and coinsurance. Refer to the benefit plan for details.
Colonoscopy or Sigmoidoscopy	100%	100%	100%	100%	Deductible does not apply to these services.
Mammography, Pap Smear & Fecal Occult Blood Testing	100%	100%	100%	100%	Deductible does not apply to these services.
Tobacco Cessation Services including office visit	100%	100%	100%	100%	For Members who use tobacco products, at least two (2) tobacco cessation attempts per year, covering four (4) tobacco cessation counseling sessions of at least ten (10) minutes each (including telephone counseling, group counseling and individual counseling); and all Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider. Preauthorization/Prior Approval is not required for any tobacco cessation services.
<b>Home &amp; Office Visits</b>	80%	100%	75%	100%	
<b>Diagnostic Services</b>	80%	100%	75%	100%	
Lab, X-ray, MRI					
Allergy Testing	80%	100%	75%	100%	
<b>Radiation Therapy, Chemotherapy &amp; Dialysis</b>	80%	100%	75%	100%	
<b>Maternity Services</b>	80%	100%	75%	100%	For prenatal and postnatal care, deductible is waived and coverage is at 100% (no charge).
Inpatient, Outpatient, Pre & Postnatal Care					
<b>Mental Health and Substance Use Disorder Treatment Services</b>	80%	100%	75%	100%	Preauthorization/prior approval is required.
<b>Inpatient</b> - includes acute inpatient admissions and residential treatment					
<b>Outpatient</b>					For all outpatient services, 100% of the allowed charge (includes deductible/coinsurance) is waived for the initial five (5) hours/visits, per member per benefit period. Coverage of the first five (5) hours will not apply when you elect an HSA. For full details, please refer to your Certificate of Insurance.
Office visits	80%	100%	80%	100%	
All other services, includes intensive outpatient and partial hospitalization	80%	100%	80%	100%	



<b>Emergency Services</b>	80%	100%	80%	100%	Preauthorization/prior approval is not required.
Professional Health Care Provider Charges	80%	100%	80%	100%	
Emergency Room Visit	80%	100%	80%	100%	
Ambulance Services	80%	100%	80%	100%	
<b>Skilled Nursing Facility Services</b>	80%	100%	75%	100%	
<b>Home Health Care Services</b>	80%	100%	75%	100%	Preauthorization/prior approval is required.
<b>Hospice Services</b>	80%	100%	75%	100%	
<b>Chiropractic Services</b>					
Home & Office Visits	80%	100%	75%	100%	
Therapy & Manipulations	80%	100%	75%	100%	
Diagnostic Services	80%	100%	75%	100%	
<b>Medical Supplies &amp; Equipment</b>	80%	100%	75%	100%	
Hearing Aids	80%	100%	75%	100%	Limited to one hearing aid, per ear, per Member every 3 years. For Members ages 18 and older, excludes hearing aids to correct gradual hearing impairment or loss that occurs with aging and/or other lifestyle factors.

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Pharmacy Drug and Diabetes Supplies Benefits			Special Conditions	
Benefit Amount as a % of the allowed charge after the deductible is met.	Before out-of-pocket maximum is met	After out-of-pocket maximum is met		
<b>Prescription Medications (Retail and Mail Order)</b>			When the Out-of- Pocket Maximum Amount is met, this Benefit Plan will pay 100% of the Allowed Charge for Formulary Prescription Medications.	
Formulary and Diabetes Supplies	80%	100%		
Nonformulary	50%	100%	Insulin and medical supplies for insulin dosing and administration \$25 copay per 30-day supply. Deductible amount waived for insulin only.	
Cost Sharing Amounts			Special Conditions	
	PPO	Basic		
<b>Single Coverage</b>				
<b>Deductible amount</b>	<b>\$2,000</b>	<b>\$2,000</b>		
Coinsurance maximum	<u>\$1,500</u>	<u>\$2,000</u>		
<b>Out-of-pocket maximum</b>	<b>\$3,500</b>	<b>\$4,000</b>	You must meet the Out-of-Pocket Maximum before this Benefit Plan begins to pay 100% of covered services. The coinsurance maximum listed is for illustrative purposes only.	
<b>Family Coverage</b>				
<b>Deductible amount</b>	<b>\$4,000</b>	<b>\$4,000</b>		
Coinsurance maximum	<u>\$3,000</u>	<u>\$4,000</u>		
<b>Out-of-pocket maximum</b>	<b>\$7,000</b>	<b>\$8,000</b>	You must meet the Out-of-Pocket Maximum before this Benefit Plan begins to pay 100% of covered services. The coinsurance maximum listed is for illustrative purposes only.	

This chart reflects the cost sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly. Prescription Medication Coinsurance Amounts accumulate toward a Member's cumulative annual Out-of-Pocket Maximum.

#### Preferred Provider Organizations (PPO)

PPO stands for "Preferred Provider Organization" and is a group of Health Care Providers who provide discounted services to the Members of NDPERS. Because PPO Health Care Providers charge Sanford Health Plan less for medical care services provided to the Members of NDPERS, cost savings are passed on to Members by way of reduced Cost Sharing Amounts. To receive a higher payment level, Covered Services must be received from an NDPERS PPO Health Care Provider. Please see the NDPERS PPO Health Care Provider Listing at [www.sanfordhealthplan.com/ndpers](http://www.sanfordhealthplan.com/ndpers).

Call (800) 499-3416 to speak with Member Services.



# Health Savings Account

An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:<sup>1</sup> Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- ✓ No use-it-or-lose-it rule, HSAs rollover every year
- ✓ Available tax-free investing, just like a 401(k)<sup>2</sup>
- ✓ Requires an eligible high-deductible health plan (HDHP)



## Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.<sup>3</sup>

HSA

Tax-free

No HSA

Taxed

### 2025 HSA Contribution Limits



**\$4,300**

Individual plan



**\$8,550**

Family plan

Members 55+ can contribute an extra \$1,000.

## Spend tax-free.

There are thousands of HSA-qualified expenses. Here are just few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees



**See how much  
you can save.**

[HealthEquity.com/Learn/HSA](https://HealthEquity.com/Learn/HSA)

<sup>1</sup>HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | <sup>2</sup>Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | <sup>3</sup>Example for illustration only. Estimated savings are based on an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your taxable income and tax status. HealthEquity does not provide legal, tax or financial advice.

Benefit	NDPERS Grandfathered PPO Plan	NDPERS Non-grandfathered HDHP Plan <i>Includes Health Savings Account (HSA) for eligible employees of the state, university system, and district health units</i>																		
Deductibles	Single: \$500 Family: \$1,500  Deductibles are the same regardless of PPO or Basic provider.	Single: \$2,000 Family: \$4,000  Deductibles are the same regardless of PPO or Basic provider.																		
Coinsurance coverage	PPO Provider: 80/20 Basic Provider: 75/25	PPO Provider: 80/20 Basic Provider: 75/25																		
Coinsurance Maximum	<table><tr><td></td><td>PPO</td><td>Basic</td></tr><tr><td>Single:</td><td>\$1,000</td><td>\$1,500</td></tr><tr><td>Family:</td><td>\$2,000</td><td>\$3,000</td></tr></table>		PPO	Basic	Single:	\$1,000	\$1,500	Family:	\$2,000	\$3,000	<table><tr><td></td><td>PPO</td><td>Basic</td></tr><tr><td>Single:</td><td>\$1,500</td><td>\$2,000</td></tr><tr><td>Family:</td><td>\$3,000</td><td>\$4,000</td></tr></table>		PPO	Basic	Single:	\$1,500	\$2,000	Family:	\$3,000	\$4,000
	PPO	Basic																		
Single:	\$1,000	\$1,500																		
Family:	\$2,000	\$3,000																		
	PPO	Basic																		
Single:	\$1,500	\$2,000																		
Family:	\$3,000	\$4,000																		
Out of Pocket Maximum	<table><tr><td></td><td>PPO</td><td>Basic</td></tr><tr><td>Single:</td><td>\$1,500</td><td>\$2,000</td></tr><tr><td>Family:</td><td>\$3,500</td><td>\$4,500</td></tr></table>		PPO	Basic	Single:	\$1,500	\$2,000	Family:	\$3,500	\$4,500	<table><tr><td></td><td>PPO</td><td>Basic</td></tr><tr><td>Single:</td><td>\$3,500</td><td>\$4,000</td></tr><tr><td>Family:</td><td>\$7,000</td><td>\$8,000</td></tr></table>		PPO	Basic	Single:	\$3,500	\$4,000	Family:	\$7,000	\$8,000
	PPO	Basic																		
Single:	\$1,500	\$2,000																		
Family:	\$3,500	\$4,500																		
	PPO	Basic																		
Single:	\$3,500	\$4,000																		
Family:	\$7,000	\$8,000																		
Prescription Drug Coverage	<table><tr><td></td><td colspan="2">Copay Coinsurance</td></tr><tr><td>Formulary Generic</td><td>\$7.50</td><td>12%</td></tr><tr><td>Formulary Brand</td><td>\$25</td><td>25%</td></tr><tr><td>Nonformulary</td><td>\$30</td><td>50%</td></tr></table> Coinsurance maximum \$1,200 per covered individual per benefit period (formulary only)		Copay Coinsurance		Formulary Generic	\$7.50	12%	Formulary Brand	\$25	25%	Nonformulary	\$30	50%	<table><tr><td></td><td>Coinsurance</td></tr><tr><td>Formulary</td><td>80%</td></tr><tr><td>Nonformulary</td><td>50%</td></tr></table>		Coinsurance	Formulary	80%	Nonformulary	50%
	Copay Coinsurance																			
Formulary Generic	\$7.50	12%																		
Formulary Brand	\$25	25%																		
Nonformulary	\$30	50%																		
	Coinsurance																			
Formulary	80%																			
Nonformulary	50%																			
Insulin & Glucagon: Formulary & Non-Form. 1-30 day supply 31-60 day supply 61-100 day supply	Deductible is waived \$25 Copayment \$50 Copayment \$75 Copayment	Deductible is waived \$25 Copayment \$50 Copayment \$75 Copayment																		
Testing Supplies: Formulary 1-30 day supply 31-60 day supply 61-100 day supply	Coinsurance applies to \$1,200 Out-of-Pocket Max 25% coinsurance with maximum of \$25 25% coinsurance with maximum of \$50 25% coinsurance with maximum of \$75	Subject to Deductible 20% coinsurance with maximum of \$25 20% coinsurance with maximum of \$50 20% coinsurance with maximum of \$75																		
Testing Supplies: Non-Formulary 1-30 day supply 31-60 day supply 61-100 day supply	50% coinsurance with maximum of \$25 50% coinsurance with maximum of \$50 50% coinsurance with maximum of \$75	Subject to Deductible 20% coinsurance with maximum of \$25 20% coinsurance with maximum of \$50 20% coinsurance with maximum of \$75																		
Insulin pen needles/syringes: Formulary/Non-formulary 1-30 day supply 31-60 day supply 61-100 day supply	Coinsurance applies to \$1,200 Out-of-Pocket Maximum for Formulary only. 12% coinsurance with maximum of \$25 12% coinsurance with maximum of \$50 12% coinsurance with maximum of \$75	Subject to Deductible  20% coinsurance with maximum of \$25 20% coinsurance with maximum of \$50 20% coinsurance with maximum of \$75																		

<b>Copayments</b>	Do <b>NOT</b> accumulate towards Out-of-Pocket Maximum	Do accumulate towards Out-of-Pocket Maximum  <a href="https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-xxvii.pdf">https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-xxvii.pdf</a>
<b>Outpatient Sterilization for Women</b>	Subject to medical cost-sharing	Covered at 100%
<b>Well Child Care</b>	Office visit copay applies. Visit coverage goes to age 6: <ul style="list-style-type: none"> <li>• 7 visits birth through 1 year</li> <li>• 3 visits 13-24 months</li> <li>• 1 visit a year 25-72 month</li> </ul>	Covered at 100%. Visit coverage goes to age 18: Limits in accordance with American Academy of Bright Futures Pediatric schedule
<b>Vaccines Covered for Children</b>	<ul style="list-style-type: none"> <li>• DPT (Diphtheria-Pertussis- Tetanus)</li> <li>• MMR (Measles-Mumps- Rubella)</li> <li>• Hemophilus</li> <li>• Influenza B</li> <li>• Hepatitis</li> <li>• Polio</li> <li>• Varicella (Chicken Pox)</li> <li>• Pneumococcal Disease</li> <li>• Influenza Virus</li> </ul>	Everything recommended by: <ul style="list-style-type: none"> <li>• Centers for Disease Control (CDC)</li> <li>• Prevention Advisory Committee on Immunization Practices (ACIP)</li> <li>• Health Resources and Services Administration (HRSA)</li> </ul>
<b>Preventative Screening for Adults</b>	Office visit copay applies	Covered at 100%
<b>Tobacco Cessation Services</b>	Not covered	<ul style="list-style-type: none"> <li>• 8 Counseling sessions</li> <li>• 180-day medication coverage</li> </ul>
<b>Physical Therapy for Members aged 65 and older at risk for falls</b>	Not mentioned, normal medical benefits apply: <ul style="list-style-type: none"> <li>• Office visit copay applies for PT evaluation</li> <li>• Copay reduced by \$5 for therapy sessions, no visit limit</li> </ul>	Covered at 100%
<b>Contraceptive Services</b>	Subject to medical cost-shares	Covered at 100%
<b>Breast Pumps</b>	Not mentioned, non-covered	Covered at 100%.  Allowed one non-hospital grade pump per pregnancy.
<b>Routine Prenatal and Postnatal Care</b>	Copays and deductible waived, services subject to coinsurance (not counting healthy pregnancy program)	Covered at 100%
<b>Aspirin to prevent cardiovascular disease</b>	Not mentioned, non-covered	Covered at 100%

<b>Routine Diagnostic Screenings</b>	<p>Mammogram covered at 100% for ages 40 and above</p> <p>All other routine diagnostic screenings subject to medical cost-shares:</p> <p>\$200 Benefit Allowance for Screenings recommended with a rating of "A" or "B" by the United States Preventative Services Task Force</p>	<p>Screenings covered at 100% include, but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Anemia screening - Hemoglobin or Hematocrit (one or the other)</li> <li>• Cholesterol Screening; coverage for frequency of Lipid Profile is dependent on Member age</li> <li>• Lung Cancer Screening</li> <li>• Basic Metabolic Panel; one (1) per Member per year</li> <li>• Hepatitis B virus infection screening</li> <li>• Hepatitis C virus infection screening</li> <li>• Diabetes Screening; benefit allowance of one (1) per Member per year</li> <li>• Osteoporosis Screening</li> <li>• Sexually Transmitted Disease (STD) Screening</li> </ul> <p>Genetic counseling and evaluation for BRCA Testing and BRCA lab screening</p>
<b>Cervical Cancer Screening</b>	Routine pap smear covered at 100% per calendar year. Related office visit applies copay.	Covered at 100% per calendar year
<b>Colorectal Cancer Screening for Members ages 45 and older</b>	<p>Covered at 100%:</p> <ul style="list-style-type: none"> <li>• Fecal Occult Blood Test per calendar year</li> <li>• Fecal Immunochemical Test per CY</li> <li>• Stool DNA testing (cologuard) one per 3 years</li> </ul> <hr/> <p>Colonoscopy subject to deductible and coinsurance. Eligible for \$200 Routine Screening Benefit Allowance</p>	<p>Covered at 100%:</p> <ul style="list-style-type: none"> <li>• Fecal Occult Blood Test per calendar year</li> <li>• Fecal Immunochemical Test per calendar year</li> <li>• Stool DNA testing (cologuard) one per 3 years</li> <li>• Sigmoidoscopy</li> <li>• Colonoscopy one per 10 years</li> </ul>
<b>Prostate Cancer Screening</b>	Deductible waived, subject to coinsurance	Covered at 100%
<b>Folic Acid Supplements</b>	Not mentioned, non-covered	Covered at 100% for women
<b>Pre-Natal Vitamins</b>	Normal pharmacy benefits apply if prescribed by Physician, otherwise non-covered. (Pharmacy cost-shares waived through enrollment with Healthy Pregnancy Program)	Covered at 100% for women
<b>Vitamin D Supplements</b>	Not mentioned, non-covered	Covered at 100% for 65 and older
<b>Formulary breast cancer preventive medication</b>	Not mentioned, non-covered	Covered at 100% for 65 and older

**This is a summary only. Refer to the Certificate of Insurance found on the NDPERS website for a full description of the benefits listed above.**

## **Additional Features of Dakota PPO/Basic and HDHP Plans:**

### **Disease Management Program**

A disease management program is offered through SHP. Please contact the SHP Care Management Department at 1-877-652-1847.

### **Dakota Wellness Program**

- **Wellness Portal, powered by WebMD:**

Resources available on the portal include a Health Assessment (a confidential report and custom resources), Wellness Tracking, and Daily Habits (guided programs to help with healthy habits and condition management). Covered members and their eligible spouses can earn points to be redeemed towards gift cards and prizes.

After you receive your health insurance ID cards, you will receive a member packet that will explain the wellness program in detail.

- **Fitness Center Reimbursement:**

Covered members and their eligible spouse can earn up to a \$20 credit monthly for visiting a participating health club a minimum of 12 days a month.





# Sanford Health Plan

## Member Handbook 2024-25



## Help in Other Languages

For help in any language other than English, call (800) 752-5863 (TTY: 711).

### Arabic -

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (800) 752-5863 (رقم هاتف الصم والبكم: 711).

**Amharic** - ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶችማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (800) 752-5863 (መስማት ለተሳናቸው:711)፡፡

**Chinese** - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (800) 752-5863 (TTY: 711)。

**Cushite (Oromo)** - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 752-5863 (TTY: 711).

**German** - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (800) 752-5863 (TTY: 711).

**Hmong** - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 752-5863 (TTY: 711).

**Karen** - ဟံသုဉ်ဟံသး- နမ့ၢ်ကတိၤ ကညိ ကျိၣ်အသိ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျုးလၢၣ်စ့ၤ နီတမံၤဘျုးသ့န့ၢ်လီၤ. ကိး (800) 752-5863 (TTY: 711).

**Korean** - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 752-5863 (TTY: 711) 번으로 전화해 주십시오.

**Laotian** - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໄທຣ (800) 752-5863 (TTY: 711).

**French** - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 752-5863 (TTY: 711).

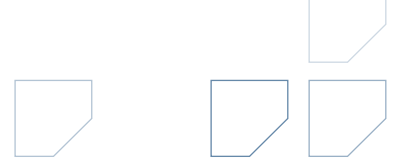
**Russian** - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 752-5863 (телетайп: 711).

**Spanish** - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 752-5863 (TTY: 711).

**Tagalog** - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 752-5863 (TTY: 711).

**Thai** - ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ ฟรี โทร (800) 752-5863 (TTY: 711).

**Vietnamese** - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 752-5863 (TTY: 711).



# Table of Contents

**Welcome ..... 4**

**Contact information..... 5**

**Coverage information..... 6**

**Member ID card ..... 7**

**Navigating your network ..... 8**

**Care options ..... 9**

**Pharmacy and medication benefits ..... 11**

**Referrals, pre-approvals and other insurance coverage ..... 13**

**Wellness ..... 14**

**Healthy pregnancy progam ..... 16**

**Advance care planning ..... 17**

**Making changes to your plan ..... 18**

**Claims and payment of services ..... 19**

**How to read your explanation of benefits (EOB) ..... 20**

**Saving money on your healthcare ..... 21**

**Glossary of terms ..... 22**

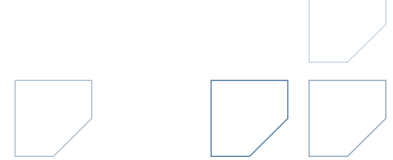




# Welcome to Sanford Health Plan!

This booklet was designed to help you understand how to use your health insurance and includes important information about covered services, prescriptions, referrals, accessing care, resources, tips and much more. If you can't find what you are looking for here, please log in to your secure Member Portal or contact Customer Service at (800) 499-3416.





# Contact Information

Sanford Health Plan is ready to help Monday through Friday, 8 a.m. to 5:00 p.m. CST and a confidential voicemail is available after hours and on weekends. You can also contact us by logging into your Member Portal online at [sanfordhealthplan.com](https://sanfordhealthplan.com) or go to **[sanfordhealthplan.com/memberlogin](https://sanfordhealthplan.com/memberlogin)**. All calls and emails will be returned within one business day.

Department	Questions about:	Phone Number	Email
<b>Customer Service</b>	Benefit questions, claim inquiries/status, eligibility and enrollment, provider access, complaints, appeals and order ID cards	(800) 499-3416 TTY: 711	<a href="mailto:memberservices@sanfordhealth.org">memberservices@sanfordhealth.org</a>
<b>Pharmacy Management</b>	Prior approval (authorization) of prescription drug coverages and covered medication list (formulary)	(800) 499-3416	<a href="mailto:pharmacyservices@sanfordhealth.org">pharmacyservices@sanfordhealth.org</a>
<b>Utilization Management</b>	Prior approval of medical services and utilization review	(888) 315-0885	<a href="mailto:um@sanfordhealth.org">um@sanfordhealth.org</a>
<b>Care Management</b>	Care management, health management and quality activities	(888) 315-0884	<a href="mailto:shpcasemanagement@sanfordhealth.org">shpcasemanagement@sanfordhealth.org</a>
<b>Vision impaired services</b>	Large print materials or recorded versions of our documents are available upon request.	(800) 499-3416	N/A
<b>Language assistance</b>	Free language assistance is available for those who speak a language other than English.	(800) 499-3416	N/A

## Member feedback

Please contact Customer Service or visit [sanfordhealthplan.com](https://sanfordhealthplan.com) and click “Share Your Experience” if you would like to provide feedback on how we can continue to improve our service.

## Member Rights and Responsibilities

At Sanford Health Plan, we’re here to make sure you receive top-notch, personalized healthcare that’s easy to access. To show you how much we care, we’ve put together a list of rights and responsibilities for our members (or the member’s parent, legal guardian or other representative if the member is a minor or incompetent). To access your member rights and responsibilities:

- Locate Rights and Responsibilities in your Certificate of Insurance (COI)/Summary Plan Description (SPD)
- Visit **[sanfordhealthplan.com/members/important-documents](https://sanfordhealthplan.com/members/important-documents)**
- Call our customer service team at (800) 499-3416 (TTY: 711).

Customer Service is available 8 AM to 5 PM CST Monday-Friday  
Phone: (800) 499-3416 | TTY: 711  
Free translation assistance (800) 752-5863



# Coverage Information

You can find specific information about your benefits in the following documents, which are located within your secure Member Portal or by contacting Customer Service.

**Summary of Benefits & Coverage (SBC):** Deductible and copay information, out of pocket limits, information about covered services, provider network, referral information, pharmacy information and costs.

**Covered medication list (formulary):** A list of regular and specialty medications that are covered, not covered, require pre-approval or step therapy.

**Plan document (Certificate of Insurance):** Complete overview and description of all benefits, exclusions, prescriptions, appeals, denials, claims, enrollment, notices, policies and more.

## Member Portal

Visit **sanfordhealthplan.com** to sign in or register for 24/7 access to all of your benefit information including:

- Summary of Benefits and Coverage (SBC)
- Plan document (policy)
- Pharmacy benefit information
- Claims and explanation of benefits (EOB)
- Preventive care
- Specialty programs
- Provider and pharmacy directory
- Referral information
- Wellness Portal
- Health insurance forms
- Federal and state guidelines and notices

**Any dependent, such as a child or spouse, on your plan over age 18 requires a separate Member Portal due to privacy law. Complete the consent form, located in the Member Portal to provide separate access.**

# Member ID Card

Your Member ID card should be used at each provider visit or when filling a prescription. An explanation of the important information shown on your card is below for your reference. Member ID cards should be received before the policy is activated. If you have not received your ID card or you've lost your ID card and need medical care, log in to the Member Portal to view or print a temporary card or request a new one. A provider can also contact Sanford Health Plan to verify your insurance coverage.

- If you need to fill a prescription and do not have your ID card, you will have to pay for the medication and submit a paper claim to the plan for reimbursement.

The diagram shows a Sanford Health Plan Member ID Card with the following sections and callouts:

- 1** Plan and network information (if applicable) - Points to the top header area.
- 2** Policyholder name - Points to the 'Subscriber' section showing 'JOHN SAMPLE'.
- 3** Policyholder ID number - Points to the 'ID:' field.
- 4** Group ID number (if applicable) - Points to the 'Grp:' field.
- 5** Call the number listed on your card with questions about your insurance. - Points to the 'Contact Us' section.
- 6** Customer service, website, provider and pharmacy directory information - Points to the 'Website, Provider & Pharmacy Directory: sanfordhealthplan.com'.
- 7** Office visit copay information - Points to the 'Medical' section, specifically 'In Network Office Visit:'.
- 8** Individual and family deductible and maximum out-of-pocket information. If Out-of-Network (ONN) is shown, this refers to any out-of-network benefits, if applicable. - Points to the 'Medical' section, specifically 'Individual Deductible:', 'Family Deductible:', 'Individual Out-of-Pocket:', and 'Family Out-of-Pocket:'.
- 9** Information for your pharmacy (if you have prescription drug coverage) - Points to the 'Pharmacy' section showing 'RxBIN:', 'PCN:', and 'RxGrp:'.
- 10** If a logo is printed here, you may have coverage outside the service area. See your plan documents for details. - Points to the 'Network' section showing 'PHCS' and 'MultiPlan' logos.
- 11** Urgent/emergent care information - Points to the 'Eligibility' section.

\* Actual ID Card for your plan may vary.

Customer Service is available 8 AM to 5 PM CST Monday-Friday  
 Phone: (800) 499-3416 | TTY: 711  
 Free translation assistance (800) 752-5863





# Navigating Your Network

Sanford Health Plan NDPERS Members have access to a Preferred Provider Organization (PPO) and Basic Network.

How much you pay for care will depend on your choice of provider; those contracted with Sanford Health Plan will be paid at the PPO level and those not directly contracted will be paid at the Basic Plan level.

If a PPO provider is not available in your area, you decide to travel outside of the service area for care without pre-approval from the plan, or you see a non-PPO provider, claims will be processed under the Basic Plan level benefits. For more information, refer to your Policy Document.

To find a participating provider or pharmacy, visit [sanfordhealthplan.com](http://sanfordhealthplan.com) or log in to your Member Portal at [sanfordhealthplan.com/memberlogin](http://sanfordhealthplan.com/memberlogin). Customer Service is available to help if you'd like more information about a provider or assistance finding a PPO provider or pharmacy.

## Participating and Non-Participating Providers

When you receive health care services from a Participating Provider, they will send all necessary information to Sanford Health Plan to process claims per your plan benefits. You will be responsible for any applicable cost sharing (copay, deductible and/or coinsurance) or services that may not be covered by your plan.

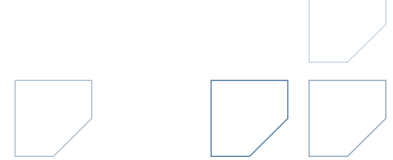
If you receive health care services from a Non-Participating Provider that is not directly contracted with Sanford Health Plan, we may ask for additional information to ensure claims for your care process per your plan benefits. We will contact you if assistance or additional information may be needed.

The Plan allows you the flexibility to choose your own providers, including in-network specialists without a referral, however, choosing to receive covered services from a PPO provider helps Members save on out-of-pocket costs as the Plan is able to receive a greater discount on healthcare services when a contract is in place. Refer to the Referrals and Pre-approval section for more information on the prior authorization process.

Our Provider Directory can be found at [sanfordhealthplan.com/findadoctor](http://sanfordhealthplan.com/findadoctor). This directory includes in-network and participating providers information as well as the following:

- Name
- Address
- Telephone numbers
- Gender
- Website
- Specialty/Professional qualifications
- Languages spoken
- Accepting new patients
- Hospital affiliation
- Medical group affiliation
- Board certification
- Last credentialed date
- Has taken cultural competence training

Please contact us if you would like more information on medical school or residency information.



# Care Options

You have multiple choices regarding when and where you receive care. Choosing the appropriate care setting helps you to maximize your health insurance benefits and save on out-of-pocket costs.

## **Routine office visit**

Your primary care provider (PCP) is best for routine, preventive or visits that could wait 24 to 48 hours or longer. If same day care is needed, your PCP may be able to see you or the clinic may be able to help you find another available provider. If you need behavioral health care, you are covered at the same cost as your other benefits under your plan.

**Experimental and investigational procedures or services are not covered; however, you may request a review of a denied request through the appeal process. Your request will be considered by the plan based on our medical policy guidelines.**

## **Urgent (acute) care**

An urgent care situation is not a serious health threat, but requires medical attention within 24 hours, and may include stitches, pain, urinary tract or respiratory infections, fever, or flu. During the day:

### **First, contact your primary care provider:**

- If your provider is unable to see you that day, ask if another provider in the clinic may be available

### **After hours, on weekends or holidays:**

- Visit a participating urgent care clinic (check the Provider Directory for options)

## **Specialty care**

If you need to see a specialist, you do not need a referral from the Health Plan, however the provider may require one to schedule an appointment.

## **Behavioral healthcare services**

If you need assistance locating Behavioral Healthcare Services, please call our Care Management department at (888) 315-0884.



## Emergency care

Emergency medical conditions require immediate care to avoid serious harm. Emergent conditions may include severe pain, suspected heart attack or stroke, difficulty breathing, bleeding that won't stop, severe burns, seizures, poisoning, or trauma. For emergency care, call 911 or visit the nearest emergency department. If you receive care in an emergency situation:

- Pre-approval is not necessary in a true emergency situation.

## Hospital services

If you require elective or emergent inpatient (hospital) services, please notify us as soon as possible.

## Emergency transportation

Ground transportation, air ambulance or a commercial flight will be covered per your plan if deemed medically necessary.

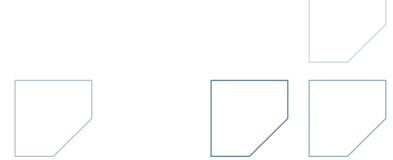
## Care when traveling

Care outside of the service area will be covered per your plan in emergent situations. If you need emergent care while traveling, please contact Sanford Health Plan within 48 hours of seeking care. Treatment facilities outside the United States may not bill your insurance and may require you to pay in full for services. If this occurs, save your receipts, and ask for a detailed list of charges in English. Submit a paper claim, and we will reimburse you for covered services.

**If traveling outside the U.S., look up the local emergency number, as it may not be 911.**

## On-demand health services

- **Nurse Line:** This free resource is available to address medical questions and get medical advice. Call (888) 315-0886 to visit with a Registered Nurse or log in to your Member Portal to send a secure message. If you contact us through the portal, you will receive a response within 1 business day.



# Pharmacy and Medication Benefits

The Sanford Health Plan Pharmacy Department will help you get the most out of your medication benefits. A brief explanation of your benefits is described below; for full details on your medication coverage, participating pharmacies and more, log in to your secure Member Portal.

**Drugs that are not considered medically necessary (such as cosmetic medications) are excluded from coverage. Check your Formulary or plan documents for details on covered and excluded medications.**

Sanford Health Plan has a list (formulary) of FDA approved brand name and generic medications that are covered under your benefit plan. Selection criteria for medications on the list include effectiveness, safety and cost. Changes are made throughout the year as necessary, with a complete review performed each year.

By following the formulary and asking your provider for generic medications when available, you will save money and help control the costs of your health care. Refer to your Summary of Benefits and Coverage (SBC) for information on medication costs under your plan. If you request a brand name medication when there is an equivalent generic or biosimilar alternative available, you will be required to pay the price difference between the brand and the generic or biosimilar product, in addition to your copay (with the traditional copay plan).

For medications to be covered, they must be:

1. Prescribed or approved by a physician, physician assistant, nurse practitioner or dentist;
2. Listed in the plan formulary, unless pre-approval (authorization) is given by the plan;
3. Provided by a participating pharmacy except in the event of a medical emergency;  
**NOTE:** If a prescription is filled at a non-participating and pharmacy, you will be responsible for the prescription drug cost in full.
4. Approved by the Federal Food and Drug Administration (FDA) for use in the United States.



## Additional medication information

- With certain medications, you must first try lower cost and/or generic versions before higher cost alternatives will be covered. This is called “step therapy”. If the first step medication does not work, you have side effects, or your situation falls into one of the other step therapy exceptions, the next step may be tried.
- For safety reasons, some medications (such as pain medications and psychotherapeutic drugs) have quantity limits, meaning only so much medication can be provided over a certain time period. Check the formulary to see which medications have a quantity limit (labeled as “QL”).
- Like some services, certain medications must also be pre-approved (preauthorized). To receive pre-approval, the prescribing provider must submit a letter of medical necessity and supporting medical information. Refer to your formulary to determine which medications require pre-approval (labeled as “PA”).
- Any medications administered in a provider’s office, such as injections or infusions, will apply to your medical benefit (deductible/coinsurance may apply based on your plan). If a medication you need is not on the formulary, you or your provider can request an exception. Complete the Formulary Exception Form (available at [sanfordhealthplan.com](http://sanfordhealthplan.com)) and return to the Pharmacy Management Department for consideration.
- Interested in signing up for mail order delivery of your prescriptions? Call (866) 833-3463 for information or to sign up.
- The Affordable Care Act (ACA) requires certain medications be provided at no charge if the Member meets certain criteria, if prescribed by a provider and filled at a participating pharmacy. Please reference the table below for additional details or contact us for more information.

No Cost Medications	Details/Dose	Criteria
Aspirin	Over the counter generic (with prescription), dose less than or equal to 81 mg	
Bowel Prep Agents	Select generic prescription for colonoscopy preparation	2 prescriptions per 365 days
Breast Cancer Prevention	Generic risk-reducing medications	Adults greater than or equal to 35 years old
Cholesterol Lowering Medications	Generic statin prescriptions	Adults age 40 to 75, presence of one or more cardiovascular risk factor, no presence of cardiovascular disease
Contraceptives (Birth Control)	Generic and select brand-name birth control products	
Fluoride	Select generic prescriptions and over the counter options	6 months through 5 years of age
Folic Acid	Over the counter products (with prescription), 0.4-0.8 mg	
HIV Preventive Medication	Truvada, generic tenofovir, Discovy	Prior Authorization confirming using for PrEP therapy
Tobacco Cessation Medications	All generic and over the counter medication options	Adults 18 and older, 180-day supply within 365 days

*ACA benefits apply only to non-grandfathered plans.*

**A complete list of in-network pharmacies and all other pharmacy related benefit information can be found in the Member Portal or by contacting Customer Service.**



# Referrals, Pre-approvals and Other Insurance Coverage

## Medical referrals

Sanford Health Plan does not require a referral to see a PPO specialty care provider, but some clinics may still require a referral for you to make an appointment. If you need help finding a provider, refer to the provider directory or contact Customer Service. Remember, some services may be excluded, even if your doctor recommends them, such as acupuncture and cosmetic procedures. See your plan document for additional details on non-covered services.

## Pre-approval (preauthorization or precertification) of services

You **must** contact Sanford Health Plan to get pre-approval for select outpatient and all inpatient procedures or admissions. Pre-approval is also needed for dental anesthesia, specialty medications, home health care, select medical equipment, cancer services and treatment, genetic testing and transplants. Please **contact us at least three days before the requested service** to ensure timely processing of your request. A complete list of services requiring pre-approval is available in your plan document, the Member Portal or by contacting Customer Service.

**New technology, treatment and clinical trial prior authorization.** We are dedicated to the work of health and healing and have a process for consideration of benefit coverage for specific new medical services or products. As a collaborating partner in the health care industry, our internal process of review includes factors such as medical impact, safety, efficacy, clinical trial phase and cost-to-benefit ratios. Our goal is to deliver a timely and thorough determination in that process.

## Motor vehicle accidents and on-the-job injuries

If you need medical care and another person or company is responsible, please contact us. We have partnered with Optum, a company who helps us handle claims that could be someone else's responsibility. If you receive a call or form in the mail from Optum, please respond within 10 days or your claims may be denied. You can reach Optum by phone (800) 529-0577 or complete the form online at [icc.optum.com](http://icc.optum.com).

## If you have other health insurance (coordination of benefits)

If you are covered by another insurance policy or are eligible for Medicaid or Medicare, we will work with the other insurance company to coordinate benefits to ensure claims are processed in a timely manner. Please complete any forms you receive or contact us, if requested, to ensure your claims are not denied.

# Wellness

Sanford Health Plan believes that health goes beyond exercise and nutrition. Considering the whole self leads to a healthier life where you can thrive. Our dimensions of well-being provide you with a framework to examine your health. We have provided suggestions below on how you can improve your well-being in each dimension.

## Physical well-being

Aim for 30 minutes of physical activity each day.

Sleep for seven to nine hours each night.

Plan meals ahead of time to avoid making unhealthy decisions about food.

## Career well-being

Utilize your strengths every day at work or through volunteering.

Have a best friend at work.

## Social well-being

Spend intentional time each day socializing with a friend or family member.

Work on having more positive interactions during your day than negative ones.

## Financial well-being

Buy experiences such as vacations and outings with friends and loved ones.

Set up defaults like automatic bill pay and transfers to savings to reduce your financial worries.

## Emotional well-being

Strive for progress, not perfection.

Be kind to yourself.

Set aside at least five minutes a day to reflect. Spend this time journaling, expressing gratitude or thinking in silence.

Control what you can control (your reaction), and let the rest go.

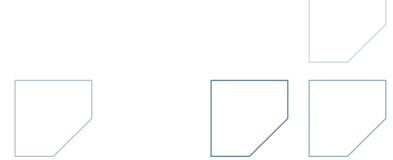
## Community well-being

Practice informal volunteering by helping out a friend, family member or neighbor each day.

Think outside of the box, and give back as a special way to celebrate a birthday, anniversary or other occasion.

Talk with friends, family and co-workers about your interest in giving back to find new volunteering opportunities.





## Wellness Portal

Within your secure Member Portal, you also have access to a Wellness Portal powered by WebMD, which contains a variety of wellness resources, recipes, and more. After completing a health assessment, the Portal becomes personalized to support your personal health and wellness goals.

## Dakota Wellness Program

Each year, NDPERS employees and spouses covered by Sanford Health Plan can earn a \$250 (\$500 per household) wellness benefit by practicing healthy habits.

### Step 1: Take your annual health assessment

Log into your account at [sanfordhealthplan.com/memberlogin](https://sanfordhealthplan.com/memberlogin). (Forgot username and password options are available, if necessary.) If you do not have an account, select the “Request Access for Yourself” button. Click on Menu and under the Insurance header, click Portals and Links, then select Wellness Portal to complete your yearly assessment.

### Step 2: Engage in health and wellness activities

Earn your \$250 wellness benefit by:

- Going to the gym.
- Attending work site wellness events. Be sure to complete and return the Dakota Wellness Program Voucher for credit toward your Wellness Benefit.
- Earning points in the online wellness portal.

For detailed information on how the Dakota Wellness Program works and how to earn your yearly benefit, go to [sanfordhealthplan.com/ndpers/dakotawellnessprogram](https://sanfordhealthplan.com/ndpers/dakotawellnessprogram).

## Fitness center reimbursements

Sanford Health Plan will pay up to \$20 per Member per month when you use your home fitness center 12 days per month. To sign up, go to **NIHCArewards.org** to enroll online. Under “Member Options”, click “First Time Enrollment” and select Sanford Health Plan from the drop down menu. Select your home fitness center location click “Enroll Online.” Read and agree to the terms of service, and enter your contact, health plan and banking information and click “Submit.”

If you visit your home fitness center at least 12 times per month, most participants receive an automatic deposit into a bank account around the 21st of each month. If your fees are less than \$20 per month, the credit will reflect the amount you pay each month. You can view the status of your reimbursements in your NIHCA Member account at **NIHCArewards.org**. Please contact your fitness center directly if you find any errors regarding reimbursement. For other errors, please contact Sanford Health Plan at (800) 499-3416 for assistance. Please note, it is the Member’s responsibility to ensure your gym visits are recorded and payments are received.

If you end your fitness center membership or become delinquent in your membership dues, you will not be eligible for reimbursement. If you move your gym membership to a new facility, log on to **NIHCArewards.org** and select your new gym to continue receiving reimbursements.

Customer Service is available 8 AM to 5 PM CST Monday-Friday

Phone: (800) 499-3416 | TTY: 711

Free translation assistance (800) 752-5863





# Healthy Pregnancy Program

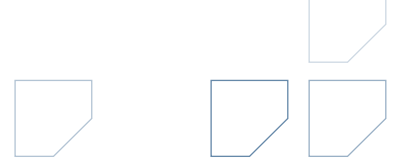
If your family is expecting, NDPERS and Sanford Health Plan want to make sure you have the tools and support you need to give your baby the healthiest start possible. This free program offers over \$850 in savings and additional benefits, including:

- Deductible waiver (for women who participate in a Grandfathered/Non-Grandfathered PPO/Basic Plan and deliver with a participating provider)
- Free prenatal vitamins
- Support from a care management nurse
- Educational information on pregnancy, childbirth and postpartum
- A baby gift from Sanford Health Plan

You can also access Text4baby to help remind you of doctor visits, personalized tips on prenatal care, baby's growth, signs of labor, nursing, eating habits and more. Text BABY (or BEBE) to 511411 to sign up.

To sign up for the Healthy Pregnancy Program, contact us between your 8th and 34th week of pregnancy at **(888) 315-0884** or visit **[sanfordhealthplan.com/ndpers](https://sanfordhealthplan.com/ndpers)**.





# Advance Care Planning

Advance care planning is the process of planning and deciding your future health care in case you are suddenly unable to make your own decisions because of illness or injury. Advance care planning allows you to:

- Think about and discuss treatment options with your family and health care providers to make treatment decisions based on your goals, values and preferences.
- Document and communicate your decisions to those who need to know.
- Select someone you trust to make decisions on your behalf when you are unable to speak for yourself.

Sanford Health Plan encourages all Members to complete an advance directive. A copy should be provided to the person responsible for making decisions in case you cannot speak for yourself, the hospital where you are most likely to receive treatment and your primary provider. For access to free advance care planning resources and documents, go to **sanfordhealth.org**, keywords: *'advance care planning'*.

Customer Service is available 8 AM to 5 PM CST Monday-Friday  
Phone: (800) 499-3416 | TTY: 711  
Free translation assistance (800) 752-5863

# Making Changes to Your Plan

After the open enrollment period, you may be able to enroll in health insurance if you experience a life-changing event, such as job status changes, a change in residence for yourself and/or your dependents, you get married or divorced, have or adopt a child, or become eligible for state premium assistance. This is known as a special enrollment period; see your plan document for full details.

Additionally, if you declined enrollment for yourself or your dependents (children or spouse) because you had other health insurance, including state or federal coverage, you or your dependents may be eligible to enroll in your plan if eligibility for the other coverage is lost.

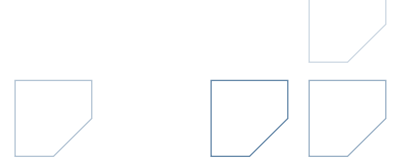
To enroll or remove dependents outside of open enrollment, contact your employer:

- 31 days after a life changing event or other group health plan coverage ends
- 60 days after the date of eligibility for state premium assistance is determined or terminated

If we request additional information, it must be returned within 30 days. Additionally, verification may be required for any dependent covered on your policy who is disabled or over age 26.







# Claims and Payment of Services

After you receive medical care, most providers will file a claim for you. However, you may need to file a claim if your provider did not file one for you. Claim forms can be found in the Member Portal or by contacting Customer Service. A copy of an itemized statement (breakdown of charges) from your provider and proof of payment will be needed to process the claim.

After your claim is received and processed according to your benefits, Sanford Health Plan will send payment to the provider, and an Explanation of Benefits (EOB) to you.

All claims must be received within 180 days from the date of service or within 365 with a national network provider. If your claim is not received within the allotted time, you may be responsible for all costs.

## Explanation of benefits

After you receive health care services and we process the claim, you will receive an explanation of benefits (EOB) that explains how your insurance benefits were applied. A claim for services is typically received and processed within 30 days. If you've signed up to receive electronic EOBs, you will receive email notification stating that a new EOB is available to view in the Member Portal. If you have not signed up for electronic EOBs, you will receive a paper EOB in the mail. The EOB will provide specific information about all services/claims from the last 30 days.

**The EOB is NOT a bill or invoice.**

To ensure benefits are applied correctly, wait until you receive your EOBs before paying medical bills.

## Complaints

To file a complaint, contact Sanford Health Plan through the Member Portal, by phone or by mail at Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109-1110.

## Appeals

You have a right to appeal any decision made by Sanford Health Plan to not pay for an item or service. To file an appeal, complete an Appeal Form in the Member Portal, or contact Customer Service to file an appeal over the phone or to have a form mailed to you.

Customer Service is available 8 AM to 5 PM CST Monday-Friday

Phone: (800) 499-3416 | TTY: 711

Free translation assistance (800) 752-5863



# How to Read Your Explanation of Benefits (EOB)

Sanford Health Plan wants to help you understand your health care coverage. An Explanation of Benefits (EOB) is not a bill; it explains how your benefits have been applied. It also shows what Sanford Health Plan paid for your care and what amount you may be responsible for. Review your EOB carefully along with any bills you receive to make sure both statements match.

**B** Claim Number: 1234567

**D** Provider/Vendor Name: DOCTOR NAME /FACILITY NAME/PLACE OF SERVICE

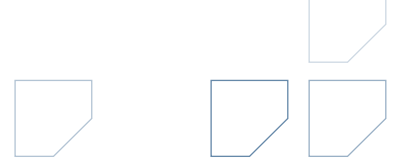
<b>A</b> Date of Service	Medical Service Details		Member Benefit		<b>H</b> Copay	Amount Provider May Bill You			<b>L</b> Notes*
	<b>C</b> Type of Service	<b>E</b> Amount Billed	<b>F</b> Plan Discount	<b>G</b> Amount Paid by Plan		<b>I</b> Deductible	<b>J</b> Coinsurance	<b>K</b> Amount Not Covered	
XX/XX/XXXX – XX/XX/XXXX	<type of service>	\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	<claim notes>
Claim Total:		\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	
						Amount You May Owe		\$XXXXX.XX	

**L** \*Notes

<claim notes>

- A Date of Service:** The date(s) you received care.
- B Claim Number:** Reference number Sanford Health Plan assigned to the submitted claim.
- C Type of Service:** Type of medical service received.
- D Provider/Vendor Name:** The provider or facility you received the service from.
- E Amount Billed:** Amount the provider or facility billed for the service.
- F Plan Discount:** Amount saved by using an in-network or participating provider (if applicable). Sanford Health Plan negotiates lower rates with these providers to help save money.
- G Amount Paid by Plan:** The maximum amount Sanford Health Plan allows a provider or facility to charge for the service(s).
- H Copay:** A set amount you pay for certain services, such as an office visit.

- I Deductible:** The amount of covered expense that must be paid by the member before Sanford Health Plan begins to pay. For example, if your deductible is \$1,500, Sanford Health Plan won't pay for covered benefits until you've paid \$1,500 for services that are subject to the deductible, which may include labs, imaging, procedures and hospitalizations.
- J Coinsurance:** The percentage of the payment that you are responsible for, once the deductible has been met. Coinsurance amount is calculated on the amount paid by the plan. For example, if you have a \$100.00 service after you've met your deductible and your coinsurance is 80/20, the Plan will pay for 80 percent (\$80) and you will pay 20 percent (\$20).
- K Amount Not Covered:** Any amount that may not be covered by your benefit plan.
- L Notes:** Important information; these numbers and/or codes explain more about how claim was processed.



# Saving Money on Your Healthcare

Even if you have insurance, there are additional ways you can save time and money on health care, and Sanford Health Plan wants to help. Follow the tips below to help keep your health care affordable.

**Live a healthy lifestyle.** Choosing to eat well, exercise regularly, lose weight or quit smoking (if needed) and getting enough sleep will help you feel good and stay healthy. If you have been diagnosed with a medical condition, take prescribed medications and follow up as directed to keep your condition well controlled.

**Choose the plan that's right for you.** Health insurance is not one size fits all. Take some time to research your options and pick the plan that's right for you and your family. This simple step can help you maximize your benefits and save you money in the long run.

**Know your coverage.** Review the specifics of your policy each year so you know what to expect when using your benefits.

**Use your preventive care benefits.** Sanford Health Plan offers free preventive health care services to help you stay healthy. Regular physicals, screenings and immunizations can help detect medical problems early. The Member Portal also offers a Wellness Portal to help you stay healthy.

**Use a PPO provider.** Using PPO providers and facilities will help you pay less for services and prescriptions.

**Choose the right setting for care.** Avoid the emergency room if urgent care or a visit with your primary doctor will address your problem.

**Use generic prescription drugs.** Generic drugs are FDA approved and as safe and effective as name brand medications. Generics contain the same active ingredients, which means they work the same and cost much less.

**Take advantage of special programs.** Sanford Health Plan offers case management programs for those with complex medical or behavioral health needs, undergoing treatment for kidney disease, cancer, high risk pregnancy, transplant or are transitioning from hospital to home.

**Pay your bill early.** If you receive care at Sanford Health, you can save 10 percent if you pay your bill within 30 days.



# Glossary of Terms

**Allowed Amount:** Shown on the explanation of benefits (EOB), this is the maximum amount the plan pays a provider for a covered service. Even with the same service, the allowed amount may be different for in-network versus national network providers.

**Ancillary Service:** Supplemental healthcare services such as laboratory work, x-rays or physical therapy that are provided in conjunction with medical or hospital care. Ancillary fees may also be associated with obtaining prescription drugs that are not on the formulary (covered medication list).

**Basic Plan Benefits:** Care received from a facility, provider or supplier that is not a part of the Preferred Provider Organization (PPO). Benefit payment will be paid per the Basic Plan Benefit level as specified in the plan documents.

**Claim:** The document sent to the plan from your provider showing the services or products provided to you.

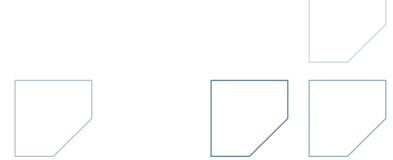
**Coinsurance:** The percentage of costs for covered services you are responsible for after you meet your deductible. Coinsurance is based on the allowed amount for the service. If you've met your deductible and your coinsurance is 20 percent, the plan will pay 80 percent of the allowed amount for a service and you pay 20 percent. For example, if you've met your deductible and the allowed amount for a service is \$100, the plan would pay \$80 and you would be responsible for \$20.

**Copay or copayment:** The dollar amount you pay each time you visit the doctor or fill a prescription. For example, if your office visit copay is \$20, you would pay this amount and the plan would cover the rest of the allowed amount. Depending on your plan, you may or may not have a copay option for certain services. Copays do not apply to your deductible, but they do apply to your out of pocket expenses.

**Deductible:** The cost of covered services you pay at 100 percent before Sanford Health Plan begins to pay. For example, if your deductible is \$1,500, the plan won't pay until you've met your \$1,500 deductible for certain services, such as labs, imaging, procedures and hospitalizations.

**Excluded (non-covered) services:** Sanford Health Plan does not allow coverage for certain services or products. Charges incurred from non-covered services do not apply to your deductible and/or coinsurance. Please review your plan document for specific information on non-covered services.

**Experimental and/or investigational services or procedures:** A drug, device, medical treatment, diagnostic procedure, technology, or procedure has not been proven as effective or there are concerns relating to safety, effectiveness, effect on health outcomes or requires governmental approval which has not been granted.



**Formulary:** A list of medications covered by the plan, which may be updated throughout the year.

**Medically necessary:** Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms that meet accepted standards of medicine.

**Out-of-network (non-participating) provider:** A health care provider not contracted with Sanford Health Plan. There is no discount for services, so you will pay more (or all) for medical services.

**Out-of-pocket maximum (limit):** The maximum cost to you in a calendar year for covered medical expenses before your insurance plan begins to pay 100 percent.

**PPO Provider:** Participating facilities, providers and suppliers who provide discounted services to the Members of NDPERS. PPO providers charge the Plan less for care and savings are passed on to Members in the form of less out of pocket cost(s).

**Pre-approval (preauthorization or precertification):** A request that must be submitted for approval of certain services including procedures, hospitalizations and medications before the services are received (except in an emergency). Sanford Health Plan will review the request to determine if it is medically necessary. Prior authorization does not guarantee the plan will cover the cost.

**Preferred (in-network) provider:** A provider contracted with Sanford Health Plan that allows you to receive health services at a discounted rate. You can save money by using in-network providers.

**Premium:** The amount you pay on a monthly basis for your health insurance coverage. This amount does not apply toward your deductible and/or coinsurance.

**Utilization review:** A process which compares requests for medical services (utilization) to recommended treatment guidelines. Also confirms requested services are appropriate and medically necessary.












# NDQuits reduces the harms of nicotine dependence by helping North Dakotans quit

**NDQuits**  
1-800-QUIT-NOW (1-800-784-8669)  
[hhs.nd.gov/ndquits](https://hhs.nd.gov/ndquits)

NDQuits is North Dakota's [tobacco and nicotine treatment quitline](#). Anyone in North Dakota can call NDQuits (1-800-QUIT-NOW) or sign up online for [free treatment services](#), including phone counseling, NRT (nicotine patches, gum, or lozenges), and other resources. The U.S. Surgeon General reported, "Since the 1990s, a large body of clinical literature had [consistently demonstrated the effectiveness of tobacco quitlines](#)." \*

- Participating in multiple sessions of phone counseling makes you 1.4 times more likely to quit
- Combining counseling with NRT (as you can in NDQuits) is the "gold standard" in treating tobacco and nicotine dependence.

\*Office of the Surgeon General: <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

	 <b>Phone</b>	 <b>Web</b>
 Enrollment	<ul style="list-style-type: none"> <li>• Enroll by calling <b>1-800-QUIT-NOW</b> or text <b>start</b> to <b>300500</b></li> <li>• Eligible to re-enroll every 60 days after last contact</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll at <a href="https://hhs.nd.gov/ndquits">hhs.nd.gov/ndquits</a></li> <li>• Lifetime enrollment</li> </ul>
 Counseling calls	5+ calls with North Dakota quit coaches	 <i>Can be accessed by adding the phone program</i>
 Web portal	 <i>Can be accessed by adding the phone program</i>	Online access to quit resources
 NRT benefits (Nicotine replacement therapy)*  <i>*Individuals insured by Medicaid may be eligible for additional NRT</i>	<i>If you do not have insurance or your insurance does not cover NRT:</i>	
	For NDPERS members, up to 16 weeks of <b>patches, gum, or lozenges, or combination NRT</b> (patches and gum or lozenges)	For NDPERS members, up to 16 weeks of <b>patches, gum, or lozenges</b>
 Available add-ons	<ul style="list-style-type: none"> <li>• Printed quit guide</li> <li>• Emails</li> <li>• Texts</li> </ul>	<ul style="list-style-type: none"> <li>• Online quit guide</li> <li>• Emails</li> </ul>



The **American Indian Commercial Tobacco Program** and the **Pregnancy/Postpartum Protocol** each offer additional counseling calls than the general NDQuits program. Both programs have specially trained coaches and a tailored treatment and recovery guide.  
*Note for these programs, quit coaches may not be located in ND.*

NDQuits also offers **My Life, My Quit**, a program specially tailored for youth under age 18 who want to quit.

# LIFE INSURANCE CONTINUATION



## **TRANSFER OF COVERAGE:**

If you are transferring from one NDPERS employer to another and both employers offer NDPERS life insurance, you cannot increase your current level of life insurance coverage. You may decrease coverage at any time.

## **TERMINATION OF COVERAGE:**

If the new employer does not provide NDPERS life insurance, you will receive a packet from Voya Financial that will include details on converting your life insurance to an individual policy or for portability of your existing term life insurance policy. If you have questions on conversion or portability options after you've received your letter from Voya, please call Voya Customer Service at 1-800-955-7736.

You will have 60 days from the loss of coverage date to convert your life insurance coverage. If NDPERS does not receive timely notification of your termination date from your employer, this may limit your ability to convert your life insurance.

# GROUP LIFE INSURANCE

Underwritten by: Voya



## **Eligibility:**

Eligible employees are those employees who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year, and whose positions are regularly funded and not of limited duration (i.e. permanent).

## **Part-Time /Temporary Employees:**

A Part-Time/Temporary Employee is eligible to participate at their own expense. To participate, the part-time/temporary employee must be employed at least 20 hours a week and at least 20 weeks each year of employment.

## **Enrollment:**

You have an initial enrollment period of 31 days from your start date of employment. Applications received within the enrollment period will be accepted with no restrictions or limitations for you. Coverage will be effective the first of the month following your employment date.

## **Basic Life:**

If your employer is participating in the NDPERS Life Insurance Program, you will receive basic life insurance coverage in the amount of \$12,000. The premium is \$0.28 a month and is paid by the employer if you are a permanent employee.

## **Supplemental Employee Life:**

You may elect to have supplemental coverage in addition to the basic life coverage of \$12,000. The first increment is \$3,000 (\$3,000 + basic of \$12,000 = \$15,000); thereafter, the supplemental increments are \$5,000 up to a maximum of \$600,000. However, amounts of total coverage above \$300,000 will require Evidence of Insurability.

## **Supplemental Dependent Life:**

If you elect supplemental coverage, you are eligible to purchase supplemental dependent life insurance. This coverage is available at either a \$2,000, \$5,000, \$7,000 or \$10,000 level for your spouse and each eligible dependent. The premium is based on the employee's age and is a flat rate regardless of the number of dependents covered.

## **Increase in Coverage:**

You may increase your supplemental, dependent or supplemental spouse life insurance coverage during the designated Annual Enrollment Season. Increases above \$25,000 to existing Employee Supplemental Life Insurance will need Evidence of Insurability and must be approved by Voya. Also, amounts of total coverage above \$300,000 will require Evidence of Insurability and Voya approval. Contact your payroll department to obtain the proper application forms or visit our website at <https://www.ndpers.nd.gov/>. NOTE: white out cannot be used on an Evidence of Insurability form.



### **Supplemental Spouse Life:**

If you elect dependent life insurance coverage, you are eligible to purchase supplemental spouse life insurance. This coverage is available in \$5,000 increments and may not exceed 50% of the total employee supplemental coverage or \$300,000, whichever is less. Evidence of Insurability is required on all spouse supplemental life over \$100,000. NOTE: white out cannot be used on an Evidence of Insurability form.

### **Accidental Death and Dismemberment (AD&D):**

The NDPERS Group Life Insurance contains an AD&D insurance benefit which will pay benefits if you lose your life, limb or sight due to accidental injury.

### **Living Benefit Option:**

The benefit is available only to active employees. It allows employees who have a terminal illness or condition to receive a portion of their life insurance benefit while they are living. A terminal condition is defined as having a life expectancy of 12 months or less with no reasonable expectation of recovery. The provision pays 75% of the total face amount of the life insurance not to exceed \$200,000. At the present time, the living benefit option proceeds are taxable income. After the living benefit option is paid, the premium for the life coverage is reduced and based on the remaining amount of coverage which is payable to the beneficiary upon the employee's death.

**Supplemental Life and Accidental Death and Dismemberment Insurance**  
**Monthly Premium Amounts - Underwritten by Voya**  
**Rates Effective July 1, 2023**  
**Basic Life = \$12,000**

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$15,000</u>	<u>\$20,000</u>	<u>\$25,000</u>	<u>\$30,000</u>	<u>\$35,000</u>	<u>\$40,000</u>	<u>\$45,000</u>	<u>\$50,000</u>	<u>\$55,000</u>
Under 25	\$0.06	\$0.16	\$0.26	\$0.36	\$0.46	\$0.56	\$0.66	\$0.76	\$0.86
25 to 29	\$0.06	\$0.16	\$0.26	\$0.36	\$0.46	\$0.56	\$0.66	\$0.76	\$0.86
30 to 34	\$0.12	\$0.32	\$0.52	\$0.72	\$0.92	\$1.12	\$1.32	\$1.52	\$1.72
35 to 39	\$0.18	\$0.48	\$0.78	\$1.08	\$1.38	\$1.68	\$1.98	\$2.28	\$2.58
40 to 44	\$0.24	\$0.64	\$1.04	\$1.44	\$1.84	\$2.24	\$2.64	\$3.04	\$3.44
45 to 49	\$0.30	\$0.80	\$1.30	\$1.80	\$2.30	\$2.80	\$3.30	\$3.80	\$4.30
50 to 54	\$0.48	\$1.28	\$2.08	\$2.88	\$3.68	\$4.48	\$5.28	\$6.08	\$6.88
55 to 59	\$0.96	\$2.56	\$4.16	\$5.76	\$7.36	\$8.96	\$10.56	\$12.16	\$13.76
60 to 64	\$1.50	\$4.00	\$6.50	\$9.00	\$11.50	\$14.00	\$16.50	\$19.00	\$21.50
65 to 69	\$2.94	\$7.84	\$12.74	\$17.64	\$22.54	\$27.44	\$32.34	\$37.24	\$42.14
70+	\$4.86	\$12.96	\$21.06	\$29.16	\$37.26	\$45.36	\$53.46	\$61.56	\$69.66

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$60,000</u>	<u>\$65,000</u>	<u>\$70,000</u>	<u>\$75,000</u>	<u>\$80,000</u>	<u>\$85,000</u>	<u>\$90,000</u>	<u>\$95,000</u>	<u>\$100,000</u>
Under 25	\$0.96	\$1.06	\$1.16	\$1.26	\$1.36	\$1.46	\$1.56	\$1.66	\$1.76
25 to 29	\$0.96	\$1.06	\$1.16	\$1.26	\$1.36	\$1.46	\$1.56	\$1.66	\$1.76
30 to 34	\$1.92	\$2.12	\$2.32	\$2.52	\$2.72	\$2.92	\$3.12	\$3.32	\$3.52
35 to 39	\$2.88	\$3.18	\$3.48	\$3.78	\$4.08	\$4.38	\$4.68	\$4.98	\$5.28
40 to 44	\$3.84	\$4.24	\$4.64	\$5.04	\$5.44	\$5.84	\$6.24	\$6.64	\$7.04
45 to 49	\$4.80	\$5.30	\$5.80	\$6.30	\$6.80	\$7.30	\$7.80	\$8.30	\$8.80
50 to 54	\$7.68	\$8.48	\$9.28	\$10.08	\$10.88	\$11.68	\$12.48	\$13.28	\$14.08
55 to 59	\$15.36	\$16.96	\$18.56	\$20.16	\$21.76	\$23.36	\$24.96	\$26.56	\$28.16
60 to 64	\$24.00	\$26.50	\$29.00	\$31.50	\$34.00	\$36.50	\$39.00	\$41.50	\$44.00
65 to 69	\$47.04	\$51.94	\$56.84	\$61.74	\$66.64	\$71.54	\$76.44	\$81.34	\$86.24
70+	\$77.76	\$85.86	\$93.96	\$102.06	\$110.16	\$118.26	\$126.36	\$134.46	\$142.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$105,000</u>	<u>\$110,000</u>	<u>\$115,000</u>	<u>\$120,000</u>	<u>\$125,000</u>	<u>\$130,000</u>	<u>\$135,000</u>	<u>\$140,000</u>	<u>\$145,000</u>	<u>\$150,000</u>
Under 25	\$1.86	\$1.96	\$2.06	\$2.16	\$2.26	\$2.36	\$2.46	\$2.56	\$2.66	\$2.76
25 to 29	\$1.86	\$1.96	\$2.06	\$2.16	\$2.26	\$2.36	\$2.46	\$2.56	\$2.66	\$2.76
30 to 34	\$3.72	\$3.92	\$4.12	\$4.32	\$4.52	\$4.72	\$4.92	\$5.12	\$5.32	\$5.52
35 to 39	\$5.58	\$5.88	\$6.18	\$6.48	\$6.78	\$7.08	\$7.38	\$7.68	\$7.98	\$8.28
40 to 44	\$7.44	\$7.84	\$8.24	\$8.64	\$9.04	\$9.44	\$9.84	\$10.24	\$10.64	\$11.04
45 to 49	\$9.30	\$9.80	\$10.30	\$10.80	\$11.30	\$11.80	\$12.30	\$12.80	\$13.30	\$13.80
50 to 54	\$14.88	\$15.68	\$16.48	\$17.28	\$18.08	\$18.88	\$19.68	\$20.48	\$21.28	\$22.08
55 to 59	\$29.76	\$31.36	\$32.96	\$34.56	\$36.16	\$37.76	\$39.36	\$40.96	\$42.56	\$44.16
60 to 64	\$46.50	\$49.00	\$51.50	\$54.00	\$56.50	\$59.00	\$61.50	\$64.00	\$66.50	\$69.00
65 to 69	\$91.14	\$96.04	\$100.94	\$105.84	\$110.74	\$115.64	\$120.54	\$125.44	\$130.34	\$135.24
70+	\$150.66	\$158.76	\$166.86	\$174.96	\$183.06	\$191.16	\$199.26	\$207.36	\$215.46	\$223.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$155,000</u>	<u>\$160,000</u>	<u>\$165,000</u>	<u>\$170,000</u>	<u>\$175,000</u>	<u>\$180,000</u>	<u>\$185,000</u>	<u>\$190,000</u>	<u>\$195,000</u>	<u>\$200,000</u>
Under 25	\$2.86	\$2.96	\$3.06	\$3.16	\$3.26	\$3.36	\$3.46	\$3.56	\$3.66	\$3.76
25 to 29	\$2.86	\$2.96	\$3.06	\$3.16	\$3.26	\$3.36	\$3.46	\$3.56	\$3.66	\$3.76
30 to 34	\$5.72	\$5.92	\$6.12	\$6.32	\$6.52	\$6.72	\$6.92	\$7.12	\$7.32	\$7.52
35 to 39	\$8.58	\$8.88	\$9.18	\$9.48	\$9.78	\$10.08	\$10.38	\$10.68	\$10.98	\$11.28
40 to 44	\$11.44	\$11.84	\$12.24	\$12.64	\$13.04	\$13.44	\$13.84	\$14.24	\$14.64	\$15.04
45 to 49	\$14.30	\$14.80	\$15.30	\$15.80	\$16.30	\$16.80	\$17.30	\$17.80	\$18.30	\$18.80
50 to 54	\$22.88	\$23.68	\$24.48	\$25.28	\$26.08	\$26.88	\$27.68	\$28.48	\$29.28	\$30.08
55 to 59	\$45.76	\$47.36	\$48.96	\$50.56	\$52.16	\$53.76	\$55.36	\$56.96	\$58.56	\$60.16
60 to 64	\$71.50	\$74.00	\$76.50	\$79.00	\$81.50	\$84.00	\$86.50	\$89.00	\$91.50	\$94.00
65 to 69	\$140.14	\$145.04	\$149.94	\$154.84	\$159.74	\$164.64	\$169.54	\$174.44	\$179.34	\$184.24
70+	\$231.66	\$239.76	\$247.86	\$255.96	\$264.06	\$272.16	\$280.26	\$288.36	\$296.46	\$304.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$205,000</u>	<u>\$210,000</u>	<u>\$215,000</u>	<u>\$220,000</u>	<u>\$225,000</u>	<u>\$230,000</u>	<u>\$235,000</u>	<u>\$240,000</u>	<u>\$245,000</u>	<u>\$250,000</u>
Under 25	\$3.86	\$3.96	\$4.06	\$4.16	\$4.26	\$4.36	\$4.46	\$4.56	\$4.66	\$4.76
25 to 29	\$3.86	\$3.96	\$4.06	\$4.16	\$4.26	\$4.36	\$4.46	\$4.56	\$4.66	\$4.76
30 to 34	\$7.72	\$7.92	\$8.12	\$8.32	\$8.52	\$8.72	\$8.92	\$9.12	\$9.32	\$9.52
35 to 39	\$11.58	\$11.88	\$12.18	\$12.48	\$12.78	\$13.08	\$13.38	\$13.68	\$13.98	\$14.28
40 to 44	\$15.44	\$15.84	\$16.24	\$16.64	\$17.04	\$17.44	\$17.84	\$18.24	\$18.64	\$19.04
45 to 49	\$19.30	\$19.80	\$20.30	\$20.80	\$21.30	\$21.80	\$22.30	\$22.80	\$23.30	\$23.80
50 to 54	\$30.88	\$31.68	\$32.48	\$33.28	\$34.08	\$34.88	\$35.68	\$36.48	\$37.28	\$38.08
55 to 59	\$61.76	\$63.36	\$64.96	\$66.56	\$68.16	\$69.76	\$71.36	\$72.96	\$74.56	\$76.16
60 to 64	\$96.50	\$99.00	\$101.50	\$104.00	\$106.50	\$109.00	\$111.50	\$114.00	\$116.50	\$119.00
65 to 69	\$189.14	\$194.04	\$198.94	\$203.84	\$208.74	\$213.64	\$218.54	\$223.44	\$228.34	\$233.24
70+	\$312.66	\$320.76	\$328.86	\$336.96	\$345.06	\$353.16	\$361.26	\$369.36	\$377.46	\$385.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$255,000</u>	<u>\$260,000</u>	<u>\$265,000</u>	<u>\$270,000</u>	<u>\$275,000</u>	<u>\$280,000</u>	<u>\$285,000</u>	<u>\$290,000</u>	<u>\$295,000</u>	<u>\$300,000</u>
Under 25	\$4.86	\$4.96	\$5.06	\$5.16	\$5.26	\$5.36	\$5.46	\$5.56	\$5.66	\$5.76
25 to 29	\$4.86	\$4.96	\$5.06	\$5.16	\$5.26	\$5.36	\$5.46	\$5.56	\$5.66	\$5.76
30 to 34	\$9.72	\$9.92	\$10.12	\$10.32	\$10.52	\$10.72	\$10.92	\$11.12	\$11.32	\$11.52
35 to 39	\$14.58	\$14.88	\$15.18	\$15.48	\$15.78	\$16.08	\$16.38	\$16.68	\$16.98	\$17.28
40 to 44	\$19.44	\$19.84	\$20.24	\$20.64	\$21.04	\$21.44	\$21.84	\$22.24	\$22.64	\$23.04
45 to 49	\$24.30	\$24.80	\$25.30	\$25.80	\$26.30	\$26.80	\$27.30	\$27.80	\$28.30	\$28.80
50 to 54	\$38.88	\$39.68	\$40.48	\$41.28	\$42.08	\$42.88	\$43.68	\$44.48	\$45.28	\$46.08
55 to 59	\$77.76	\$79.36	\$80.96	\$82.56	\$84.16	\$85.76	\$87.36	\$88.96	\$90.56	\$92.16
60 to 64	\$121.50	\$124.00	\$126.50	\$129.00	\$131.50	\$134.00	\$136.50	\$139.00	\$141.50	\$144.00
65 to 69	\$238.14	\$243.04	\$247.94	\$252.84	\$257.74	\$262.64	\$267.54	\$272.44	\$277.34	\$282.24
70+	\$393.66	\$401.76	\$409.86	\$417.96	\$426.06	\$434.16	\$442.26	\$450.36	\$458.46	\$466.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$305,000</u>	<u>\$310,000</u>	<u>\$315,000</u>	<u>\$320,000</u>	<u>\$325,000</u>	<u>\$330,000</u>	<u>\$335,000</u>	<u>\$340,000</u>	<u>\$345,000</u>	<u>\$350,000</u>
Under 25	\$5.86	\$5.96	\$6.06	\$6.16	\$6.26	\$6.36	\$6.46	\$6.56	\$6.66	\$6.76
25 to 29	\$5.86	\$5.96	\$6.06	\$6.16	\$6.26	\$6.36	\$6.46	\$6.56	\$6.66	\$6.76
30 to 34	\$11.72	\$11.92	\$12.12	\$12.32	\$12.52	\$12.72	\$12.92	\$13.12	\$13.32	\$13.52
35 to 39	\$17.58	\$17.88	\$18.18	\$18.48	\$18.78	\$19.08	\$19.38	\$19.68	\$19.98	\$20.28
40 to 44	\$23.44	\$23.84	\$24.24	\$24.64	\$25.04	\$25.44	\$25.84	\$26.24	\$26.64	\$27.04
45 to 49	\$29.30	\$29.80	\$30.30	\$30.80	\$31.30	\$31.80	\$32.30	\$32.80	\$33.30	\$33.80
50 to 54	\$46.88	\$47.68	\$48.48	\$49.28	\$50.08	\$50.88	\$51.68	\$52.48	\$53.28	\$54.08
55 to 59	\$93.76	\$95.36	\$96.96	\$98.56	\$100.16	\$101.76	\$103.36	\$104.96	\$106.56	\$108.16
60 to 64	\$146.50	\$149.00	\$151.50	\$154.00	\$156.50	\$159.00	\$161.50	\$164.00	\$166.50	\$169.00
65 to 69	\$287.14	\$292.04	\$296.94	\$301.84	\$306.74	\$311.64	\$316.54	\$321.44	\$326.34	\$331.24
70+	\$474.66	\$482.76	\$490.86	\$498.96	\$507.06	\$515.16	\$523.26	\$531.36	\$539.46	\$547.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$355,000</u>	<u>\$360,000</u>	<u>\$365,000</u>	<u>\$370,000</u>	<u>\$375,000</u>	<u>\$380,000</u>	<u>\$385,000</u>	<u>\$390,000</u>	<u>\$395,000</u>	<u>\$400,000</u>
Under 25	\$6.86	\$6.96	\$7.06	\$7.16	\$7.26	\$7.36	\$7.46	\$7.56	\$7.66	\$7.76
25 to 29	\$6.86	\$6.96	\$7.06	\$7.16	\$7.26	\$7.36	\$7.46	\$7.56	\$7.66	\$7.76
30 to 34	\$13.72	\$13.92	\$14.12	\$14.32	\$14.52	\$14.72	\$14.92	\$15.12	\$15.32	\$15.52
35 to 39	\$20.58	\$20.88	\$21.18	\$21.48	\$21.78	\$22.08	\$22.38	\$22.68	\$22.98	\$23.28
40 to 44	\$27.44	\$27.84	\$28.24	\$28.64	\$29.04	\$29.44	\$29.84	\$30.24	\$30.64	\$31.04
45 to 49	\$34.30	\$34.80	\$35.30	\$35.80	\$36.30	\$36.80	\$37.30	\$37.80	\$38.30	\$38.80
50 to 54	\$54.88	\$55.68	\$56.48	\$57.28	\$58.08	\$58.88	\$59.68	\$60.48	\$61.28	\$62.08
55 to 59	\$109.76	\$111.36	\$112.96	\$114.56	\$116.16	\$117.76	\$119.36	\$120.96	\$122.56	\$124.16
60 to 64	\$171.50	\$174.00	\$176.50	\$179.00	\$181.50	\$184.00	\$186.50	\$189.00	\$191.50	\$194.00
65 to 69	\$336.14	\$341.04	\$345.94	\$350.84	\$355.74	\$360.64	\$365.54	\$370.44	\$375.34	\$380.24
70+	\$555.66	\$563.76	\$571.86	\$579.96	\$588.06	\$596.16	\$604.26	\$612.36	\$620.46	\$628.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$405,000</u>	<u>\$410,000</u>	<u>\$415,000</u>	<u>\$420,000</u>	<u>\$425,000</u>	<u>\$430,000</u>	<u>\$435,000</u>	<u>\$440,000</u>	<u>\$445,000</u>	<u>\$450,000</u>
Under 25	\$7.86	\$7.96	\$8.06	\$8.16	\$8.26	\$8.36	\$8.46	\$8.56	\$8.66	\$8.76
25 to 29	\$7.86	\$7.96	\$8.06	\$8.16	\$8.26	\$8.36	\$8.46	\$8.56	\$8.66	\$8.76
30 to 34	\$15.72	\$15.92	\$16.12	\$16.32	\$16.52	\$16.72	\$16.92	\$17.12	\$17.32	\$17.52
35 to 39	\$23.58	\$23.88	\$24.18	\$24.48	\$24.78	\$25.08	\$25.38	\$25.68	\$25.98	\$26.28
40 to 44	\$31.44	\$31.84	\$32.24	\$32.64	\$33.04	\$33.44	\$33.84	\$34.24	\$34.64	\$35.04
45 to 49	\$39.30	\$39.80	\$40.30	\$40.80	\$41.30	\$41.80	\$42.30	\$42.80	\$43.30	\$43.80
50 to 54	\$62.88	\$63.68	\$64.48	\$65.28	\$66.08	\$66.88	\$67.68	\$68.48	\$69.28	\$70.08
55 to 59	\$125.76	\$127.36	\$128.96	\$130.56	\$132.16	\$133.76	\$135.36	\$136.96	\$138.56	\$140.16
60 to 64	\$196.50	\$199.00	\$201.50	\$204.00	\$206.50	\$209.00	\$211.50	\$214.00	\$216.50	\$219.00
65 to 69	\$385.14	\$390.04	\$394.94	\$399.84	\$404.74	\$409.64	\$414.54	\$419.44	\$424.34	\$429.24
70+	\$636.66	\$644.76	\$652.86	\$660.96	\$669.06	\$677.16	\$685.26	\$693.36	\$701.46	\$709.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$455,000</u>	<u>\$460,000</u>	<u>\$465,000</u>	<u>\$470,000</u>	<u>\$475,000</u>	<u>\$480,000</u>	<u>\$485,000</u>	<u>\$490,000</u>	<u>\$495,000</u>	<u>\$500,000</u>
Under 25	\$8.86	\$8.96	\$9.06	\$9.16	\$9.26	\$9.36	\$9.46	\$9.56	\$9.66	\$9.76
25 to 29	\$8.86	\$8.96	\$9.06	\$9.16	\$9.26	\$9.36	\$9.46	\$9.56	\$9.66	\$9.76
30 to 34	\$17.72	\$17.92	\$18.12	\$18.32	\$18.52	\$18.72	\$18.92	\$19.12	\$19.32	\$19.52
35 to 39	\$26.58	\$26.88	\$27.18	\$27.48	\$27.78	\$28.08	\$28.38	\$28.68	\$28.98	\$29.28
40 to 44	\$35.44	\$35.84	\$36.24	\$36.64	\$37.04	\$37.44	\$37.84	\$38.24	\$38.64	\$39.04
45 to 49	\$44.30	\$44.80	\$45.30	\$45.80	\$46.30	\$46.80	\$47.30	\$47.80	\$48.30	\$48.80
50 to 54	\$70.88	\$71.68	\$72.48	\$73.28	\$74.08	\$74.88	\$75.68	\$76.48	\$77.28	\$78.08
55 to 59	\$141.76	\$143.36	\$144.96	\$146.56	\$148.16	\$149.76	\$151.36	\$152.96	\$154.56	\$156.16
60 to 64	\$221.50	\$224.00	\$226.50	\$229.00	\$231.50	\$234.00	\$236.50	\$239.00	\$241.50	\$244.00
65 to 69	\$434.14	\$439.04	\$443.94	\$448.84	\$453.74	\$458.64	\$463.54	\$468.44	\$473.34	\$478.24
70+	\$717.66	\$725.76	\$733.86	\$741.96	\$750.06	\$758.16	\$766.26	\$774.36	\$782.46	\$790.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$505,000</u>	<u>\$510,000</u>	<u>\$515,000</u>	<u>\$520,000</u>	<u>\$525,000</u>	<u>\$530,000</u>	<u>\$535,000</u>	<u>\$540,000</u>	<u>\$545,000</u>	<u>\$550,000</u>
Under 25	\$9.86	\$9.96	\$10.06	\$10.16	\$10.26	\$10.36	\$10.46	\$10.56	\$10.66	\$10.76
25 to 29	\$9.86	\$9.96	\$10.06	\$10.16	\$10.26	\$10.36	\$10.46	\$10.56	\$10.66	\$10.76
30 to 34	\$19.72	\$19.92	\$20.12	\$20.32	\$20.52	\$20.72	\$20.92	\$21.12	\$21.32	\$21.52
35 to 39	\$29.58	\$29.88	\$30.18	\$30.48	\$30.78	\$31.08	\$31.38	\$31.68	\$31.98	\$32.28
40 to 44	\$39.44	\$39.84	\$40.24	\$40.64	\$41.04	\$41.44	\$41.84	\$42.24	\$42.64	\$43.04
45 to 49	\$49.30	\$49.80	\$50.30	\$50.80	\$51.30	\$51.80	\$52.30	\$52.80	\$53.30	\$53.80
50 to 54	\$78.88	\$79.68	\$80.48	\$81.28	\$82.08	\$82.88	\$83.68	\$84.48	\$85.28	\$86.08
55 to 59	\$157.76	\$159.36	\$160.96	\$162.56	\$164.16	\$165.76	\$167.36	\$168.96	\$170.56	\$172.16
60 to 64	\$246.50	\$249.00	\$251.50	\$254.00	\$256.50	\$259.00	\$261.50	\$264.00	\$266.50	\$269.00
65 to 69	\$483.14	\$488.04	\$492.94	\$497.84	\$502.74	\$507.64	\$512.54	\$517.44	\$522.34	\$527.24
70+	\$798.66	\$806.76	\$814.86	\$822.96	\$831.06	\$839.16	\$847.26	\$855.36	\$863.46	\$871.56

**Employee Total Coverage (Including Basic)**

<u>Employee's Age</u>	<u>\$555,000</u>	<u>\$560,000</u>	<u>\$565,000</u>	<u>\$570,000</u>	<u>\$575,000</u>	<u>\$580,000</u>	<u>\$585,000</u>	<u>\$590,000</u>	<u>\$595,000</u>	<u>\$600,000</u>
Under 25	\$10.86	\$10.96	\$11.06	\$11.16	\$11.26	\$11.36	\$11.46	\$11.56	\$11.66	\$11.76
25 to 29	\$10.86	\$10.96	\$11.06	\$11.16	\$11.26	\$11.36	\$11.46	\$11.56	\$11.66	\$11.76
30 to 34	\$21.72	\$21.92	\$22.12	\$22.32	\$22.52	\$22.72	\$22.92	\$23.12	\$23.32	\$23.52
35 to 39	\$32.58	\$32.88	\$33.18	\$33.48	\$33.78	\$34.08	\$34.38	\$34.68	\$34.98	\$35.28
40 to 44	\$43.44	\$43.84	\$44.24	\$44.64	\$45.04	\$45.44	\$45.84	\$46.24	\$46.64	\$47.04
45 to 49	\$54.30	\$54.80	\$55.30	\$55.80	\$56.30	\$56.80	\$57.30	\$57.80	\$58.30	\$58.80
50 to 54	\$86.88	\$87.68	\$88.48	\$89.28	\$90.08	\$90.88	\$91.68	\$92.48	\$93.28	\$94.08
55 to 59	\$173.76	\$175.36	\$176.96	\$178.56	\$180.16	\$181.76	\$183.36	\$184.96	\$186.56	\$188.16
60 to 64	\$271.50	\$274.00	\$276.50	\$279.00	\$281.50	\$284.00	\$286.50	\$289.00	\$291.50	\$294.00
65 to 69	\$532.14	\$537.04	\$541.94	\$546.84	\$551.74	\$556.64	\$561.54	\$566.44	\$571.34	\$576.24
70+	\$879.66	\$887.76	\$895.86	\$903.96	\$912.06	\$920.16	\$928.26	\$936.36	\$944.46	\$952.56

**Dependent Supplemental Life Insurance Premiums**  
**Monthly Premium Amounts**  
**Rates Effective July 1, 2023**

Employee Age	Total Coverage			
	\$2,000	\$5,000	\$7,000	\$10,000
Under 25	\$0.20	\$0.50	\$0.70	\$1.00
25 to 29	\$0.20	\$0.50	\$0.70	\$1.00
30 to 34	\$0.20	\$0.50	\$0.70	\$1.00
35 to 39	\$0.20	\$0.50	\$0.70	\$1.00
40 to 44	\$0.20	\$0.50	\$0.70	\$1.00
45 to 49	\$0.20	\$0.50	\$0.70	\$1.00
50 to 54	\$0.20	\$0.50	\$0.70	\$1.00
55 to 59	\$0.20	\$0.50	\$0.70	\$1.00
60 to 64	\$0.20	\$0.50	\$0.70	\$1.00
65 to 69	\$0.20	\$0.50	\$0.70	\$1.00
70+	\$0.20	\$0.50	\$0.70	\$1.00

**Spouse Supplemental Life Insurance**  
**Monthly Premium Amounts**  
**Rates Effective July 1, 2023**

Employee's Age	Spouse Total Coverage									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Under 25	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00
25 to 29	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00
30 to 34	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
35 to 39	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
40 to 44	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
45 to 49	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
50 to 54	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
55 to 59	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
60 to 64	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
65 to 69	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$44.10	\$49.00
70+	\$8.00	\$16.00	\$24.00	\$32.00	\$40.00	\$48.00	\$56.00	\$64.00	\$72.00	\$80.00

Employee's Age	Spouse Total Coverage									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
Under 25	\$1.10	\$1.20	\$1.30	\$1.40	\$1.50	\$1.60	\$1.70	\$1.80	\$1.90	\$2.00
25 to 29	\$1.10	\$1.20	\$1.30	\$1.40	\$1.50	\$1.60	\$1.70	\$1.80	\$1.90	\$2.00
30 to 34	\$2.20	\$2.40	\$2.60	\$2.80	\$3.00	\$3.20	\$3.40	\$3.60	\$3.80	\$4.00
35 to 39	\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00
40 to 44	\$4.40	\$4.80	\$5.20	\$5.60	\$6.00	\$6.40	\$6.80	\$7.20	\$7.60	\$8.00
45 to 49	\$5.50	\$6.00	\$6.50	\$7.00	\$7.50	\$8.00	\$8.50	\$9.00	\$9.50	\$10.00
50 to 54	\$8.80	\$9.60	\$10.40	\$11.20	\$12.00	\$12.80	\$13.60	\$14.40	\$15.20	\$16.00
55 to 59	\$17.60	\$19.20	\$20.80	\$22.40	\$24.00	\$25.60	\$27.20	\$28.80	\$30.40	\$32.00
60 to 64	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50	\$40.00	\$42.50	\$45.00	\$47.50	\$50.00
65 to 69	\$53.90	\$58.80	\$63.70	\$68.60	\$73.50	\$78.40	\$83.30	\$88.20	\$93.10	\$98.00
70+	\$88.00	\$96.00	\$104.00	\$112.00	\$120.00	\$128.00	\$136.00	\$144.00	\$152.00	\$160.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$105,000</u>	<u>\$110,000</u>	<u>\$115,000</u>	<u>\$120,000</u>	<u>\$125,000</u>	<u>\$130,000</u>	<u>\$135,000</u>	<u>\$140,000</u>	<u>\$145,000</u>	<u>\$150,000</u>
Under 25	\$2.10	\$2.20	\$2.30	\$2.40	\$2.50	\$2.60	\$2.70	\$2.80	\$2.90	\$3.00
25 to 29	\$2.10	\$2.20	\$2.30	\$2.40	\$2.50	\$2.60	\$2.70	\$2.80	\$2.90	\$3.00
30 to 34	\$4.20	\$4.40	\$4.60	\$4.80	\$5.00	\$5.20	\$5.40	\$5.60	\$5.80	\$6.00
35 to 39	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80	\$8.10	\$8.40	\$8.70	\$9.00
40 to 44	\$8.40	\$8.80	\$9.20	\$9.60	\$10.00	\$10.40	\$10.80	\$11.20	\$11.60	\$12.00
45 to 49	\$10.50	\$11.00	\$11.50	\$12.00	\$12.50	\$13.00	\$13.50	\$14.00	\$14.50	\$15.00
50 to 54	\$16.80	\$17.60	\$18.40	\$19.20	\$20.00	\$20.80	\$21.60	\$22.40	\$23.20	\$24.00
55 to 59	\$33.60	\$35.20	\$36.80	\$38.40	\$40.00	\$41.60	\$43.20	\$44.80	\$46.40	\$48.00
60 to 64	\$52.50	\$55.00	\$57.50	\$60.00	\$62.50	\$65.00	\$67.50	\$70.00	\$72.50	\$75.00
65 to 69	\$102.90	\$107.80	\$112.70	\$117.60	\$122.50	\$127.40	\$132.30	\$137.20	\$142.10	\$147.00
70+	\$168.00	\$176.00	\$184.00	\$192.00	\$200.00	\$208.00	\$216.00	\$224.00	\$232.00	\$240.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$155,000</u>	<u>\$160,000</u>	<u>\$165,000</u>	<u>\$170,000</u>	<u>\$175,000</u>	<u>\$180,000</u>	<u>\$185,000</u>	<u>\$190,000</u>	<u>\$195,000</u>	<u>\$200,000</u>
Under 25	\$3.10	\$3.20	\$3.30	\$3.40	\$3.50	\$3.60	\$3.70	\$3.80	\$3.90	\$4.00
25 to 29	\$3.10	\$3.20	\$3.30	\$3.40	\$3.50	\$3.60	\$3.70	\$3.80	\$3.90	\$4.00
30 to 34	\$6.20	\$6.40	\$6.60	\$6.80	\$7.00	\$7.20	\$7.40	\$7.60	\$7.80	\$8.00
35 to 39	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	\$11.70	\$12.00
40 to 44	\$12.40	\$12.80	\$13.20	\$13.60	\$14.00	\$14.40	\$14.80	\$15.20	\$15.60	\$16.00
45 to 49	\$15.50	\$16.00	\$16.50	\$17.00	\$17.50	\$18.00	\$18.50	\$19.00	\$19.50	\$20.00
50 to 54	\$24.80	\$25.60	\$26.40	\$27.20	\$28.00	\$28.80	\$29.60	\$30.40	\$31.20	\$32.00
55 to 59	\$49.60	\$51.20	\$52.80	\$54.40	\$56.00	\$57.60	\$59.20	\$60.80	\$62.40	\$64.00
60 to 64	\$77.50	\$80.00	\$82.50	\$85.00	\$87.50	\$90.00	\$92.50	\$95.00	\$97.50	\$100.00
65 to 69	\$151.90	\$156.80	\$161.70	\$166.60	\$171.50	\$176.40	\$181.30	\$186.20	\$191.10	\$196.00
70+	\$248.00	\$256.00	\$264.00	\$272.00	\$280.00	\$288.00	\$296.00	\$304.00	\$312.00	\$320.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$205,000</u>	<u>\$210,000</u>	<u>\$215,000</u>	<u>\$220,000</u>	<u>\$225,000</u>	<u>\$230,000</u>	<u>\$235,000</u>	<u>\$240,000</u>	<u>\$245,000</u>	<u>\$250,000</u>
Under 25	\$4.10	\$4.20	\$4.30	\$4.40	\$4.50	\$4.60	\$4.70	\$4.80	\$4.90	\$5.00
25 to 29	\$4.10	\$4.20	\$4.30	\$4.40	\$4.50	\$4.60	\$4.70	\$4.80	\$4.90	\$5.00
30 to 34	\$8.20	\$8.40	\$8.60	\$8.80	\$9.00	\$9.20	\$9.40	\$9.60	\$9.80	\$10.00
35 to 39	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00
40 to 44	\$16.40	\$16.80	\$17.20	\$17.60	\$18.00	\$18.40	\$18.80	\$19.20	\$19.60	\$20.00
45 to 49	\$20.50	\$21.00	\$21.50	\$22.00	\$22.50	\$23.00	\$23.50	\$24.00	\$24.50	\$25.00
50 to 54	\$32.80	\$33.60	\$34.40	\$35.20	\$36.00	\$36.80	\$37.60	\$38.40	\$39.20	\$40.00
55 to 59	\$65.60	\$67.20	\$68.80	\$70.40	\$72.00	\$73.60	\$75.20	\$76.80	\$78.40	\$80.00
60 to 64	\$102.50	\$105.00	\$107.50	\$110.00	\$112.50	\$115.00	\$117.50	\$120.00	\$122.50	\$125.00
65 to 69	\$200.90	\$205.80	\$210.70	\$215.60	\$220.50	\$225.40	\$230.30	\$235.20	\$240.10	\$245.00
70+	\$328.00	\$336.00	\$344.00	\$352.00	\$360.00	\$368.00	\$376.00	\$384.00	\$392.00	\$400.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$255,000</u>	<u>\$260,000</u>	<u>\$265,000</u>	<u>\$270,000</u>	<u>\$275,000</u>	<u>\$280,000</u>	<u>\$285,000</u>	<u>\$290,000</u>	<u>\$295,000</u>	<u>\$300,000</u>
Under 25	\$5.10	\$5.20	\$5.30	\$5.40	\$5.50	\$5.60	\$5.70	\$5.80	\$5.90	\$6.00
25 to 29	\$5.10	\$5.20	\$5.30	\$5.40	\$5.50	\$5.60	\$5.70	\$5.80	\$5.90	\$6.00
30 to 34	\$10.20	\$10.40	\$10.60	\$10.80	\$11.00	\$11.20	\$11.40	\$11.60	\$11.80	\$12.00
35 to 39	\$15.30	\$15.60	\$15.90	\$16.20	\$16.50	\$16.80	\$17.10	\$17.40	\$17.70	\$18.00
40 to 44	\$20.40	\$20.80	\$21.20	\$21.60	\$22.00	\$22.40	\$22.80	\$23.20	\$23.60	\$24.00
45 to 49	\$25.50	\$26.00	\$26.50	\$27.00	\$27.50	\$28.00	\$28.50	\$29.00	\$29.50	\$30.00
50 to 54	\$40.80	\$41.60	\$42.40	\$43.20	\$44.00	\$44.80	\$45.60	\$46.40	\$47.20	\$48.00
55 to 59	\$81.60	\$83.20	\$84.80	\$86.40	\$88.00	\$89.60	\$91.20	\$92.80	\$94.40	\$96.00
60 to 64	\$127.50	\$130.00	\$132.50	\$135.00	\$137.50	\$140.00	\$142.50	\$145.00	\$147.50	\$150.00
65 to 69	\$249.90	\$254.80	\$259.70	\$264.60	\$269.50	\$274.40	\$279.30	\$284.20	\$289.10	\$294.00
70+	\$408.00	\$416.00	\$424.00	\$432.00	\$440.00	\$448.00	\$456.00	\$464.00	\$472.00	\$480.00

# DENTAL COVERAGE

Underwritten by Delta Dental



## **TRANSFER OF COVERAGE:**

Only employees of the State of North Dakota and the University System are eligible to participate in this plan as an active employee. You cannot increase or decrease your current level of coverage unless you have a loss of dependent eligibility or a qualifying event.

## **EMPLOYMENT CHANGE FROM TEMPORARY TO PERMANENT STATUS:**

If you change from Part-Time/Temporary to Permanent Status:

You are newly eligible for the NDPERS dental insurance. Application must be completed within 31 days of the permanent employment start date.

## **COBRA COVERAGE:**

If the **new** employer does not provide dental insurance your NDPERS dental coverage will end upon your separation from employment. You and your covered dependents may apply for COBRA coverage within 60 days of your separation of employment if:

- ✓ If you, as an active employee, and your covered dependents were enrolled in the NDPERS dental plan

You will have the option to continue COBRA coverage for a maximum period of 18 months. COBRA coverage will be terminated if:

- ✓ You or your covered dependents become eligible for an employer sponsored dental plan

The following premiums are in effect through December 31, 2026:

Individual Only	\$ 42.24
Individual and Spouse	\$ 81.50
Individual and Child(ren)	\$ 94.62
Family	\$134.74

Late applications must include a check payable to NDPERS for the first months' premium. Applications received after the 60-day COBRA enrollment period will not be accepted, and you will have forfeited your right to continuation coverage.

## **EXTENDED COBRA CONTINUATION COVERAGE:**

### **Disability**

A member of their dependent determined to have been disabled for Social Security purposes may extend the continuation of coverage to 29 months. If member or their dependent becomes disabled at any time during the first 60 days of COBRA coverage, the member must provide notice of Social Security Disability determination to NDPERS. This notice must be provided to NDPERS within 60 days of the date of any final determination of Social Security Disability, but before the end of the 18-month COBRA period.

**Death**

Continuation of coverage may be extended for a period up to 36 months for an eligible dependent.

**CANCELLATION POLICY:**

To cancel NDPERS dental coverage, a written request must be submitted. The request must provide the contract holder's name, PERSLink Member ID or last four digits of Social Security number, and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

**COVERAGE QUESTIONS?**

For additional information concerning coverage call 1-800-448-3815. Reference Group # 537482.





Delta Dental of Minnesota  
Serving North Dakota

## 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

### North Dakota Public Employees Retirement System

Client #537482

### Plan Benefit Highlights

Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
<b>Calendar Year Plan Maximum</b> Per person	\$1,000		
<b>Lifetime Ortho Maximum</b> Per eligible covered person	\$1,500		
<b>Deductible</b> Per person per calendar year No deductible for diagnostic and preventive services or orthodontics	\$50 per person		
<b>Eligible Dependents</b>	Spouse Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
<b>Diagnostic &amp; Preventive Services</b> Exams Cleanings X-rays Fluoride treatments Space Maintainers Sealants	100%	100%	100%
<b>Basic Services</b> Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) and posterior (back) teeth	80%	80%	80%
<b>Endodontics</b> Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
<b>Periodontics</b> Surgical/Nonsurgical periodontics	80%	80%	80%
<b>Oral Surgery</b> Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
<b>Major Restorative</b> Crowns and Crown repair	50%	50%	50%
<b>Prosthetic Repairs and Adjustments</b> Denture adjustments and repairs	80%	80%	80%
<b>Prosthetics</b> Dentures (full and partial) Bridges	50%	50%	50%
<b>Orthodontics</b> Treatment for the prevention/ correction of malocclusion Available for dependent children only, ages 8 and up	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. 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.

# Make the Most of Your Benefits

We're so glad you've joined us as your partner in oral health. 89 million members nationwide trust Delta Dental for superior dental expertise, service and savings. Below are resources to help you make the most of your dental benefits utilizing our digital tools, in-network dentists and best-in-class customer service.



## Digital resources to manage your benefits

[DeltaDentalMN.org](https://DeltaDentalMN.org)

At Delta Dental of Minnesota, we're focused on providing effective digital resources for our members that align with our sustainability initiatives. The Member Portal and mobile app provides 24/7 access to tools for members to self-serve. The Member Portal and mobile app use a single sign on between the platforms, meaning only one username and password are needed for both!



### Member Portal and mobile app features:

- Digital ID card
- Find a dentist
- Coverage details
- Claim details
- Cost estimator
- Digital Explanation of Benefits (EOB)  
*Available exclusively on the Member Portal*



**Sign up for the Member Portal**



**Download the mobile app**



## Find a dentist

[DeltaDentalMN.org/find-a-dentist](https://DeltaDentalMN.org/find-a-dentist)

Seeking care from a Delta Dental in-network dentist will save you the most money because the dentist cannot charge you more than our allowable fee for services covered under your plan. Our Find a Dentist tool helps you find a dentist that fits your preferences and accessibility. You can also verify your current dentist's network participation.



## Contact us

**Phone: 1-800-448-3815**  
**7a.m. - 7p.m., M-F CST**

**Our customer service team can assist members with the following topics:**

### Questions on coverage:

- Benefits and eligibility
- Claim status
- Explanation of Benefits (EOB) details

### Digital access:

- Find a Dentist tool
- Website navigation
- Member Portal questions



## The Power of Smile™

Learn more about how your oral health connects to your overall health at:

[DeltaDentalMN.org](https://DeltaDentalMN.org)



Delta Dental of Minnesota

# VISION COVERAGE

Underwritten by: Superior Vision



## **TRANSFER OF COVERAGE:**

Only employees of the State of North Dakota and the University System are eligible to participate in this plan as an active employee. You cannot increase or decrease your current level of coverage unless you have a loss of dependent eligibility or a qualifying event.

## **EMPLOYMENT CHANGE FROM TEMPORARY TO PERMANENT STATUS:**

If you change from Part-Time/Temporary to Permanent Status:

You are newly eligible for the NDPERS vision insurance. Application must be completed within 31 days of the permanent employment start date.

## **COBRA COVERAGE:**

If the new employer does not provide vision insurance your NDPERS vision coverage will end upon your separation from employment. You and your covered dependents may apply for COBRA coverage within 60 days of your separation of employment if:

- ✓ If you, as an active employee, and your covered dependents were enrolled in the NDPERS vision plan

You will have the option to continue COBRA coverage for a maximum period of 18 months. COBRA coverage will be terminated if:

- ✓ You or your covered dependents become eligible for an employer sponsored vision plan

The following premiums are in effect through December 31, 2025:

Individual Only	\$ 5.03
Individual and Spouse	\$ 10.06
Individual and Child(ren)	\$ 9.16
Family	\$ 14.19

Late applications must include a check payable to NDPERS for the first months' premium. Applications received after the 60-day COBRA enrollment period will not be accepted.

## **EXTENDED COBRA CONTINUATION COVERAGE:**

### **Disability**

A member or their dependent determined to have been disabled for Social Security purposes may extend the continuation of coverage to 29 months. If member or their dependent becomes disabled at any time during the first 60 days of COBRA coverage, the member must provide notice of Social Security Disability determination to NDPERS. This notice must be provided to NDPERS within 60 days of the date of any final determination of Social Security Disability, but before the end of the 18-month COBRA period.

**Death**

Continuation of coverage may be extended for a period up to 36 months for an eligible dependent.

**CANCELLATION POLICY:**

To cancel NDPERS vision coverage, a written request must be submitted. The request must provide the contract holder's name, PERSLink Member ID or last four digits of Social Security number, and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

**COVERAGE QUESTIONS:**

For additional information concerning coverage call 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<sup>1</sup>

Materials copay:  
**\$35**



### Frames

In-network allowance:  
**\$100**



### Contact Lens Fitting Exam

Contact lens fitting copay<sup>2</sup>  
(standard and specialty):  
**\$35**

Standard Contact lens fitting:  
**Covered in full** after copay

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



### Contacts<sup>4</sup> 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

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$35
Bifocal	Covered-in-full	Up to \$50
Trifocal	Covered-in-full	Up to \$70
Progressives	See description <sup>3</sup>	Up to \$70

Shop with convenience while using your benefits through these in-network online retailers.

Lens Add-On Discounts <sup>5</sup>	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120
Overage Discounts <sup>5</sup>	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	20% off amount over allowance
Non-Covered Services Discounts <sup>5</sup>	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost
Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$45
Eye exam (OD)	Up to \$45
Frame	Up to \$47
Contact lens fitting (standard / specialty) <sup>2</sup>	Not covered
Contact lenses	Up to \$100



### LASIK Discounts<sup>5</sup>

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [superiorvision.com](https://superiorvision.com) or contact your benefits coordinator.



### Hearing Aid Discounts<sup>5</sup>

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit [superiorvision.com](https://superiorvision.com) or contact your benefits coordinator.



### Free Mobile App

With the free SuperiorVision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

# EMPLOYEE ASSISTANCE PROGRAM

(For State Agencies Only)

## **Eligibility:**

Eligible employees are those employees who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year for a state agency, and whose positions are regularly funded and not of limited duration (i.e. permanent) and their covered dependents on the NDPERS health plan.

## **Enrollment:**

You can enroll in the program through Member Self Service (MSS). The premium is paid by the employer.

## **Program Description:**

The EAP is designed to provide special assistance in guidance and counseling and to determine appropriate diagnosis and/or course of treatment to employees and their eligible dependents in cases of alcoholism, drug abuse and personal problems. This assistance is rendered for a specified number of visits and the EAP is responsible for recommending further referrals to clinical or supportive organizations and medical professionals if necessary. They also conduct educational seminars and provide informational brochures.

Employees may be referred to an EAP by their supervisor in instances where an employee has deteriorating job performance and has not responded to established supervisory counseling or disciplinary procedures. Employees may also seek assistance on their own.

<b>Minimum Services</b>	<b>Received within:</b>
Provides 6 individual sessions per year	72 hours for non-emergency
Provides phone counseling	24 hours for emergency
Provides a toll-free number	Weekend/Holiday (Emergency)
Provides a 24-hour Crisis Hot Line	

<b>Range of Counseling Services:</b>	
Alcohol and Drug Dependence	Job Stress Concerns
Family or Marriage Problems	Financial Issues
Work-Related Problems	Physical or Sexual abuse
Emotional Problems	Gambling Issues
Behavioral Problems	Family Relationships

**Current EAP Providers:**

CHI St. Alexius/Heartview	Village Family Services	Bree Health (previously eni NexGen)	Live Well Solutions	Humana
900 E Broadway PO Box 5510	PO Box 9859	3200 Highway 54 E	1100 19 <sup>th</sup> Ave N #155	500 W. Main St.
Bismarck ND 58506- 5510	Fargo ND 58106- 9859	Durham NC 27709	Fargo ND 58102	Louisville KY 40202
(701) 530-7195	(701) 451-4900	1-800-327-2255	1-866-831-2181	1-866-440-6556
1-800-327-7195	1-800-627-8220			

For more detailed information please visit the website and connect to the provider link.

**Client Confidentiality:**

The cornerstone of the EAP is the strict confidentiality that is adhered to regarding all program services. All clients can be assured that no information will be disclosed to anyone without the client's written authorization, or within the limits of the state and federal laws.



# NDPERS FLEXCOMP PLAN

## Third Party Administrator: ASIFlex



### **TERMINATION OF COVERAGE**

#### **MEDICAL SPENDING ACCOUNT:**

If you transfer to an employer group not on the NDPERS FlexComp Plan, you will be offered continuation coverage through the end of the plan year on December 31. You will have 60 days from your separation of service in which to elect continuation coverage by completing the *Continuation of Coverage in Medical Spending Account (COBRA) SFN 53512*. Unless you elect continuation of coverage, your participation will end on the last day of the month of your separation from service. Eligible expenses incurred through the end of the month of your last working day may be submitted for reimbursement.

Employees who elect continuation coverage are permitted to pre-pay the remainder of the medical flexible spending account pledge through the end of the current plan year from their final salary paycheck. Eligible expenses incurred through the remainder of the calendar year may be submitted for reimbursement.

Payments may also be paid with after-tax dollars by personal check or money order throughout the plan year. If you elect to pay for continuation coverage with after-tax dollars throughout the plan year, your contribution will be the amount currently being payroll deducted plus a 2% administrative charge. Coverage will be extended to the end of the current plan year but may terminate sooner if the premiums are not paid within 30 days of their due date, which is the 1<sup>st</sup> of every month.

If you have completed participation through the end of the year in which you left employment and fulfilled your yearly pledge, you have the option to have eligible expenses incurred during the “grace period” from January 1 through March 15 of the new plan year to be reimbursed from any remaining balance.

#### **DEPENDENT CARE ACCOUNT:**

Your contributions will cease, and payroll deductions will stop the end of the month of your separation from service. You may continue to file claims for qualifying expenses that occurred through the last day of the month of your separation of service up to the remaining balance in your account.

The final day for accepting claims for the plan year from either your Medical Spending or Dependent Care Reimbursement account for services received while you were a participant is four months after the plan year ends on December 31, or April 30.

If participation terminated due to a separation of service and you return to state employment within 30 days in the same plan year, your election will be reinstated as it was immediately prior to the separation of service. If you return to state employment after 30 days but in the same plan year, you cannot participate for the remainder of the plan year. This includes medical and dependent care flexible spending accounts and ability to pre-tax eligible insurance premiums through the NDPERS flexcomp program.

# STATE OF NORTH DAKOTA

## FLEXCOMP PLAN

**Third Party Administrator: ASIFlex**

The NDPERS FlexComp Plan is available to eligible employees of the State of North Dakota, participating District Health Units and members of the Legislative Assembly. Employees of the university system and political subdivisions are excluded from participation in the plan.

NDPERS is contracted with a Third-Party Administrator (TPA) to process healthcare spending account and dependent care claims. The TPA is ASIFlex. If you enroll in the FlexComp Plan you will receive information on how to access your account. To learn more, log on to the ASIFlex website at <http://www.asiflex.com> or contact ASIFlex Customer Service Representatives. Their toll-free number is 1-800-659-3035.

### **Eligibility:**

The NDPERS FlexComp Plan is available to eligible employees of the State of North Dakota, participating District Health Units, and members of the Legislative Assembly. Employees of the university system and political subdivisions are excluded from participation in the plan. To be eligible, an employee must be 18 years of age, work at least 20 hours per week for at least 20 weeks per year and be in a permanent position that is regularly funded and not of limited duration.

If you previously participated under the NDPERS flexcomp program and are returning to a NDPERS-covered employer within 30 days, your existing election will be reinstated as it was immediately prior to the separation of service.

If you previously participated under the NDPERS flexcomp program and are returning to a NDPERS-covered employer after 30 days but still in the same plan year, you cannot participate for the remainder of the plan year. This includes medical and dependent care flexible spending accounts and ability to pre-tax eligible insurance premiums through the NDPERS flexcomp program.

### **Enrollment:**

New employees will be eligible to participate the first day of the month following their permanent full-time employment if they make their election before the 15<sup>th</sup> of the month. An election made after the 20<sup>th</sup> of the month or during the 31 days of enrollment period will not be effective until the first contribution is received. Participation is limited to expenses incurred for the remainder of the plan year on December 31.

Each year NDPERS designates an annual enrollment season during which employees may enroll or discontinue their participation in the plan beginning January 1 through December 31.

### **Transfer of Coverage:**

If you are employed with an employer participating in the NDPERS Flex Comp Plan and take a job with another employer who is also participating in the NDPERS Flex Comp Plan your coverage will transfer to your new employer.

## **How the FlexComp Plan Works:**

The FlexComp Plan is a tax favored employee benefit program and is established and administered under Section 125 of the Internal Revenue Code. It allows you to save taxes on the amount you pay for eligible payroll deducted insurance premiums, medical expenses, and dependent care expenses. Since the dollars you contribute to the plan are deducted before income and social security tax, you will pay less tax, which means you may have more money to spend or save. However, you should be aware you are reducing the social security taxes paid, which could slightly reduce your social security benefits.

*Employees may elect to participate in any combination of the pre-tax accounts.*

## **Premium Conversion:**

NDPERS Group Life Plan – If an employee elects to have supplemental life coverage in addition to the basic life coverage, the deduction up to the first \$50,000 of coverage will automatically default to a pre-tax deduction, unless the employee makes an election to decline this action and pay the premium with after tax dollars. The employee must decline this action when enrolling in the Plan.

NDPERS administered Delta Dental and Superior Vision plans are eligible for pre-tax payroll deduction.

If an employee elects to pretax an insurance premium, they may not change or drop coverage during the plan year unless they experience an IRS - Qualified Change of Status.

Certain insurance products listed below may be paid with pretax dollars, by payroll deduction, through your employer.

<b>AFLAC</b>	<b>Company Representative – Lynn Brokaw 925 Basin Ave. Suite 1 Bismarck ND 58504 701-208-0617 E-Mail: lynn_brokaw@us.aflac.com</b>	
<b>Product Name</b>	<b>Product Description</b>	<b>Pretax Eligibility</b>
Cancer	Cancer indemnity policies providing benefits for diagnosis of skin cancer, internal cancer as well as annual screening benefits.	Yes
Hospital Confinement	Indemnity benefits whether hospitalized days or weeks.	Yes
Hospital Intensive Care	Provides coverage in the event of a sickness or injury and is admitted to the ICU unit.	Yes
Accident	Accident indemnity policies providing benefits for accident/injury.	Yes
Lump Sum Critical Illness	Pays a lump sum benefit for code red major critical illness event. (Heart attack, stroke, coma, paralysis, major organ transplant, end stage renal failure. Riders available for cancer, sudden cardiac death.)	Yes
Personal Sickness Indemnity	Indemnity policy for sickness related hospital confinement, major diagnostic exams, in & out-patient surgeries.	No

Specified Health Event	Critical care, recovery indemnity policies for major critical illness.	Yes
Disability	All disability policies that are specific replacement of income benefits.	No
Dental	Voluntary dental. No networks, no deductibles, no pre-certifications.	No
Vision Now	Vision indemnity policy providing vision insurance, vision correction benefits.	No
Life	All life policies.	No
<b>Central United</b>	<b>Company Representative – James M Kasper</b> <b>C/O Asset Management Group Inc.</b> <b>PO Box 9016</b> <b>Fargo ND 58106-9016</b> <b>701-232-6250</b>  <b>E-Mail: jmkasper@amg-nd.com</b>	
<b>Product Name</b>	<b>Product Description</b>	<b>Pretax Eligibility</b>
Cancer Insurance	Provides cash benefits to covered persons for treatment of cancer.	Yes
<b>Colonial Life</b>	<b>Company Representative – John Guzman</b>  <b>Famer's Union Insurance</b> <b>4141 38<sup>th</sup> St S Ste C</b> <b>Fargo ND 58104</b>  <b>E-Mail: john.guzman@fumic.com</b>	
<b>Product Name</b>	<b>Product Description</b>	<b>Pretax Eligibility</b>
Accident	Composite rated, guaranteed renewable accident product with choice of plan levels and optional riders. It provides indemnity benefits for on and off the job accidents.	Yes
Cancer	Composite rated, guaranteed renewable specified disease product with choice of plan levels and optional riders. Provides benefits for expenses related to cancer.	Yes
Disability	Age banded, guaranteed renewable short-term disability income product.	No
Medical Bridge	Age banded, guaranteed renewable hospital confinement indemnity product. Choice of plans, levels. Includes confinement, rehab unit, surgical and diagnostic procedures.	Yes

Critical Illness	Specified disease product with a lump sum benefit upon diagnosis of a covered specified disease with a choice of plan options for reoccurrence, cancer, face amounts, and optional riders.	No
Life	All life insurance policies.	No

<b>Total Dental Administrators</b>	<b>Company Representative – Logan Stucki</b>  2800 N 44 <sup>th</sup> Street Ste 500 Phoenix, AZ 85008 801-268-9740 Ext. 306  <b>E-Mail: lstucki@emihealth.com</b>  <b>Product Description</b>	<b>Pretax Eligibility</b>
Elite Choice	Fully insured dental program.	Yes
<b>USABLE</b>	<b>Company Representative – Matthew Sullivan</b>  Azurance Group 4510 13 Ave S Fargo ND 58121 701-277-2319  <b>E-Mail: Matthew.Sullivan@AzuranceGroup.net</b>  <b>Product Description</b>	<b>Pretax Eligibility</b>
Accident Elite	Employees can get help prevent financial hardship due to medical/travel expenses caused from an accident. Payments direct to employee.	Yes
Cancer Care Elite	Payments direct to employee for new and experimental treatment, travel, lodging, out of pocket medical costs, deductibles, co-pay amounts.	Yes
Hospital Confinement Plan	Payment direct to employee for costs related to intensive care, hospitalization, birth of a child, accidents.	Yes

### **Medical Spending Account:**

An employee may redirect a portion of their salary for eligible medical expenses up to a maximum of \$3,200 per plan year. The total annual medical spending election amount is available to you at any time during your participation within the Plan Year. Requests for reimbursement from a medical spending account are paid throughout the year according to a participant's annual medical spending election amount.

You will receive a debit card from ASIFlex for this account. It is up to you to decide if you wish to use the card. If you do, keep your receipts in case you need to substantiate a card swipe.

Employees who are enrolled in a High Deductible Health Plan with contributions made to a health savings account (HSA) cannot participate in the medical spending component of the FlexComp Plan.

Money set aside in a medical spending reimbursement account can be used to pay for qualified health care expenses for you, your spouse and dependent children. In addition, eligibility rules have been expanded to allow you to include your adult children that no longer meet the requirements of a dependent. The extension of coverage applies to your son, daughter, stepson, stepdaughter, legally adopted and eligible foster children. It is not necessary that your child be a student, be financially supported by you, or that he or she reside with you. Both married and unmarried children can now qualify as a dependent, but coverage does not extend to any spouse of your child or to grandchildren. You may now be reimbursed for qualified health care expenses for these individuals through age 26. Eligibility ceases January 1st of the calendar year in which the family member will turn age 27.

If an employee elects to participate in a medical spending reimbursement account, they may not change or drop coverage during the plan year unless they experience an IRS Qualified Change of Status.

#### **Dependent Care Reimbursement Account:**

An employee may redirect a portion of their salary up to a maximum of \$5,000 per year for a single parent, \$5,000 per year for a married couple filing a joint tax return or \$2,500 for a married person filing separately. Requests for reimbursement from a Dependent Care Reimbursement Account will be paid according to the dollars available in your account to date.

If an employee elects to participate in a dependent care reimbursement account, they may not change or drop coverage during the plan year unless they experience an IRS Qualified Change of Status.

Eligible Dependent Care expenses must:

- Be for the purpose of enabling you or you and your spouse to be employed.
- Be for a child under 13 years of age who is your dependent under Federal Tax Rules. The child must reside with you at least one-half of the taxable year.
- Be provided by someone other than your spouse or another dependent child.
- The dependent care account can also be used for the care of a spouse or dependent over the age of 13 who is incapable of self-care. The adult dependent who is incapable of self-care must live with you for more than one-half the taxable year and not have more than \$4,300 per year in gross income.

Eligible expenses may also include:

- Before and after school care.
- Registration fees if the fee must be paid in order to obtain care.
- Day camp.
- Preschool/nursery school.
- Transportation expenses, if expenses are for transporting a child to or from the place where care is provided, and transportation is furnished by the day care provider.
- Late "pick-up" fee.

You cannot obtain reimbursement for:

- Costs incurred before coverage is effective.
- Food if billed separately from the dependent care expenses.

- Late payment fees.
- Educational expenses, tuition for kindergarten or higher education.

### **Dependent Care Reimbursement Account vs. Dependent Care Tax Credit:**

The dependent care reimbursement account is an alternative to taking a dependent care tax credit on your income tax return. You must choose whether to take the tax credit or enroll in the dependent care reimbursement account. The IRS will not allow you to receive two tax breaks on the same expenses.

Your income level, or that of you and your spouse, will determine whether the dependent care reimbursement account or the income tax credit is more favorable for you. Contact a qualified tax consultant for complete details.

Payments made to you from a dependent care account are not taxable, but the amount redirected will appear on your W-2 form. This will inform the IRS that you have received a tax break on that expense through the FlexComp Plan. You are required to file IRS Form 2441 with your tax return.

Please note that this is for general information only and is not intended to provide specific advice or recommendations. We suggest you consult your accountant or tax advisor with regard to your individual situation.

### **Important IRS Rules:**

#### **Grace Period:**

Amounts remaining in a participant's medical spending and/or dependent care account at the end of the plan year can be used to reimburse expenses that are incurred between January 1 and March 15 of the new plan year under the following conditions:

Coverage must be in effect on the last day of the plan year on December 31.

There may be taxable income to an individual if reimbursements from a dependent care expense account exceed Internal Revenue Service - permitted amounts in a calendar year. We suggest you consult your accountant or tax advisor with regard to your individual situation.

#### **Use-or-Lose Rule:**

The deadline to file claims to your medical spending or dependent care account(s) is 4 (four) months after the end of the plan year on December 31, or April 30. Any amounts remaining in your accounts after April 30 is forfeited.

#### **Change in Participation:**

The IRS requires that once you elect to participate, your payroll deductions may not be stopped or changed until the start of the next plan year. The only exception is if you experience an IRS - Qualified Change of Status.

#### **Separate Accounts:**

You may participate in either or both spending accounts. However, the Medical Spending Account and Dependent Care Account are separate accounts. You may not use money from one account to cover expenses related to the other.

# Dependent Day Care Flexible Spending Account

## What is a Dependent Day Care Flexible Spending Account?

A Dependent Day Care Flexible Spending Account (DCFSA) allows you to set aside money from your paycheck pretax to pay child day care expenses and, in some cases, elder care expenses. When you pay less in taxes, you have more money in your pocket. Most people save at least 30 percent on each dollar set aside pretax.

## How much can I contribute to my DCFSA?

Your contribution limit is determined by your tax filing status.

Tax filing status	Limit
Married, filing separately	\$2,500
Single, head of household	\$5,000
Married, filing jointly	\$5,000

## What types of expenses qualify?

Eligible expenses are those incurred while you and your spouse, if married, work or are looking for work. This can include: daycare; general purpose day camps (overnight camp is not eligible); regular babysitting; before and after school care; nursery or preschool; and pre-kindergarten expenses.

## Does a DCFSA impact the tax credit on my income tax return?

You cannot claim a tax credit for amounts contributed to your DCFSA. However, you may be able to claim a tax credit for amounts, up to IRS limits, not contributed to your DCFSA.

## How do I submit claims?

Your funds are available as you contribute throughout the year. ASIFlex offers several easy ways to submit claims.

- **ASIFlex Automatic Reimbursement** Download and complete the claim form. Submit annually to receive automatic reimbursement during the plan year.
- **ASIFlex Recurring Direct Payment** Log in to your account at asiflex.com to schedule recurring payments to be sent directly to your day care provider.
- **ASIFlex Reimbursement** Download the general claim form. Submit each time you want to receive a reimbursement.
- **ASIFlex mobile app** Download the app and log in to your account. Then, just snap a picture of your itemized receipt and submit a claim via the app.
- **ASIFlex Online** Log in to your online account to submit a claim.

Reimbursements will be made to you within three business days following receipt of a complete claim, provided you have available funds in the account. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

For more information, view the employer plan document or visit ASIFlex.com to obtain IRS Publication 503 Child and Dependent Care Expenses; a list of eligible expenses; and general plan information. Be sure to consult with a qualified tax advisor for questions related to your personal tax situation.

## Manage your

**account** Register your account at ASIFlex.com to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

## Get the ASIFlex app!

- Submit claims.
- Submit documentation.
- Access your balance and account statement.

Search ASIFlex Self Service and download the app today.



## ASIFlex Customer Service

ASIFlex.com  
asi@asiflex.com  
P: 800.659.3035  
F: 877.879.9038  
P.O. Box 6044  
Columbia, MO 65205-6044





# LONG TERM CARE INSURANCE

There are many reasons why you should consider obtaining Long Term Care Insurance. Here are just a few:

- 75% of the population will need long-term care services at some point in their lifetime.
- Protect your assets!
- Health insurance plans & Medicare typically do not cover long term care services.
- You can receive up to a **\$500 (married couple) or \$250 (single) tax credit** through the ND Long-Term Care Partnership Program for having long-term care insurance.

North Dakota Partnership Plan and LTC Information:

<https://www.nd.gov/ndins/long-term-care>

Federal Government LTC Information:

<http://longtermcare.gov/>