



RETIREMENT GUIDE
(Rev. 01-2025)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
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<https://www.ndpers.nd.gov/>



This publication contains information and instructions necessary for a terminating employee to apply for retirement benefits and insurance administered by NDPERS under either the Defined Benefit or the Defined Contribution Plans. The retirement forms related to this publication are to be completed by Employee and, depending on member elections, some sections might have to be completed by Employer.

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.

USE THE RETIREMENT GUIDE IF:

- the member or member's employer contributed to the NDPERS Defined Benefit Plan or Defined Contribution Plan, and
- the member is or has terminated employment, and they are

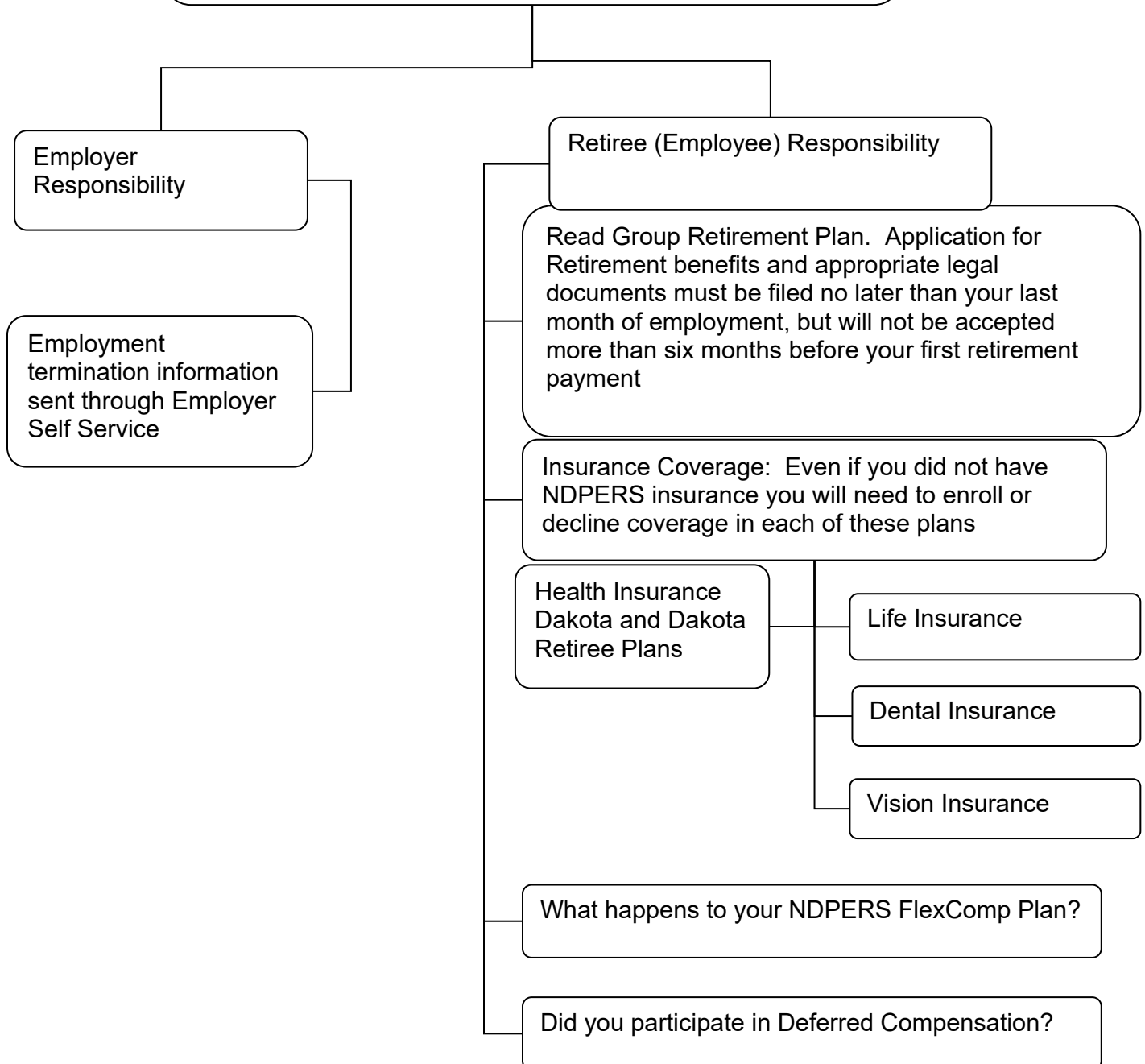
Retirement Plan	Eligibility
Main Plan (closed to newly enrolled members effective 1/1/2025)	<u>EARLY RETIREMENT</u> ✓ age 55 or older and have 3 years of eligible service credit; or <u>NORMAL RETIREMENT</u> ✓ meets the Rule of 85; (Rule of 90 with minimum age 60 for members hired on or after 01-01-2016) ✓ 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.
Defined Contribution Plan	✓ <u>Subject to employment termination, NDPERS plan rules and IRS regulations.</u> ✓ <u>Begin drawing at any time if off payroll for 31 days. Full liquidation of account is subject to 10% penalty if drawing before age 59 ½</u> ✓ <u>For DC Tier 1, reduced RHIC if early retiree ('normal' retirement is RULE of 85 or turning age 65 while employed)</u>

Note: 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. 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.

RETIREMENT GUIDE AND FORMS

Defined Benefit and Defined Contribution Members Only

Use this guide and corresponding forms if you want to apply for monthly/periodic retirement benefits



**Forms may be submitted to NDPERS by fax, email, or by mail.
Any forms that are not legible will require resubmission to NDPERS.**

GROUP RETIREMENT PLAN



To be eligible for benefits listed on in this section, you must terminate employment. The Administrative Code Chapter 71-02-01-01(24) states: "Termination of employment" 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 does not constitute termination of employment.

NDPERS ONLINE BENEFIT SERVICES

You have the ability to access your individual retirement account balance, annual statements, and the tools needed to compute retirement and disability benefits. You also have access to plan information on all NDPERS benefits, Perspectives Newsletters, News Flashes, Forms and Publications, and Contact Information. NDPERS website address is <https://www.ndpers.nd.gov/>.

DEFINED BENEFIT PLAN:

ELIGIBILITY

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

Retirement Plan	Eligibility
Main Plan (closed to newly enrolled members effective 1/1/2025)	<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.

Note: Eligible service credit may include dual service.

See the NDPERS Group Retirement Plan handbook for specific information on early retirement reductions, the Rule of 85, (Rule of 90 with minimum age 60 for members hired on or after 01-01-2016) eligible service credit, and dual service.

DEFERRED VESTED BENEFIT:

If you have are vested when you terminate employment, you can apply for the Deferred Vested Benefit. Under this option you leave your account balance with NDPERS until you either take it out as a refund/rollover or you begin receiving a monthly benefit. You must complete the deferred retirement forms to elect this option.

Vesting Schedule for NDPERS' Defined Benefit Retirement Plans:

Retirement Plan	Months For Vesting
Disability	6
Main (closed to newly enrolled members effective 1/1/2025)	36
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

APPLICATION:

You must complete a NDPERS Retirement Forms, and submit a copy of your birth certificate, and if married, your spouse's birth certificate, and marriage certificate in order to receive your benefits.

You may apply by contacting your agency's payroll office approximately 60 days before your last date of service. Your agency's payroll office must send in your termination information through Employer Self Service. Your NDPERS retirement effective date will be the first of the month following your last date of service or last date of pay, whichever is later. You can expect to receive your first benefit check the month following your effective date, providing that all the required information has been received and is complete. (See Benefit Payment Date section).

NDPERS must receive an application for retirement benefits and appropriate documentation at least 31 days before the distribution of the first retirement check. If documents are filed late, your payment may be DELAYED.

DEFINED BENEFIT RETIREMENT FORMULA:

Your NDPERS retirement benefit amount is based upon the following calculation:

Final Average Salary X Benefit Multiplier X Years of Service Credit

FINAL AVERAGE SALARY is calculated as the higher of one of the following:

- average of your highest 36 salaries of the last 180 months worked calculated on December 31, 2019
- average of your highest three 12-month consecutive periods of the last 180 months employed (months without earnings are excluded for the purpose of computing an average)

BENEFIT MULTIPLIER is the rate established by the legislature at which you earn retirement benefits and is specific to the plan and date you are first enrolled with NDPERS as follows:

Retirement Plan	Benefit Multiplier
Main (closed to newly enrolled members effective 1/1/2025), Public Safety & National Guard	2.00% multiplier for first enrolled before January 1, 2020 1.75% multiplier for first enrolled on or after January 1, 2020
State BCI	<u>Retiring before 08-01-2023</u> 2.00% multiplier for first enrolled before January 1, 2020 1.75% multiplier for first enrolled on or after January 1, 2020 <u>Retiring on or after 08-01-2023</u> 3.00% Multiplier for the first twenty (20) years 1.75% Multiplier for years above twenty (20)
Judges	3.50% Multiplier percent of final average salary for the first ten (10) years 2.80% Multiplier percent of final average salary for the second ten (10) years 1.25% Multiplier percent of final average for each year of service over twenty (20) years
Highway Patrol	3.6% Multiplier for the first twenty-five (25) years 1.75% Multiplier for years above twenty-five (25)

Eligible **SERVICE CREDIT** is the amount of service you have accumulated under NDPERS for retirement purposes.

RETIREMENT OPTIONS:

There are different retirement options available to choose from when you retire. Keep in mind that each payment option will pay you the member for as long as you live. You cannot change your retirement option once you have cashed your first retirement payment.

Main and Public Safety Retirement Plans

Note: The Main Defined Benefit Plans are closed to newly enrolled members effective 1/1/2025.

- **SINGLE LIFE OPTION:** This amount is payable to you for as long as you live. There is no monthly income provision for your beneficiary under this option. However, if you should die while receiving retirement benefits, your beneficiary will get a lump sum payment of the remaining amount in your member account, if any.

Judges and Highway Patrol Retirement Plans

→ **NORMAL BENEFIT:** This amount is payable to you for as long as you live. If you are married at the time of your death, your surviving spouse will continue to receive one-half of your normal retirement benefits for as long as your spouse lives. If you are single, there is no monthly income provision for your beneficiary under this option. However, if you should die while receiving benefits, your beneficiary will get a lump sum payment of the remaining amount in your member account, if any.

- **50% JOINT & SURVIVOR OPTION:** This amount is payable to you for as long as you live, but is actuarially reduced based upon your age and the age of your spouse. In the event of your death, your spouse will receive 50% (percent) of your monthly retirement benefit amount for the rest of his/her life. In the event your spouse predeceases you, or in the event of a divorce, your benefit will be adjusted back to the Single life option amount upon receipt of your spouse's Certificate of Death or a photocopy of the divorce decree. If this benefit option is selected, it will be necessary for you to submit a copy of your spouse's birth certificate and your marriage certificate with your retirement application.
- **100% JOINT & SURVIVOR OPTION:** This amount is payable to you for as long as you live, but is actuarially reduced based upon your age and the age of your spouse. In the event of your death, your spouse will receive 100 percent (the same amount as you were receiving prior to death) of your monthly retirement benefit amount for the rest of his/her life. In the event your spouse predeceases you, or in the event of a divorce, your benefit will be adjusted back to the Single life option amount upon receipt of your spouse's Certificate of Death or a photocopy of the divorce decree. If this benefit option is selected, it will be necessary for you to submit a copy of your spouse's birth certificate and your marriage certificate with your retirement application.
- **TWENTY (20) YEAR TERM CERTAIN:** This amount is reduced based upon actuarial factors and is payable to you for as long as you live. If you die within the first twenty (20) years of your retirement, your beneficiary will continue to receive monthly payments of the same amount until the end of the twenty (20) year period. If you die after receiving benefits for twenty (20) years, there will be no payments made to your beneficiary. **(This option is not available to members age 79 and over.)**
- **TEN (10) YEAR TERM CERTAIN:** This amount is also reduced based upon actuarial factors and is payable to you for as long as you live. If you die within the first ten (10) years of your retirement, your beneficiary will continue to receive monthly payments of the same amount until the end of the ten (10) year period. If you die after receiving benefits for ten (10) years, there would be no payments made to your beneficiary.

You also may elect as to receive **one** of the following retirement benefit modifications:

Below are the limitations of who can elect the options and exclusion for benefit modifications:

1. Limits the option to members retiring on or after their Normal Retirement Date as set by statute,
2. Excludes disability and early retirees, beneficiaries of deceased members,

3. Requires that the option be a one-time, irrevocable election that is made at the time of the member's retirement,
4. Excludes the benefit in combination with a PLSO, Graduated, or DNRO benefit option, and
5. It is a one-time, irrevocable election that is made at the time of the member's retirement.

GRADUATED BENEFIT OPTION: The "graduated benefit" option allows you to select your benefit as either a one percent or two percent annual benefit increase. If you elect this option, your monthly annuity is actuarially reduced. The amount of the reduction will depend on your age at retirement. You will still be eligible to select a Joint and Survivor or Term Certain option as your ongoing retirement benefit.

PARTIAL LUMP SUM OPTION (PLSO): This option is only available to members who retire at or after full retirement age. This option allows you to take a partial lump sum distribution equal to 12 monthly payment of the Single Life option and is payable at the same time as your first monthly retirement benefit. You will still be eligible to select a Joint and Survivor or Term Certain option as your ongoing retirement benefit. The ongoing retirement benefit will be actuarially reduced in exchange for the partial lump sum payment.

The lump sum payment will be eligible to rollover to an IRA or another eligible retirement plan. If not rolled over, the lump sum is taxed as ordinary income and subject to automatic 20 percent federal withholding. If you are under age 59½, you may be subject to a 10% penalty tax for early withdrawal.

DEFERRED NORMAL RETIREMENT OPTION (DNRO): This option will only be available to members who retire after reaching normal retirement date. This option is an irrevocable election and made at initial application for retirement. The payment is in lieu of a lump sum equal to the amount of missed payments, without interest, retroactive to the member's normal retirement date. Members would still be permitted to choose one of the optional forms of payment for their annuity benefit (e.g. the reduced annuity would be paid as a joint and survivor or term certain option). The ongoing benefits will be actuarially increased to reflect the lump sum. Please Note: If you receive 8 months or more of monthly back payments, federal income tax in the amount of 20% and ND state income tax in the amount of 3.92% will be automatically withheld. You may elect no ND tax when submitting application.

BENEFIT PAYMENT DATE:

The NDPERS retirement effective date is the first of the month following the date member leaves employment. Last day of employment may be any day of the month and after annual/sick leave used, if applicable. If you are on a delayed payroll, your effective date may be the first of the month following the date of your last check. The first payment will be issued the month following the retirement effective date and will contain two months of benefits (the current month and the month following the last day of employment). If last day of employment is prior to the end of the month, member still receives a full month of service credit and retirement benefits are not prorated.

Please note that according to the North Dakota Administrative Code (NDAC) §71-02-04-02.1: The termination date for purposes of processing an application for retirement benefits must be the last date for which a member receives salary except for a member who is on an approved leave of absence. For members who are paid salary in any month following actual separation from employment when the salary is received after the normal processing date, the termination for the purpose of processing the application must be the same date as the date that the last paycheck was issued as salary.

If you deferred your benefits, your benefit effective date is the first day of the month following the month your application process has been completed.

CONVERTING UNUSED SICK LEAVE TO 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.

Number of unused sick leave hours

= Number of months eligible to purchase (rounded up)

173.3 (# of working hours in a month)

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

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

***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 15th 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

FEDERAL LIMITATIONS:

Certain types of purchase payments may be subject to limitations established in the Internal Revenue Code Section 415(c). Current law may limit after-tax employee contributions into the retirement plan. NDPERS will notify you if federal limits apply to your purchase payment(s).

DEFINED CONTRIBUTION PLANS:

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%

2025 Required Contribution Rates:

15.26% = *Defined Contribution, Tier 1*
15.26% = *Defined Contribution 2020, Tier 2*
9.26% = *Defined Contribution 2025, Tier 3*

APPLICATION

A NDPERS application must be on file 31 days prior to termination of employment and distribution. A distribution form provided by the Trustee Company must be on file with the Trustee Company before distribution. Contact Empower at 1-866-816-4400 or empowermyretirement.com

Your employer must send in your termination information through Employer Self Service.

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, your employer must send in your termination information through the Employer Self Service and you must complete the NDPERS Deferred Retirement forms.

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 another eligible employer plan or a traditional IRA. If you choose this option you will need to complete the forms under NDPERS Refund/Rollover Forms. You must complete and file with the Trustee a "Trustee Company Distribution Form provided by the Trustee.

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. If you choose this option you will need to complete the forms under NDPERS Retirement Forms. You must complete and file with the Trustee a "Trustee Company Distribution Form provided by the Trustee.

Distributions will be subject to the following rules:

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 will be subject to a 10% penalty at the time you file your income tax return for the year in which you took the distribution.

Direct Rollover Distribution

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

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, the Plan Administrator 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.

Rollover to Another Eligible Employer Plan – You should check with your new 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 new employer's qualified plan. After authorizing your distribution, the Plan Administrator will forward the form to the Trustee. A check will be issued by the Trustee Company payable to the trustee of your new 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.

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 an IRA or your eligible employer Plan. Any cash distribution you receive will be subject to the Federal income tax withholding rules referred to in (1). Any direct rollover distribution will be made in accordance with (2).

You will pay income tax on the amount of any taxable distribution you receive from the Plan unless it is rolled into an IRA or your 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, so you may choose to complete IRS Form W-4R to withhold a greater amount.

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

DEFINED BENEFIT & DEFINED CONTRIBUTION PLANS:

RETIREE INSURANCE COVERAGE

The NDPERS Dental, Vision, and Dakota Retiree Health insurance plans may be available to you even if your employer did not participate in the NDPERS plans prior to your retirement. If you or a dependent are on Medicare Part A and B, please complete the *Retiree Health Insurance with Medicare Application SFN 59562* and *Medicare Prescription Drug Plan (PDP) Individual Enrollment Form SFN 58860*. The *Medicare Prescription Drug Plan (PDP) Individual Enrollment Form SFN 58860* cannot be signed or submitted more than **90 days** from the requested coverage effective date.

You may be eligible to enroll in the above insurance(s) if you do so within 31 days of retirement or during an eligible qualifying event. Please refer to the NDPERS website for each plan's qualifying events, premium information, and plan design. Anyone requesting enrollment in the Dakota Retiree Plan must have both Parts A and B of Medicare.

If retirement allowance is large enough to deduct the entire monthly premium, the premium will automatically be withheld from the benefit check. If retirement allowance is not large enough, premium must be withheld from a bank account, which requires completion of an Authorization for Automatic Premium Deduction SFN 50134. It is the policy of NDPERS that a member's net annuity payment cannot be less than \$50.00.

DEFINED CONTRIBUTION – Your premiums must be automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

RETIREE HEALTH INSURANCE CREDIT (RHIC)

(Excludes Main & Defined Contribution Member's hired after January 1, 2020)

Note: The Main Defined Benefit Plan is closed to newly enrolled members effective 1/1/2025.

The Retiree Health Insurance Credit Program offers you a credit to receive reimbursement of premiums you pay for upon retirement. This credit can only be used if you are drawing a monthly NDPERS or NDHPRS benefit payment. Your RHIC may be used for any health and/or prescription drug premium expenses, as well as for any dental, vision, and long-term care premium expenses.

Defined Contribution Plan members must be at least 55 years of age and must also be receiving a periodic distribution from the Trustee Company at least annually to be eligible for the RHIC benefit. Your RHIC is only reimbursed for eligible insurance premiums as long as you are receiving a periodic distribution.

RHIC is calculated as \$5.00 for every year of retirement service credit, subject to reduction for early retirement. Your retiree insurance credit will not be reduced if you are age 65, meet the Rule of 85 (Rule of 90 with minimum age 60 if you are hired on or after 01-01-2016) or are receiving NDPERS Disability retirement benefits.

If you are enrolled in NDPERS sponsored insurance coverage, NDPERS will deduct the full premium amount from your bank account or pension check each month. NDPERS does not direct bill for premiums. NDPERS will then substantiate your monthly premium amounts and the third-party administrator will reimburse you up to your eligible monthly RHIC amount.

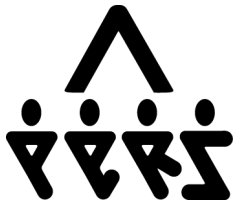
If you are enrolled in non-NDPERS sponsored health or prescription drug coverage, you will need to provide documentation of eligible insurance premiums and proof of payment to the third-party administrator.

Under the Standard Option, upon your death, your RHIC will be transferred to your surviving spouse if your surviving spouse receives an ongoing monthly retirement payment from NDPERS. He or she can use the health insurance credit for as long as the benefit payments continue.

Under the Alternate Health Credit Option, if you are married and choose a Single Life, Ten or Twenty-Year Term Certain, you have the opportunity to elect an alternate form of retiree health insurance credit. You may choose an actuarially reduced 50% or 100% Joint & Survivor retiree insurance credit option that applies only to the insurance credit portion of your retirement benefits. The alternate option is actuarially reduced based upon your age and the age of your spouse. With this option, upon your death, your surviving spouse will receive the RHIC amount for life.

Effective August 1, 2007, spouses who each have RHIC may authorize NDPERS to combine their respective credits only when enrolled in the NDPERS sponsored family health plan.

Refer to the RHIC overview and list of frequently asked questions for more information.



NDPERS Retiree Health Insurance Credit Program



The NDPERS Retiree Health Insurance Credit (RHIC) program is administered by ASIFlex. All NDPERS, NDHPRS, and Job Service retirees receiving an ongoing retirement benefit at least annually from NDPERS are eligible for the RHIC benefit. RHIC funds may be used for **any health insurance and/or prescription drug plan** for which retirees incur an eligible premium expense. In addition, the RHIC credit can also be applied toward NDPERS administered dental, vision, and long term care plan premium expenses.

For retired members with NDPERS health, dental or vision coverage...

- NDPERS will bill you for the full premium amount or deduct the full premium amount from your bank account or pension check each month, as previously directed by you.
- NDPERS will report your monthly RHIC amount and direct deposit information to ASIFlex.
- NDPERS will submit eligible premium amounts and proof of payment to ASIFlex.
- **No action will be required on your part** for monthly reimbursement.
- Your RHIC reimbursement will be direct deposited into the same bank account as your NDPERS retirement benefit payment each month.

For retired members with non-NDPERS eligible health, dental or vision insurance coverage...

- NDPERS will report your monthly RHIC amount and direct deposit information to ASIFlex.
- You provide proof of eligible premium amounts, proof of monthly payment, and submit a completed claim form to ASIFlex for reimbursement. (See reverse side.)
- Your RHIC reimbursement will be direct deposited into the same bank account as your NDPERS retirement benefit payment each month.

NDPERS monthly benefit payments and RHIC reimbursement payments must be direct deposited. NDPERS and ASIFlex are not responsible for lost or stolen checks or for delayed mail.

WHO TO CONTACT	
<i>Questions regarding:</i> • Who is eligible • Amount of RHIC benefit • How RHIC benefit is calculated • Address changes (submit paper form or login to MSS account online) • Sign up or change direct deposit information	NDPERS https://ndpers.nd.gov ndpers-info@nd.gov 1.800.803.7377
<i>Questions regarding:</i> • How to file claims • What premiums are eligible • How to access and view my account • Account balance • Claim payment status • How to get the mobile app • How to sign up for email/text alerts • Setup automatic reimbursement for reoccurring Medicare premiums deducted from Social Security benefit	ASIFlex www.asiflex.com asi@asiflex.com 1.800.659.3035

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NDPERS Retiree Health Insurance Credit (RHIC) Program

The NDPERS RHIC Program is a plan that was funded by your employer during your working years. You earn \$5 for every year of service credit. Upon retirement, reimbursement up to your monthly RHIC amount may be issued to you for eligible insurance premium expenses. ASIFlex is the third party administrator for the RHIC program and will maintain RHIC account records, issue reimbursements, and provide customer service to answer any RHIC reimbursement related questions. Below are answers to frequently asked questions regarding your RHIC account.

1. Who is eligible for the RHIC benefit?	NDPERS, NDHPRS, and Job Service Defined Benefit Plan pensioners drawing a monthly payment; NDPERS Defined Contribution Plan pensioners drawing a periodic payment at least annually; and eligible surviving spouses of NDPERS members receiving a joint and survivor RHIC benefit. If you have questions regarding your eligibility or calculated RHIC benefit, please contact NDPERS or log in to your NDPERS Member Self Service (MSS) online account.
2. How is my RHIC calculated?	Your RHIC benefit amount is calculated based on your years of service and age at date of retirement. If you retired early or have selected a joint and survivor option, your RHIC may be reduced. To verify your available RHIC reimbursement amount, login to your NDPERS Member Self Service (MSS) account online.
3. What expenses are eligible?	Eligible after-tax premiums* (NDPERS sponsored <u>or</u> non-NDPERS sponsored) • Health** • Medicare – Part B, Supplement, Part D Prescription Drug Plans** • Dental • Vision • Long-Term Care Premiums not eligible • Life Insurance • Supplemental Plans (Accident, Disability, Cancer, etc) • Premiums that are subsidized or already have a tax credit applied *If you have an employer-sponsored health plan, <u>premiums must be deducted after-tax</u> from your pay check. (Pre-tax premiums are ineligible.) **Medical sharing groups are not engaged in the business of insurance and are not regulated. Therefore, these groups are excluded as eligible insurance plans.
4. What documentation is required for NDPERS premium reimbursement?	For NDPERS sponsored health/prescription drug, dental and vision plans, no action will be required on your part for monthly reimbursement. NDPERS will report your monthly premium amounts to ASIFlex and a check will be sent to your address of record if direct deposit is not set up.
5. What documentation is required for non-NDPERS premium reimbursement?	<u>For non-NDPERS dental, vision, long term care, health/prescription drug plans or NDPERS long term care insurance, you will need to provide the following:</u> 1. <i>Documentation of eligible insurance premiums</i> – includes providing an itemized statement from your insurance carrier showing dates of your premium coverage period, type of insurance, and premium amount 2. <i>Proof of payment</i> – can be provided in the form of pay stub, bank statement, copy of cancelled check, credit card receipt, or electronic payments 3. <i>ASIFlex Claim Form</i> – Complete form and mail with required documentation to ASIFlex, PO Box 6044, Columbia, MO 65205-6044 or fax to 1-877-879-9038

ASIFlex Contact

Customer Service Hours: 7:00 am - 7:00 pm CT Monday -Friday; 9:00 am - 1:00 pm CT Saturday



1.800.659.3035



www.asiflex.com



asi@asiflex.com

NDPERS Retiree Health Insurance Credit (RHIC) Program (cont'd)

6. How can I be reimbursed for eligible premiums?	For NDPERS sponsored health/prescription drug, dental and vision plans, NDPERS will establish your account and report your monthly premium amount and RHIC to ASIFlex who will issue reimbursement to you. For all other plans, you can submit a claim form with proper documentation and proof of payment directly to ASIFlex. Claim forms will be available at asiflex.com. You will also be able to submit claims online at asiflex.com or through the ASIFlex Mobile app.
7. What are the payment method options?	RHIC reimbursement checks must be direct deposited to your designated bank account. NDPERS will report your direct deposit information, along with your monthly RHIC amount, to ASIFlex with your first NDPERS benefit payment. <i>NOTE: NDPERS and ASIFlex are not responsible for lost or stolen checks or for delayed mail. For expedited payment, be sure to sign up for direct deposit.</i>
8. How often does ASIFlex process claims?	Claims are processed daily, with payments issued within one to three business days. You will also be able to sign up for electronic communication via email and/or text alerts. ASIFlex will send notice to you each time a payment is made.
9. How often can I submit claims for my non-NDPERS plans?	You may submit claims on any frequency that is convenient for you. You may submit monthly, quarterly, semi-annually, or even annually.
10. Can I receive premium reimbursement if I am a covered dependent?	You may submit claims for any eligible premium expense incurred as either the primary contract holder or as a covered dependent on a spouse's contract. Your policy may be employer-sponsored (if deducted after-tax) or an individual insurance plan.
11. Is there a deadline to file for reimbursement for non-NDPERS plans?	Premium claims incurred Jan 1 – Dec 31 each calendar year have a <u>March 31 deadline following the close of the plan year.</u>
12. What if I miss the deadline for reimbursement?	RHIC not claimed by the March 31 deadline (noted above) following the close of the RHIC plan year on December 31 is forfeited.
13. Can I accumulate and carry over funds from month to month?	No. You can claim up to your monthly RHIC benefit amount each month, for any combination of eligible premiums paid for that month. If your premiums are less than your RHIC benefit amount, leftover funds do not carry forward to the next month. If your monthly premiums are more than your RHIC benefit, the plan will reimburse you up to your monthly RHIC amount.
14. Am I still eligible for a federal health plan subsidy?	If you are eligible for a federal subsidy through the healthcare exchange, you may not receive reimbursement of your RHIC benefit in addition to the lower amount paid for your health coverage based upon IRS Notice 2013-54 and IRC Section 36B.

Some things to remember

- ASIFlex will mail a letter to you containing a personal identification number (PIN) that you can use to register online and view details of your account at asiflex.com.
- You can submit claims for non-NDPERS sponsored eligible premiums or NDPERS long term care insurance through your account at asiflex.com, the ASIFlex mobile app, or by faxing or mailing a completed claim form.
- RHIC eligibility requests should be directed to NDPERS.
- RHIC claim inquiries for reimbursement of premiums paid should be directed to ASIFlex.

ASIFlex Contact

Customer Service Hours: 7:00 am - 7:00 pm CT Monday -Friday; 9:00 am - 1:00 pm CT Saturday



1.800.659.3035



www.asiflex.com



asi@asiflex.com

ASIFlex Quick Guide

FSA Debit Card and Account Access

Manage Your FSA Account at www.asiflex.com

- Register to file claims and view your account statement 24/7!
- Account Detail – Know your balance! You can view details of your account including deposits, claims, payments, and current account balance.
- Read Your Messages – View secure messages sent to you from ASIFlex regarding claim payments or additional documentation that may be needed.
- Submit Claims – Just scan your claim documentation, log into your account and file online for rapid reimbursement!
- Update Preferences – You can change your user name, security image, security questions, or password at any time.
- FSA Store – FSA Store – View thousands of FSA eligible over-the-counter health care products.
- Eligible Expenses – View an listing of eligible/ineligible expenses.
- IRS Rules on How to Use the Debit Card – Go to asiflex.com/debitcards.



ASIFlex FSA Debit Card

Present the card for payment for health care services. Each time you use the card, you must ask the provider for an itemized statement. **An itemized statement must include:**

1. Provider name/address
2. Patient name
3. Date the service was provided (regardless when paid or billed)
4. Description of the service or health care supply
5. Dollar amount owed

Note: A credit card receipt, cancelled check, paid-on-account statement, or balance-forward statement is not sufficient.

You can also provide your insurance plan Explanation of Benefits (EOB) to document expenses.

What Needs Documentation?

IRS regulations require you to submit documentation for certain card transactions. The only items that do not require follow-up documentation are:

- Flat dollar copayments under the plan you enrolled in through your employer
- Identified recurring expenses (such as a regular monthly payment to the same provider for the exact same dollar amount)
- Prescriptions or over-the-counter health care products purchased at pharmacies/merchants that identify which products are qualified health care items

All other expenses require documentation.

HOW TO ACCESS YOUR BENEFITS

ASIFlex Card

Ask your provider for itemized documentation each time you use the card or provide insurance plan EOB.

ASIFlex Mobile App

- Check your balance anywhere, anytime
- File claims on the go

Online Claim Filing

- Scan your documentation
- Log in to your account
- Upload documentation to submit claim

Fax or Mail

- Complete the claim form in full and sign
- Submit with documentation

Contact

www.asiflex.com
asi@asiflex.com
Phone: 800.659.3035

Customer Service Hours:
7 am to 7 pm CT Mon-Fri
9 am to 1 pm CT Sat

Fax: 877.879.9038

PO Box 6044
Columbia, MO 65205-6044



How will I know if documentation is required? What are the timelines?

ASIFlex will send you three notifications if documentation is required. If you receive a request, provide the itemized statement or the insurance plan's Explanation of Benefits (EOB) statement.

The three requests for documentation are sent by email/text alert as follows:

1. **Initial Notice** – Sent approximately five days after ASIFlex receives notice of the card transaction.
2. **Reminder Notice** – Sent 21 days after the initial notice.
3. **Deactivation Notice** – Sent 21 days after the reminder notice and card is temporarily deactivated, and future claim submissions may be offset by the outstanding amount.

You can submit the documentation online through your account, via the mobile app, or by mail or fax. To submit via mobile app or online, just follow the online instructions and click on the highlighted claim.

If you do not submit the requested documentation, IRS rules require that your card be temporarily deactivated and future claim submissions will be offset by the outstanding amount.

For additional details regarding IRS regulations governing use of the card, visit asiflex.com/debitcards.



ASIFlex Mobile App

Check your balance and file claims on the go anytime from anywhere!

Just take a picture of your claim documentation and submit via the mobile app for rapid reimbursement!

The app is free and available on Google Play or the App Store.

Go Green!

Save time, save postage, save trees!

Sign up for Direct Deposit!

You can have payments deposited to your bank account instead of waiting for a check!

Switch from Mail Box to In Box!

Don't risk delayed or lost mail. Sign up to receive email and/or text alerts!

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Information below outlines acceptable documentation to provide to ASIFlex for RHIC reimbursement if ... (Updated 7-2019)

- **you have non-NDPERS sponsored health and/or prescription drug coverage OR**
- **you have NDPERS health, dental, or vision coverage under an “active” NDPERS employer-sponsored plan ***

*As a reminder: If you have NDPERS insurance coverage as a “retiree”, you DO NOT need to submit any documentation to ASIFlex for RHIC reimbursement. NDPERS will report your monthly premium amounts paid to ASIFlex.

All 3 forms of documentation must be provided to validate a claim: (1)Proof of Insurance, (2)Proof of Payment, and (3) Claim Form

(1) Proof of Insurance must be provided at least annually or when a change in health and/or prescription drug coverage cost occurs:

Letter from insurance carrier (individual policy)

- verify type of coverage (health or prescription drug only)
- verify retiree with RHIC is policy holder or covered dependent on health plan
- verify premium amount
- verify dates or month(s) of coverage (coverage start date)

Letter from employer (employer-sponsored policy)

- verify type of coverage (health or prescription drug only)
- verify retiree with RHIC is policy holder or covered dependent on health plan
- verify amount of premium paid by employee
- verify dates or month(s) of coverage
- confirm premium is paid after-tax

Annual Pension Statement Verifying Health Coverage Cost

- verify type of coverage (health or prescription drug only)
- verify retiree with RHIC is policy holder or covered dependent on health plan
- verify premium amount
- verify reoccurring monthly amount of coverage

Annual Social Security Statement (No proof of payment required)

- verify Part B and Part D premiums paid
- verify retiree with RHIC is policy holder
- verify premium amount
- verify reoccurring monthly amount of coverage

(2) Proof of Payment must be provided for each month your RHIC benefit is being claimed:

Bank Statement

- must show month(s) and amount paid
- eliminate all other information except what is pertinent to prove expense (insurance company/coverage, amount, date, your name)

Cancelled Check

- must show month(s) and amount paid

Electronic Payment Receipt

- must show month(s) and amount paid

Pay stub

- must show after-tax deduction (pre-tax deductions are ineligible)
- must show month(s) (beginning of pay period) and amount paid
- eliminate all other information except what is pertinent to prove expense (health deduction, amount, date, your name)

Itemized Statement from Insurance Company or Employer

- must verify month(s), amount paid, and method of payment

(3) Claim Form must be submitted with each claim request

- Indicate dates, type, and amount of eligible premiums paid
- Indicate “reoccurring” if reoccurring claim (if applicable)
- Must be signed and dated
- POA (Power of Attorney) must be verified and on file with NDPERS (if applicable)
- Contact ASIFlex by Phone: 1.800-659.3035 or Online: www.asiflex.com and click “Forms”

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Complete all fields with your personal information

Complete this claim form in its entirety, provide legible documentation as instructed, and sign below. Please print clearly.

Your Name (Last, First, MI)		NDPERS ID Number	Your Employer Name	
			NDPERS Retiree Health Insurance Credit Program	
Address		City	State	Zip Code

Check if eligible to claim **SS recurring premium payment** for the current plan year

Enter the actual
premium
amount you pay
for Part B.

ASIFlex is validating the claim amount against your Social Security (SS) letter. You should receive a SS letter from SS each year.

Your RHIC will be direct deposited into your bank account each month for this plan year.

You will take the amount times the number of months you are claiming and enter that in the "Total".

Insurance Premium Claims (other than Medicare)

Please include appropriate documentation as required by your employer plan with this completed claim form as follows:

- Itemized statement from the insurance company showing the dates for which premium is being paid, the type of insurance, and the dollar amount of the premium; and,
- Proof of payment in the form of a pay stub, bank statement showing the debited amount, copy of the completed cancelled check, credit card receipt, electronic payment receipt, etc.

☐ **Note to Medicare Enrollees:** You can check here to request automatic recurring monthly RHIC reimbursement of Medicare Part B or D premiums deducted from your Social Security payment. To qualify you must complete this claim form and:

- You must be signed up to receive reimbursement via direct deposit to your bank account.
- You must submit a copy of your "Notice of Medical Insurance Enrollment and Premium Deduction", or "Proof of Income from the Department of Health and Human Services (HHS). (No proof of payment required.)
- Submit this form once each calendar year, if you have a new plan, if the premium changes or if the coverage ends.

ASIFlex will automatically reimburse you each month for the Medicare premiums. Complete the information below to indicate the Medicare premiums you wish to be reimbursed for and the monthly amount. See example in red below.

Date(s) of Insurance Coverage TO / FROM	Insurance Carrier	Insured Person/ Relationship	Type (Medical, Prescription)	Amount Requested
Example: 1/1/17-12/31/17	Medicare	Self	Medicare Part B & D	\$ 350/mo.
				\$
				\$
				\$
				\$
				\$
TOTAL				\$ 0.00

Enter months and years you are claiming (i.e. 1/1/2024 – 12/31/2024)

Enter Medicare. Self . Part B

Read
acknowledgement,
sign and date

at all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me who
under the NDPERS RHIC program, and that the premium expenses have not been reimbursed and reimbursement will
received from any other source. I understand that if I am eligible to receive a subsidy through the federal health care exchange,
I will receive RHIC reimbursement in addition to lower amounts paid for health insurance premiums. I understand that I
am responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed
is reimbursed under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on
the Plan which relate to such expense. A claim will only be processed with a completed and signed claim form and
documentation.

Signature _____ Date _____

FAX TO:

1-877-879-9038

PAGE _____ OF _____
NO COVER PAGE REQUIRED

MAIL TO:

ASI

PO BOX 6044

COLUMBIA, MO 65205-6044

QUESTIONS:

WWW.ASIFLEX.COM

ASI@ASIFLEX.COM

1-800-659-3035

Complete claim form at the beginning of each plan year in January.
Send the claim form to ASIFlex with a copy of your Social Security letter that confirms Part A and B enrollment dates and premium amount paid for Part B.
RHIC not claimed by the March 31 deadline following the close of the RHIC plan year on December 31 is forfeited.

Send the claim form to ASIFlex with a copy of your Social Security letter that confirms Part A and B enrollment dates and premium amount paid for Part B.

RHIC not claimed by the **March 31 deadline** following the close of the RHIC plan year on December 31 is forfeited.

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GROUP INSURANCE PAYMENT

DEFINED BENEFIT - Your premium may be deducted from your pension check. In order to be eligible for this option your net benefit check has to be greater than \$50 after all deductions. If the premium is greater than your pension amount, you must have your premiums automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

DEFINED CONTRIBUTION – Your premiums must be automatically deducted from your bank account by completing an Authorization for Automatic Premium Deduction SFN 50134.

TAXES AND YOUR BENEFIT PAYMENT

You have the option of having federal and North Dakota state income taxes withheld from your monthly benefit payment. At the time of your retirement, NDPERS will have you complete a Withholding Allowance Election for Pension Payments SFN 51506 for Defined Benefit Plan payments and the IRS Form W-4P or a "Trustee Company Distribution" Form for Defined Contribution Plan payments. You may elect not to have income tax withheld from your pension payment by using these same forms. You may change your tax withholding election at any time and as often as you wish. NDPERS can only withhold ND State Taxes. If you are a resident of another State, we cannot withhold taxes from that State. Please refer to your tax consultant for alternative options.

If you do not have federal income tax withheld from your benefit payment, you cannot have ND state income tax withheld.

Whether you should have taxes withheld depends upon your financial situation. Questions about the amount of taxes to withhold or the need for tax deduction should be directed to a professional tax consultant.

DEFINED BENEFIT PLAN: In January each year, NDPERS will send you a 1099-R form showing the total annuity paid, the taxable and non-taxable amount and the total deductions for federal and North Dakota state income tax. The 1099-R form is to be used in filing your annual income tax return.

DEFINED CONTRIBUTION PLAN: In January each year, the Trustee Company will send you a 1099-R form showing the total annuity paid, the taxable and non-taxable amount and the total deductions for federal and North Dakota state income tax. The 1099-R form is to be used in filing your annual income tax return.

DIRECT DEPOSIT

DEFINED BENEFIT- You must have your monthly payment sent directly to your checking or savings account through Direct Deposit. You must complete a NDPERS Authorization for Direct Deposit for Annuity Payment SFN 18379. To change banks accounts, simply complete a new direct deposit form with the new financial institution or update through NDPERS Member Self Service. NDPERS will not accept alternate Direct Deposit forms.

Deposits are electronically sent for deposit the first working day of each month. If your forms are not completed in a timely manner or there is a delay in processing your retirement benefit calculation (i.e. unused sick leave purchase, employer reporting/wage verification), your first payment may be delayed.

DEFINED CONTRIBUTION-Authorization for Direct Deposit, as well as terms and conditions, is on the "Trustee Company Distribution Form".

RETURN TO SERVICE AFTER RETIREMENT

To be eligible for benefits, you must terminate employment or terminate membership. "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month (31 days). This period is determined by counting 31 days from your final regular payroll payment to the date you begin actual employment (first day of work) with a new NDPERS participating employer.

Approved leave of absence does not constitute termination of employment.

"Termination of participation" means termination of eligibility to participate in the retirement plan.

Retirement

If you are a retiree employed for 20 or more hours a week for 20 or more weeks per year in any permanent position with a NDPERS participating employer, your retirement benefit will be suspended. Under NDCC 54-52, you are not eligible to receive a retirement benefit payment while being permanently employed with a NDPERS participating employer (See "**Overpayment of Benefits**" section). Upon termination of your subsequent employment, you may resume retirement benefits. Your initial monthly retirement benefit will be combined with your calculated subsequent retirement benefit current service. Your benefit attributable to any return to work period shall be based upon service and earnings attributable to the return to work period only.

- a) As a retiree meeting Normal Retirement provisions, if you return to **any permanent eligible employment with a NDPERS participating employer, your hours of employment must be restricted** if you wish to continue receiving your pension payment. As an eligible employee, your permanent employment must be limited to less than 20 hours per week so eligibility for any NDPERS retirement plan (including all plans under NDCC 54-52) is not obtained. If you are a retiree that elected an early retirement option, you are required to be off all covered payroll for 31 days from either your last day worked or your last paycheck, whichever is later.
ACTION REQUIRED: You complete the "Optional Participation for Defined Benefit Retirement Plan SFN 17627" in the [New Hire Form packet](#).
- b) As a retiree meeting Normal Retirement provisions, if you return to **temporary employment** with a NDPERS participating employer, your hours of employment do not need to be restricted if you wish to continue receiving your pension payment. If you are a retiree that elected an early retirement option, you are required to be off all covered payroll for 31 days from either your last day worked or your last paycheck, whichever is later.
ACTION REQUIRED: You must complete the "Optional Participation for Defined Benefit Retirement Plan SFN 17627" in the [New Hire Form packet](#).
- c) **If you are a retiree meeting Normal Retirement provisions and become reemployed with a different NDPERS participating employer** than the employer with which you were employed at the time you retired, you may, before reenrolling in the retirement plan, elect to permanently waive future participation in the Defined Benefit Retirement plan and the Retiree Health Insurance Credit program to maintain your ongoing monthly retirement benefit. If you make this election you are not required to make any future employee contributions to NDPERS nor is your employer required to make any further contributions on your behalf. If you are a

retiree that elected an early retirement option, you are not eligible for this return to work waiver option and your monthly retirement benefits will be suspended.

ACTION REQUIRED: You must contact the NDPERS office to confirm your eligibility and complete an irrevocable "[Retirement Plan Membership Waiver SFN 54286](#)." (*This waiver is not available on the NDPERS website nor is this option available to early retirees.*)

Under N.D.C.C. 54-52-01(8), a "Governmental unit" means the state of North Dakota, except the highway patrol for members of the retirement plan created under chapter 39-03.1 or a participating political subdivision thereof. Therefore, North Dakota state agencies are considered one employer group and any member retiring with one state agency and becoming reemployed with another state agency **would not be eligible** for this return to work provision.

The following retired members may be eligible for this provision:

Past Employer	New Employer
State	Political Subdivision
Political Subdivision	State
Political Subdivision	Political Subdivision

OVERPAYMENT OF BENEFITS

The laws governing NDPERS state that a person who receives an overpayment is liable to refund those payments upon receiving an explanation and a written request for the amount to be returned. Pursuant to that section, a member may be charged six (6) percent interest on the unpaid balance until the balance is paid in full. NDPERS executive director must approve any proposal made.

DIRECT DEPOSIT BY AUTOMATED CLEARING HOUSE (ACH)



ACH Direct Deposit service for the convenience of NDPERS benefit recipients

It is NDPERS Board's policy that all annuity payments are required to be direct deposited. This method of transferring funds is safe, secure and used nationwide. You do not have to change your current bank relationship to take advantage of this service. It is available through all banks, credit unions, savings and loans facilities and most other financial institutions.

Advantages of Direct Deposit:

- The money will be there on time each month.
- Your worries about mail delays or stolen checks are over.
- You'll avoid waiting in long bank lines to cash or deposit checks.
- Your money will be deposited quicker – the first business day of each month, which allows you to access money more quickly than before.

To begin Direct Deposit, simply complete an *Authorization for Direct Deposit for Annuity Payments SFN 18379*. This form may be obtained online at <https://www.ndpers.nd.gov/>.

You must complete and sign the "Annuitant/Payee" part of the form. You may attach a voided check or provide the necessary banking information.

Return the form to the NDPERS office by the 15th of any month. Your Direct Deposit of NDPERS benefit payments will begin the first of the following month, unless an alternate effective date is requested.

To change financial institutions or change any account information, just complete an *Authorization for Direct Deposit for Annuity Payments SFN 18379* or change through your NDPERS Member Self Service.

Direct Deposit is safe, convenient and easy. Benefit payments are deposited electronically into your bank account.

There are no service fees charged by NDPERS for this service. It's free! However, you may have to check with your bank for any possible fees.

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Revised 1/2023

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the North Dakota Public Employee's Retirement Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account in some employer plans that is subject to special tax rules). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section. **Please note that all references to spouse in this notice are references to the term spouse according to the federal law, which defines spouse as any lawfully married spouse, same or opposite sex.**

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½, unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary)
- Required minimum distributions after age 70½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), after age 73 (if you were born on or after January 1, 1951), or after death
- Corrective distributions of contributions that exceed tax law limitations
- Distributions of certain premiums for health and accident insurance

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary)
- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you are at least age 50 or have 25 years of service in the year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments of up to \$5,000 made to you from a defined contribution plan if the payment is a qualified birth or adoption distribution

- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year)
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after separation from service if you will be at least age 55 in the year of the separation (or age 50 or 25 years of service for qualified public safety employees) does not apply.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for payments from an IRA, including: (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

You can elect to rollover after-tax contributions to an IRA or another employer plan that will accept the contributions. If your rollover includes after-tax contributions, NDPERS will require a letter of acceptance from the financial institution that the rollover is to be sent to. **The letter of acceptance must indicate that they will accept the after-tax portion of the rollover.** You may also want to request information from the financial institution regarding how the record-keeping for the funds will be handled once the funds are deposited.

If NDPERS does not receive this letter of acceptance within 6 months from the date your rollover application is received, NDPERS will process the rollover by sending the taxable portion to the financial institution and the after-tax contributions to you at your mailing address.

After-tax contributions included in a payment are not taxed. If you receive a partial payment of your total benefit, an allocable portion of your after-tax contributions is included in the payment, so you

cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the payment made to you and at the same time the rest is paid to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

Similarly, if you do a 60-day rollover to an IRA of only a portion of a payment made to you, the portion rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If your payment is from a governmental section 457(b) plan

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10%

additional income tax on early distributions from the Plan even if you are under age 59½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences include that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid as premiums to an accident or health plan (or a qualified long-term care insurance contract) up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

If you roll over the payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5-year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs), and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a Plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the deceased participant was born on or before January 1, 1936.

If you are a surviving spouse

If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949), or after age 73 (if you were born on or after January 1, 1951).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½ (if the participant was born before July 1, 1949), age 72 (if the participant was born after June 30, 1949), or after age 73 (if the participant born on or after January 1, 1951).

If you are a surviving beneficiary other than a spouse.

If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, Armed Forces' Tax Guide. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in:

IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from to Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

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.

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.

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.
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.

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

Even if you are not participating, you must make a decision to enroll or to waive coverage

Read Dakota and Dakota Retiree Plan information

Are you or your spouse Medicare eligible?

No

Yes

Are you currently covered on NDPERS health as an active employee?

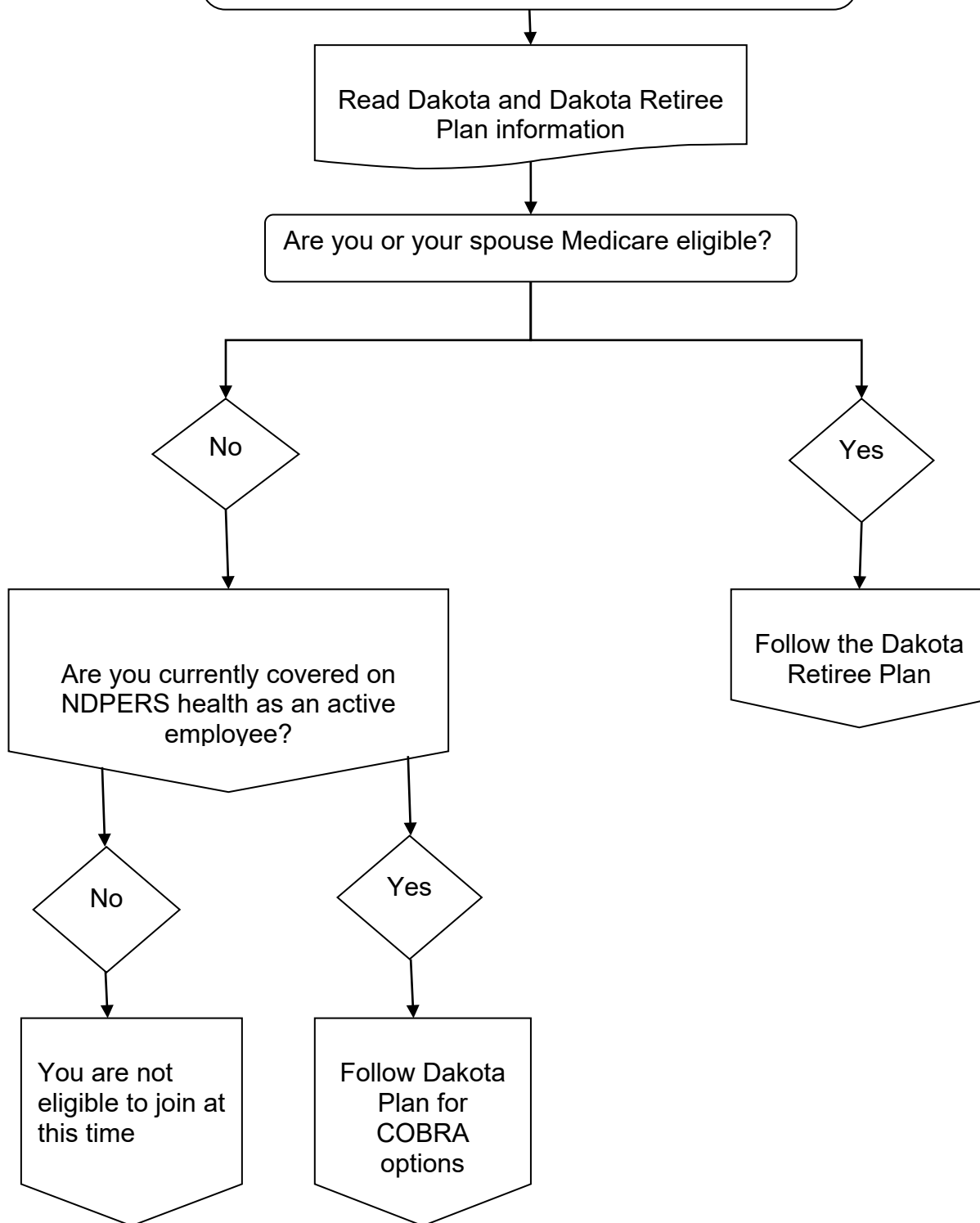
Follow the Dakota Retiree Plan

No

Yes

You are not eligible to join at this time

Follow Dakota Plan for COBRA options



DAKOTA PLAN & DAKOTA RETIREE PLAN



This is information regarding the Dakota Plan and Dakota Retiree group health insurance Plans. Both plans are underwritten by Sanford Health Plan (SHP). Please refer to the Certificate of Insurance for complete details.

ELIGIBILITY

A retiree continuing coverage from active employment in the Dakota Plan can continue coverage for 18 months (COBRA). After COBRA ends, if the retiree or other eligible family member is not eligible for Medicare, the retiree and insured family members will need to find coverage outside of NDPERS until the member or an eligible family member is Medicare eligible.

To be eligible to join the Dakota Retiree Plan:

A member must be receiving a “retirement allowance” from:

- North Dakota Public Employees Retirement System (NDPERS)
 - ◆ Defined Benefit Plan
 - ◆ Defined Contribution Plan
- North Dakota Highway Patrol Retirement System (NDHPRS)
- Job Service Retirement Plan
- Teacher’s Fund for Retirement (TFFR)
- Teachers Insurance and Annuity Association (TIAA) (ND Board of Higher Education only)

A member of certain Political Subdivisions, to be eligible to join the Dakota Retiree Plan, you must be:

- Receiving a “retirement allowance” from a NDPERS Board-approved employer sponsored retirement plan, such as:
 - 401(a)
 - 401(k)
 - 403(b)
 - 457

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 in which your permanent employment ended.

ENROLLMENT

A member who is receiving a qualified retirement allowance must apply within 31 days from any one of the following “qualifying events”: Eligibility based upon if a member was receiving retirement benefits prior to July 2015 will be verified at the time of receipt of application.

Qualifying Events:

1. Date of retirement, defined as either:
 - The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or
 - Date of first retirement check if member deferred his/her retirement benefit
2. Member’s 65th birthday or eligibility for Medicare
3. Member’s spouse or eligible dependent’s 65th birthday or eligibility for Medicare
4. The loss of coverage in a health plan sponsored or provided by member’s employer or member’s spouse’s employer, if covered through spouse’s employer group plan. This includes loss of coverage due to the death of, or divorce from, a spouse as well as completion of COBRA continuation coverage period with that plan.
5. Marriage
6. Birth, adoption, or appointment of children for legal guardianship

A retiree may be ineligible to enroll at the time of a qualifying event if he and/or his spouse is not Medicare eligible and the retiree was not receiving retirement benefits prior to July 2015.

If a member or surviving spouse does not enroll within 31 days of any one of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.

COVERAGE EFFECTIVE DATE

If a member is enrolled in the Dakota Plan as an active employee, coverage will become effective on the first of the month following the final date of coverage provided by his/her employer (COBRA). If insurance is not COBRA, member must be in receiving status with retirement benefits and a qualifying family member enrolled in Medicare in order to enroll). If a member was not enrolled in the Dakota Plan at the time of application and is Medicare eligible, coverage in the Dakota Retiree Plan will become effective on the first day of the month following one of the “qualifying events” listed above and applications are received by NDPERS within 31 days.

PREMIUM PAYMENT POLICY

Retirement Plan	Payment Method
NDPERS Defined Benefit ¹	Benefit Check Bank Account
NDPERS Defined Contribution ³	Bank Account
NDHPRS ¹	Benefit Check Bank Account
Job Service ¹	Benefit Check Bank Account
TFFR ²	Benefit Check Bank Account
Empower ³	Bank Account
Approved Employer Sponsored ³	Bank Account

1. If retirement allowance is large enough to deduct the entire monthly premium, the premium will automatically be withheld from the benefit check. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an *Authorization for Automatic Premium Deduction SFN 50134*. It is the policy of NDPERS that a member's net annuity payment can not be less than \$50.00.
2. If TFFR retirement allowance is large enough to deduct the entire monthly premium, an election to have premiums withheld from a benefit check may be made. Complete a *Payroll Deduction Authorization (TFFR) SFN 19182*. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an *Authorization for Automatic Premium Deduction SFN 50134*.
3. If retirement allowance is issued from the NDPERS Defined Contribution plan, Empower, or a Board approved employer sponsored retirement plan, premiums must be withheld from a bank account. Complete an *Authorization for Automatic Premium Deduction SFN 50134*.

CANCELLATION POLICY

To cancel NDPERS health coverage, a *Request to Cancel Retiree Health Insurance Coverage SFN 58269* or written notice* must be submitted. NDPERS must receive a cancellation request by the end of the month prior to the cancellation 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.

*If you or an eligible family member is also enrolled in the Part D prescription drug plan through NDPERS, the *Prescription Drug Plan (PDP) Disenrollment form SFN 58861* must be completed by each individual enrolled when cancelling this coverage.

Dakota Plan

Continue in this plan if covered as an active employee and if you and your spouse are not eligible for Medicare

Are you currently enrolled in NDPERS Dakota Plan as an active employee?

No

You are not eligible to join the NDPERS Dakota Plan. You may join the Dakota Retiree Plan when you or your spouse is eligible for Medicare

Yes

Read COBRA CONTINUATION and Dakota Plan Features

Do you want to continue your coverage in the Dakota Plan?

No

Yes

Complete *Continuation of Group Insurance Coverage (COBRA)-SFN 14120* to continue coverage or to waive coverage

DAKOTA PLAN PPO/Basic and High Deductible Health Plan (HDHP)



This is information regarding your eligibility for the NDPERS group health coverage under the Dakota Plan. The plan is underwritten by Sanford Health Plan (SHP).

COBRA CONTINUATION

Upon termination of employment, your NDPERS health coverage will continue to the end of month following the month of your 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 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-month 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 an

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 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 OF COBRA

If you wish to cancel your NDPERS health coverage, you must submit a written request providing the contract holder's name, PERSLink Member ID 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 end of the month prior to the effective cancellation date.

Additional Features of Dakota PPO/Basic and HDHP Plans:

DISEASE MANAGEMENT PROGRAM:

A disease management program is offered through SHP. Please contact the 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.

DAKOTA HEALTH PLAN FEATURES

PPO/BASIC



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

Preferred Provider Organization (PPO/BASIC):

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.

DEDUCTIBLE AND COINSURANCE:

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

<u>Plan Features:</u>	<u>Basic</u> (Self-Referral or Out-of-State)	<u>PPO</u>
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:

Wellness Services				
	Copayment	PPO Plan	Basic Plan	Special Conditions
Well Child Care (to member's 6th birthday)	\$30/\$35	100%	100%	Deductible does not apply.
Preventive Screening Services (members 6 and older)	\$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.
Immunizations		100%	100%	Deductible does not apply.
Mammography & Pap Smear Screening Services		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.
Prostate Cancer Screening Services		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.

PRESCRIPTION DRUG COVERAGE

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

<u>Plan Features:</u>	<u>Basic</u> (Self-Referral or Out-of-State)	<u>PPO</u>
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 35–100-day supply. Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.

MAIL ORDER PRESCRIPTION DRUGS:

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

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 an 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.

Dakota Retiree Plan

To enroll in this plan, you and/or your dependent must be eligible for Medicare

Read the Dakota Retiree Plan, Dakota Retiree Plan Prescription Drug Coverage and Notice of Credible Coverage

Do you want to enroll in the Dakota Retiree Plan?

No

Complete the *Retiree Health Insurance with Medicare Application SFN 59562* to waive coverage

Yes

Complete the *Retiree Health Insurance Application with Medicare SFN 59562* to enroll

Complete the *Medicare Prescription Drug Plan (PDP) Individual Enrollment Form SFN 58860* for each eligible member within 90 days of requested coverage effective date

Attach a photocopy of your Medicare card showing Part A and Part B effective dates for each eligible member

Dakota Retiree Plan



The Dakota Retiree Plan provides health care coverage through Sanford Health Plan as a secondary payer to Medicare. You will not be assessed deductible or coinsurance amounts. Please refer to the schedule of benefits outlined below.

The following information is intended to provide a brief summary of your benefits. It should not be used to determine whether your health care expenses will be paid. The written Benefit Plan governs the benefits available. Covered Services are subject to your Benefit Plan Cost Sharing Amounts, unless otherwise indicated.

*The Dakota Retiree plan provides you with prescription drug coverage; see Humana Group Medicare Summary of Benefits for coverage information. Humana Group Medicare is the prescription drug plan vendor. The NDPERS Board has opted to bundle the medical coverage with the prescription drug plan coverage to provide affordable coverage through group rates in both products.

A member or eligible dependent is eligible to enroll in this health coverage at the time of Medicare eligibility. If covered under the Dakota Plan at the time, a member will receive a notification approximately 60 days prior to the eligibility date regarding the enrollment procedures. To enroll, you must comply with the following requirements:

- The eligible member(s)/dependent(s) **must have both Parts A and B of Medicare**. If the eligible member(s)/dependent(s) continue to be covered by an "active" employer group policy, Medicare Part B may be waived until the contract holder terminates employment.
- The eligible member(s) and dependent(s) must complete the Retiree Health Insurance with Medicare Application SFN 59562. A Medicare Prescription Drug Plan (PDP) Individual Enrollment Form – SFN 58860 must be completed for each person who is Medicare eligible and also include a copy of the Medicare card showing both Part A and B. **Please note that the Medicare Prescription Drug Plan (PDP) Individual Enrollment Form – SFN 58860 cannot be signed or submitted more than 90 days prior to the requested effective date of coverage. You also must provide a letter of creditable coverage from your previous insurance carrier.**

In order to avoid being assessed a Late Enrollment Penalty, (LEP), be sure to respond to all requests from Humana or the Center for Medicaid or Medicare Services (CMS) regarding previous coverage you had.

If the above requirements are met and member enrolled prior to July 1, 2023 without a gap in coverage, the following premiums are in effect January 1, 2025 through June 30, 2025:

	<u>Single</u>	<u>Family</u>
One Medicare/One Non-Medicare		\$853.18*
Medicare Eligible	\$278.10*	\$553.34*
(Must have both Medicare A & B)		

If the above requirements are met and member is enrolling in the plan on or after July 1, 2023, the following premiums are applicable:

Premiums from July 1, 2024 through December 31, 2024:	<u>Single</u>	<u>Family</u>
One Medicare/One Non-Medicare		\$874.90*
Medicare Eligible	\$284.86*	\$566.88*
(Must have both Medicare A & B)		
Premiums from January 1, 2025 to June 30, 2025:	<u>Single</u>	<u>Family</u>
One Medicare/One Non-Medicare		\$870.92*
Medicare Eligible	\$280.88*	\$558.92*
(Must have both Medicare A & B)		

***NOTE:** These rates are subject to Medicare Part D premium change at the beginning of each calendar year.

If you have more than two people on your health insurance policy, please contact NDPERS for your rate. If member/dependent did not enroll in the plan at the time he/she is eligible, coverage will cease on the first day of the month in which the member or dependent(s) became eligible.

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.

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 - <https://www.ndpers.nd.gov/retired-members/insurance-plans-retired-members/health-insurance-plans-retired-members/dakota>

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.



NDPERS Dakota Retiree Plan

Member Handbook 2024-25



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

SANFORD
HEALTH PLAN

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 ድርጅቶቻችሁን ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችሁ በነፃ ሊያገኙዎት 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 - ဟံသာဝတီသား- နမ့်ကတိာ် ကညိ ကျိာ်အသိ, နမ့်နုာ် ကျိာ်အတိာ်မၤစၢ်လၢ တလၢာ်ဘျုးလၢာ်စ့ၢ် နီတံၢ်ဘျုးသ့န့ၢ်လီၤ. 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 - ໂປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (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 - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ฟรี 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).

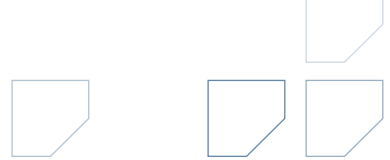
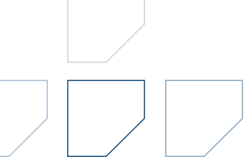


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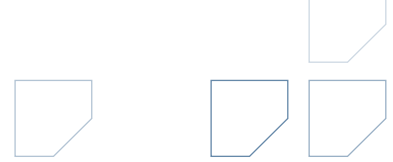
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Dear Sanford Health Plan NDPERS Member,

We are pleased to have you as a member and welcome you to our care system! This booklet will help you get to know your benefits. It is made up of tips on how you can reach us and how to use your benefits. We look forward to serving you.





Introduction

This Member Handbook is not a contract. This Handbook is designed to give you the basic facts needed as a Member. It will also serve as a guide when seeking health care services. Your Certificate of Insurance (COI) and the NDPERS Service Agreement are the formal benefit plan documents for this benefit plan as set up by NDPERS.

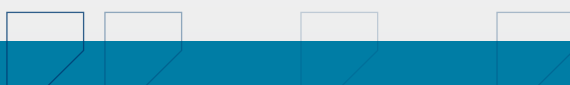
For details about your coverage, please see your COI, which gives all of the terms and conditions of enrollment. If you have more questions after reading this Handbook and your COI, or need any help, please call us toll-free at (800) 499-3416 | TTY 711.

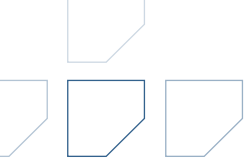
NOTE: This Plan may not cover all your health care costs. Read your Certificate of Insurance with care to find out which costs are covered.

How to Contact Us

If you have more questions after reading the Handbook or your Certificate of Insurance, or need any help, we are open between the hours of 8 a.m. to 5 p.m. Central Time, Monday through Friday.

Physical Address	Mailing Address
Sanford Health Plan ATTN: NDPERS 1749 38th Street South Fargo, ND 58104	Sanford Health Plan ATTN: NDPERS PO Box 91110 Sioux Falls, SD 57109-1110
Member Services	Website
(800) 499-3416 <i>(toll-free)</i> or TTY 711	sanfordhealthplan.com/ndpers
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 • Call our customer service team at (800) 499-3416 (TTY: 711).	





Privacy Practices

Our Privacy policies may be found at **sanfordhealthplan.com/ndpers** in the Privacy of Health Information link at the bottom of the page:

- Notice of Privacy Practices
- Confidentiality and Disclosure of Personal Health Information
- Protection of Oral, Written and Electronic Information across Sanford Health Plan

Customer Service Department

We believe that good service depends on good communication with you. We encourage you to contact Customer Service for help when you need it by calling (800) 499-3416 (toll-free) | TTY 711 or emailing **memberservices@sanfordhealth.org**. We are happy to help you with questions about:

- How claims are paid
- Where to find a doctor or facility in your area
- If you have a complaint
- Getting another ID card

**We are open and can answer your questions
from 8 a.m. to 5 p.m. Central Time, Monday through Friday.**

Special Communication Services

In compliance with the Americans with Disabilities Act (ADA), this document can be provided in alternate formats. Anyone with any disability who might need some form of accommodation or assistance concerning the services or information provided, please contact the NDPERS ADA Coordinator at (701) 328-3900. The North Dakota Relay Service (TTY) toll-free number is (800) 366-6888.

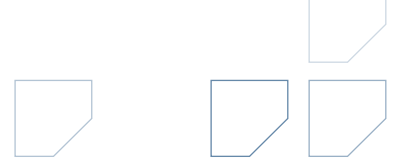
Please call Sanford Health Plan Member Services if you need help understanding written Plan information at (800) 499-3416 (toll-free). We can read forms to you over the phone and we offer free oral translation in any language through our translation services.

Services for the Deaf and Hearing Impaired

If you are deaf or hearing impaired and need to speak to the Plan, call TTY 711.

Services for Visually Impaired

Please contact Member Services toll-free at (800) 499-3416 if you are in need of a large print copy or cassette/CD of this handbook, your COI, or other written materials.



Member Benefits

As a Plan Member, your benefits package is one of the most comprehensive available today. Basic primary care and preventive benefits are available through your Primary Care Doctor. Please see your Outline of Covered Services and your Certificate of Insurance (COI) for a description of covered services, as well as those that are not covered.

Emergency and Urgent Care Situations

An Emergency Medical Condition or Emergency Care is the sudden and unexpected onset of a health condition that would lead a Prudent Layperson acting reasonably and possessing the average knowledge of health and medicine to believe that the absence of that requires immediate medical attention, if failure to provide medical attention could result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.

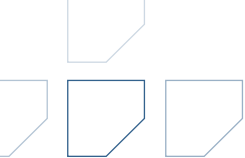
A Prudent Layperson is a person who is without medical training and who possess an average knowledge of health and medicine and who draws on his or her practical experience when making a decision regarding the need to seek emergency medical treatment.

An Urgent Care Situation is a degree of illness or injury which is less severe than an Emergency Condition, but requires prompt medical attention within twenty-four (24) hours, such as stitches for a cut finger.

An Urgent Care Request is a request for a health care service or course of treatment with respect to which the time periods for making a non-Urgent Care Request determination:

- a) Could seriously jeopardize the life or health of the Certificate holder or the ability of the Certificate holder to regain maximum function, based on a prudent layperson's judgment; or
- b) In the opinion of a Practitioner and/or Provider with knowledge of the Certificate holder's medical condition, would subject the Certificate holder to severe pain that cannot be adequately managed without the health care service or treatment that is the subject of the request.





Levels of Coverage

Your Medicare supplement health care coverage was developed to help you pay for some of your health care expenses not paid in full by Medicare. This coverage only pays for those services accepted and approved by Medicare with the exception of benefits for Medically Necessary Emergency Care in a foreign country.

To understand your supplemental benefits, you must first understand your Medicare benefits. Therefore, it is very important that you read your Medicare Handbook carefully. If you do not have a Medicare Handbook, you may order one by calling your Social Security office.

Medicare benefits are divided into two categories: Medicare Part A and Medicare Part B.

- **Medicare Part A**

Medicare Part A helps pay for inpatient hospital care, care in a skilled nursing facility, home health care, and hospice services. We offer you supplemental benefits in all of these categories.

- **Medicare Part B**

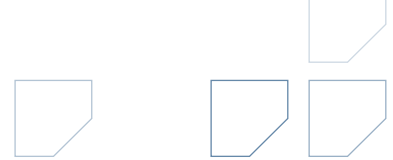
Medicare Part B helps pay for physician services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not covered by Medicare Part A. We offer you supplemental benefits in all these categories as stated in your Certificate of Insurance, SECTION III: Schedule of Benefits, with the addition of benefits for Medically Necessary Emergency Care in a foreign country.

Wellness Principles

It is better for you to be seen in your Primary Care Doctor's office when you are healthy, so that he or she can work with you to keep you in good health instead of trying to treat you when you are already sick. That is why we encourage you to select a Primary Care Doctor to arrange your care and to offer you such services as yearly physical exams, maternity care, yearly gynecological exams, and immunizations. We have a commitment not only to treating you when you are ill, but also to helping you stay well. We will give you educational and wellness materials to teach you how to stay fit and live a healthy life: physically and mentally.

mySanfordNurse

mySanfordNurse is a 24-hour health information resource that provides answers to health-related questions that arise outside of your health care visits. You may call (888) 315-0886 to visit with a nurse, or register/login to your account at sanfordhealthplan.com/memberlogin and submit a question online.



Claim Payment Procedures

When You May Need to File a Claim

By law, physicians or other suppliers must fill out claim forms for you and send them to Medicare, even if they do not accept assignment. We will accept notice from Medicare Carriers on claims submitted on your behalf by physicians and suppliers or you may submit the Medicare Summary Notice (MSN). Notice of claims should include your name and Certificate number.

You should always make sure your providers know that you have supplemental coverage with us. When you receive health services in North Dakota, Medicare will automatically send your claim to us.

The only time you will need to file a claim is if you receive services outside of North Dakota and your Medicare Summary Notice (MSN) does not say your private insurer is receiving the information in the Notes section of the MSN.

Out-of-State Services and How to File a Claim

If you receive health services outside of North Dakota, the provider will submit your claim to the Medicare office for that state. After the office processes the claim, you will receive a Medicare Summary Notice (MSN). If the Notes section of the MSN says that the information is being sent to your private insurer, we will automatically receive the MSN.

If the MSN does not say your private insurer is receiving the information, you need to send the MSN to us so we can process your Medicare supplement benefits. Be sure your identification number and mailing address are shown accurately on the MSN form. You do not need to complete a claim form, just send the MSN, and keep a copy for your own records.

Send your MSN to:

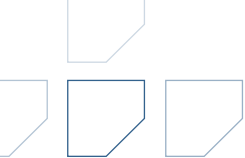
Sanford Health Plan
NDPERS/Medicare Supplement Claims
PO Box 91110
Sioux Falls, SD 57109-1110

Coordination of Benefits

In some cases, you may be covered by another insurance plan, in addition to your coverage with us. If so, we will work with the other insurer to be sure you get full benefits without paying for services twice. If you are covered by another insurance plan, please tell Member Services so that we can find out whether another insurer may be responsible for paying for some of your care.

If your eligibility shifts to another insurer, please notify us as soon as possible so that we may coordinate your benefits appropriately.





Important Information about the Complaint Process

Sanford Health Plan has a process to resolve complaints. You can call or write us with your complaint. We will send a complaint form to you upon request. If you need assistance, we will complete the written complaint form and mail it to you for your signature. We will work to resolve your complaint as soon as possible.

If your complaint involves a dispute relating to the payment of services covered by Medicare, you may file a Medicare appeal through Medicare. The steps to follow in filing a Medicare appeal are explained in the Explanation of Medicare Benefits (EOMB) or Medicare Summary Notice (MSN) forms which can be obtained from the Medicare intermediary or carrier. You may contact your local Social Security office.

Get help and more information

- **Sanford Health Plan:** (800) 499-3416 | TTY 711
We are open Monday through Friday, 8 a.m. to 5 p.m., Central Time.
- **Medicare:** (800) MEDICARE (800) 633-4227, 24 hours, 7 days a week. TTY (877) 486-2048
- **Medicare Rights Center:** (888) 466-9050
- **Elder Care Locator:** (800) 677-1116
- **North Dakota Insurance Department:** (800) 247-0560
- **NDPERS:** (701) 328-3900

If you require accommodation or assistance concerning the services or information provided, please contact the NDPERS ADA Coordinator at (701) 328-3900.

Termination of Membership

If you are not able to continue coverage under an NDPERS benefit plan, please see your Certificate of Insurance, "Cancellation of this or Previous Benefit Plans."

If you have any questions after reading your Medicare Handbook, your Certificate of Insurance, or this handbook, please call Member Services toll-free at (800) 499-3416 | TTY 711.



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

SANFORD[®]
HEALTH PLAN



NDPERS Dakota Retiree Plan

Outline of Medicare Supplement Coverage

SANFORD
HEALTH PLAN

Outline of 2025 Medicare Supplement Coverage

Premium Information

We can only raise your premium if we raise the premium for all policies like yours in this State. Your premiums will increase with age since this is an attained age policy.

Disclosures

Use this outline to compare benefits and premiums among policies. You do not need more than one Medicare Supplement Policy. You must be enrolled in Part A and Part B Medicare coverage and use a Medicare-certified hospital.

Read Your Policy Very Carefully

This is only an outline describing your Policy's most important features. The Policy is your insurance contract. You must read the Policy itself to understand all of the rights and duties of both you and Sanford Health Plan.

Right to Return Policy

If you find that you are not satisfied with your Policy, you may return it to Sanford Health Plan. You can return the Policy to the agent that sold it to you or send it back to: PO Box 91110, Sioux Falls, SD 57109-1110. If you send the Policy back to us within 30 days after you receive it, we will

treat the Policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new Policy and are sure you want to keep it.

Notice

Items in brackets [] follow current Medicare amounts. This Policy may not fully cover all of your medical costs.

Neither Sanford Health Plan nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your Social Security Office or consult the "Medicare & You" Handbook for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Sanford Health Plan may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.



NDPERS Dakota Retiree Plan

Medicare (Part A) Hospital Services – Per Benefit Period

Services	Medicare Pays	Dakota Retiree Plan Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies - First 60 days 61st thru 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[1,676] (Part A deductible) \$[419] a day \$[838] a day 100% of Medicare eligible expenses ² \$0	\$0 \$0 \$0 \$0 ² All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital - First 20 days 21st thru 100th day 101st day and after	\$0 \$0 All approved amounts All but \$[209.50] a day \$0	 \$0 Up to \$[209.50] a day \$0	 \$0 \$0 All costs
Blood - First 3 pints - Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

^{1, 2} See Page 7

NDPERS Dakota Retiree Plan Medicare (Part B) Medicare Services – Per Calendar Year

Services	Medicare Pays	Dakota Retiree Plan Pays	You Pay
Medical Expenses In or Out of Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment • First \$[257] of Medicare approved amounts³ • Remainder of Medicare approved amounts	\$0 Generally 80%	\$[257] (Part B deductible) Generally 20% ⁴	\$0 \$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100%	\$0
Blood • First 3 pints • Next \$[257] of Medicare approved amounts³ • Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$[257] (Part B deductible) 20%	\$0 \$0 \$0
Clinical Laboratory Services Blood tests for Diagnostic Services	100%	\$0	\$0
Parts A & B			
Home Health Care Medicare Approved Services • Medically necessary skilled care services and medical supplies • Durable medical equipment - First \$[257] of Medicare approved amounts³ - Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$[257] (Part B deductible) 20%	\$0 \$0 \$0

^{3,4} See Page 7

NDPERS Dakota Retiree Plan

Medicare (Part A) Hospital Services – Per Benefit Period

Services	Medicare Pays	Dakota Retiree Plan Pays	You Pay
Other Benefits – Not Covered by Medicare			
Foreign Travel Not covered by Medicare, medically necessary emergency care services - Beginning during the first 60 days of each trip outside the USA - First \$[250] each calendar year - Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$[50,000]	\$[250] 20% and amounts over the \$[50,000] lifetime maximum

These Are Some Items Not Covered

- Services that are experimental or investigative in nature or that are not medically necessary as determined by Medicare.
- Services received prior to the effective date of your benefit plan.
- Services when benefits are provided by any governmental unit or social agency except Medicaid or when payment has been made under Medicare Part A or Part B.
- Outpatient prescription drugs, unless eligible under Medicare.
- Custodial care provided in a hospital or by a home health agency.
- Surgery to improve appearance.
- Services, treatments or supplies that are not a Medicare eligible expense.

¹A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

²When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³Once you have been billed \$[257] of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

⁴Part B Coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital outpatient services under a prospective payment system, applicable copay amounts.

Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, call (800) 752-5863 (TTY: 711)

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator
2301 E. 60th Street, Sioux Falls, SD 57103
Telephone number: (877) 473-0911 (TTY: 711)
Fax: (605) 312-9886
Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>.

Free help in other languages

Arabic -

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

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም
እርዳታ ድርጅቶቻችን ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም
እርዳታ ድርጅቶቻችን በነፃ ሊያገዝዎት 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 - ဟိုသူတို့သား- နမူကတိကတညီ ကျိာ်အသိ, နမူနို ကျိာ်အတိမာၤတၢ်လၢ
တၢ်လၢတၢ်လၢတၢ်လၢ နိတမံၤဘၣ်သုန့ၣ်လိၤ. 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, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ
ພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (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 - เรียน: ถ้า คุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือ
ทางภาษาได้ 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).

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Customer Service

Toll-free: (800) 499-3416 | TTY 711

For Free Help in a Language Other than English: (800) 752-5863

[sanfordhealthplan.com](https://www.sanfordhealthplan.com)

Summary of Benefits

**Humana Group Medicare PDP Plan
PDP 037/161**

North Dakota Public Employees Retirement System (NDPERS)



Humana®

Our service area includes the United States and Puerto Rico.



Let's talk about the **Humana Group Medicare PDP Plan.**

Find out more about the Humana Group Medicare PDP plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

To be eligible

To join the Humana Group Medicare PDP plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plan name:

Humana Group Medicare PDP plan

How to reach us:

Members should call toll-free
1-800-585-7417 for questions
(TTY/TDD 711)

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

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



Deductible

Pharmacy (Part D) deductible

This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$2,000**. Once you reach this amount, you will enter the Catastrophic Stage.

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

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit www.humana.com/SearchResources, locate Prescription Drug section, select www.humana.com/MedicareDrugList link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP50.

Important Message About What You Pay for Vaccines – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

Important Message About What You Pay for Insulin – You won't pay more than **\$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on.

ADDITIONAL DRUG COVERAGE

Original Medicare excluded drugs

Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.

Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details.

Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,000**, you pay **\$0** for plan-covered Part D and excluded drugs.

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This image shows a blank sheet of white paper designed for handwriting practice. It features a series of horizontal lines. At the very top, there is a dashed line. Below it are several solid horizontal lines spaced evenly apart, providing a guide for letter height and placement. The entire page is otherwise empty, with no text or other markings.

[illegible]

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **1-877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:

You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線：711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY:711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。



Find out **more**



You can see this plan's pharmacy directory at **<https://www.Humana.com/finder/pharmacy/>** or call us at the number listed at the beginning of this booklet and we will send you one.



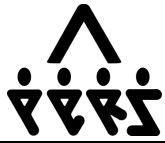
You can see this plan's drug formulary at **www.Humana.com/medicaredruglist** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to compare this plan with other Medicare health plans, you can call your employer or union sponsoring this plan to find out if you have other options through them.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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**North Dakota
Public Employees Retirement System**
1600 East Century Avenue, Suite 2 • PO Box 1657
Bismarck, North Dakota 58502-1657

Rebecca Fricke
Executive Director
(701) 328-3900
1-800-803-7377

Fax (701) 328-3920

Email ndpers-info@nd.gov

Website www.ndpers.nd.gov

October 1, 2024

**Important Notice from the North Dakota Public Employees Retirement System (NDPERS)
About Your Prescription Drug Coverage and Medicare.**

**Please read this notice carefully before making a decision to change your Medicare D
prescription drug coverage.**

This notice may or may not apply to you. It has important information about your current prescription drug coverage with NDPERS and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join another Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the private plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current prescription drug coverage through the NDPERS Dakota Retiree Plan and other available Medicare D prescription drug coverage.

1. Medicare D prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan (PDP) or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. NDPERS has determined that the prescription drug coverage offered through the Dakota Retiree Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is, therefore, considered Creditable Coverage. Because the NDPERS coverage is Creditable Coverage, you will not pay a higher premium (a penalty) if you later decide to join another Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join another Medicare drug plan?

If you decide to join another Medicare drug plan, your current NDPERS Dakota Retiree Plan coverage will be affected. The Dakota Retiree Plan provides both medical and prescription drug coverage to eligible members and dependents entitled to Medicare. However, Medicare prescription drug coverage is also available through private companies. As you think about whether you want to enroll with one of these prescription plans or a Medicare Advantage plan, you need to consider the following:

- NDPERS has determined that the Medicare prescription drug plan provided by NDPERS is on average at least as good as the standard Medicare prescription drug coverage. Therefore, you can keep the NDPERS coverage and not pay extra if you later decide to enroll in other Medicare D coverage.
- According to the Centers for Medicare and Medicaid Services (CMS) regulations, you cannot be enrolled in two prescription drug plans. Therefore, if you choose to enroll in another Medicare D prescription drug plan or a Medicare Advantage plan, your prescription coverage through the Dakota Retiree Plan will be canceled. Because the NDPERS plan provides medical coverage in addition to prescription drug coverage, your NDPERS medical coverage will also be cancelled for you and all covered dependents. Be aware that you may not have an opportunity to get the NDPERS coverage back.
- To be eligible for coverage through the Dakota Retiree Plan, you must be enrolled for both Medicare A & B coverage. If you drop your Medicare A & B coverage to enroll in a Medicare Part C plan, you will no longer meet the NDPERS requirements and your medical and prescription drug coverage will be cancelled for you and all covered dependents. Be aware that you may not have an opportunity to get the NDPERS coverage back.

What happens if your NDPERS coverage is cancelled?

If your NDPERS coverage is cancelled because you enrolled in another Medicare prescription drug plan or Medicare Advantage plan you will only be allowed to re-enroll if you apply for coverage within 31 days from any one of the following “qualifying events”:

1. Member’s 65th birthday or eligibility for Medicare;
2. Member’s spouse or eligible dependent’s 65th birthday or eligibility for Medicare;
3. The loss of coverage in a health plan sponsored or provided by member’s employer or member’s spouse’s employer, if covered through spouse’s employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse.
4. Marriage, birth, adoption, or appointment of children for legal guardianship.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

If you drop or lose your current coverage with NDPERS and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you exceed 63 continuous days without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll for coverage.

For more information about this notice or your current prescription drug coverage.

- Contact the NDPERS office at 701.328.3900 or 800.803.7377
- This notice is available on the NDPERS website at <https://ndpers.nd.gov>
- You may request a copy of this notice at any time

You will receive this notice each year before the next period you can join a Medicare drug plan and if this coverage through the NDPERS Dakota Retiree Plan changes.

For more information about your options under Medicare prescription drug coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call 800-MEDICARE (800.633.4227). TTY users call 877.486.2048.
- State Health Insurance Counseling program (SHIC) <http://www.nd.gov/ndins/shic/> 701.328.2440 or 888.575.6611 or ‘211’. TTY users 800.366.6888

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 800.772.1213 (TTY 800.325.0778).

Remember: Keep this notice. If you decide to join another Medicare Part D plan, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty). Also, it will serve as notice that joining another Medicare drug plan will affect the coverage you have with NDPERS.

Date: October 2024

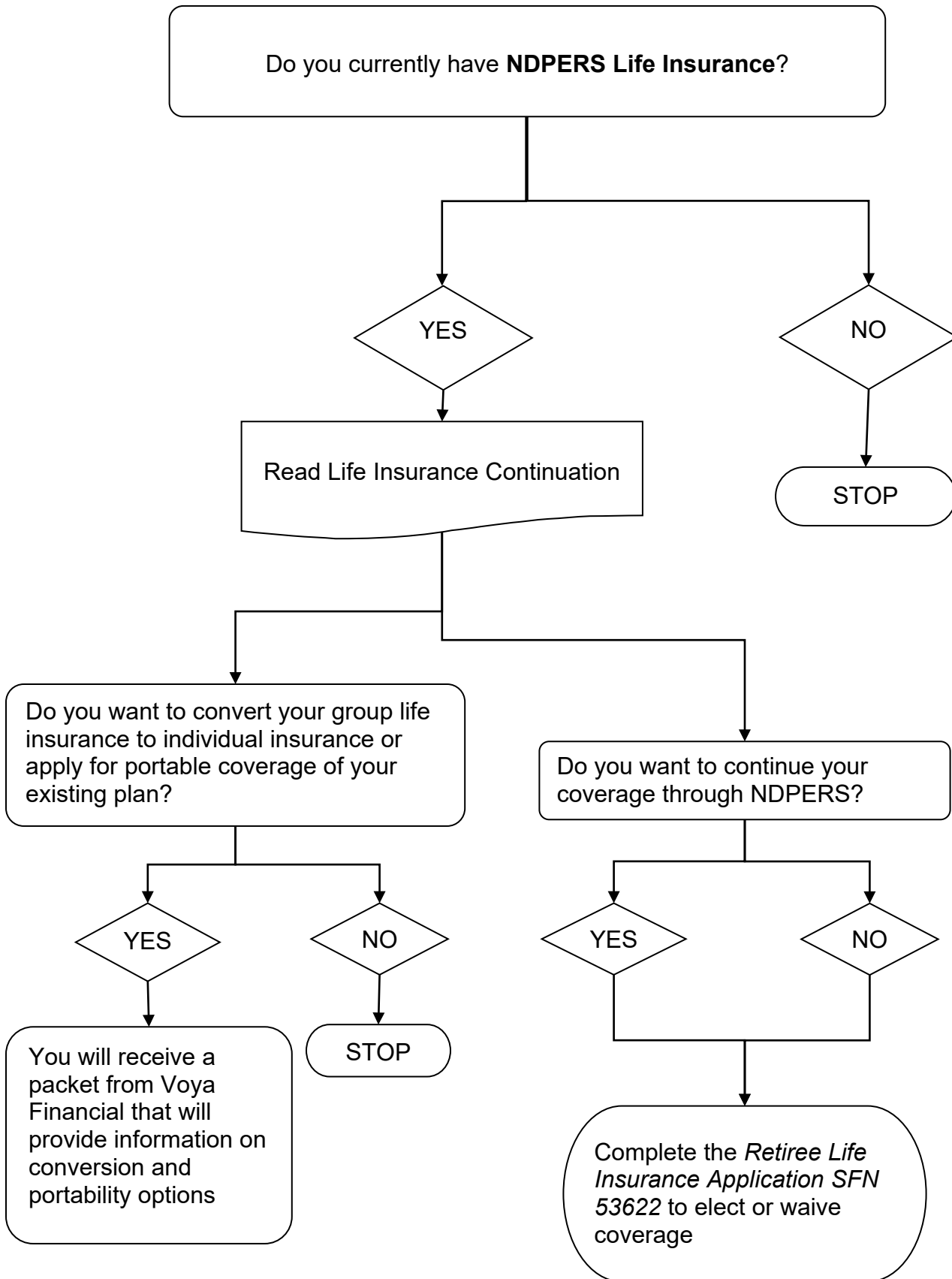
Contact--Position/Office: Member Service Unit

Name of Entity/Sender: North Dakota Public Employees Retirement System

Address: 1600 E Century Avenue Ste 2, PO Box 1657, Bismarck, ND 58502-1657

Phone Number: 701.328.3900 or 800.803.7377

LIFE INSURANCE CONTINUATION



LIFE INSURANCE CONTINUATION



If you are participating in the NDPERS group life insurance plan as an active employee, you will have the option to continue your employee supplemental, dependent supplemental, and spouse supplemental life insurance coverage to age 65. This election must be made within 31 days of date of termination by completing a Retiree Life Insurance Application SFN 53622. If you do not apply to continue coverage during this time limit, you will forfeit your right to enroll in the future.

You may either maintain the same level(s) of coverage you had as an active employee or elect to decrease or discontinue your level(s) of coverage. However, the basic level of coverage reduces from \$12,000 as an active employee to \$1,500 as a retiree. You cannot increase any coverage levels, apply for coverage you are not enrolled in at the time of retirement, nor are you eligible for annual enrollment.

As a terminating employee, you will receive a packet from Voya Financial regarding conversion and portability of your life insurance. Disregard this packet if you apply to continue your participation as a retiree in the NDPERS life plan. 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.

Life insurance premiums maybe paid by deduction from the pension check, deduction from a bank account, or by individual billing. However, if you are also participating in the health plan, the life premium must be paid in the same manner as that selected for the health premium. Premiums cannot be withheld from a retirement benefit as a pre-tax deduction.

The employee supplemental, dependent life, and spouse supplemental insurance will terminate at age 65. You are eligible to continue the \$1,500 basic coverage for life (cost = \$4.32). However, to continue any other levels of coverage beyond age 65, you will be given the opportunity to convert to an individual life policy or port your coverage with Voya. You or your insured dependent may convert this insurance by applying and paying the first premium for an individual policy within 31 days after any part of your or your insured dependent's insurance stops. You will receive information on your options from Voya Financial near your 65th birthday.

Refer to your Life Insurance Plan Handbook for further details on the Life Insurance benefits.

LIFE INSURANCE WAIVER OF PREMIUM-DISABILITY RETIREMENT ONLY

To be eligible for the waiver of premium, you must:

1. be participating in NDPERS life insurance and
2. be under age 60, and
3. apply for a waiver of premium within one year from the date total disability begins

To apply for a waiver, you must complete the *Waiver of Premium Disability Claim - Employee and Authorization for Release of Health-Related Information*. Your employer must complete the *Waiver of Premium Disability Claim – Employer* form. Your physician must complete the *Voya Attending*

Physician's Statement of Disability form. The completed forms must be returned to NDPERS who will forward them to the Voya. You will be notified in writing whether or not the waiver has been approved.

If approved, the premium is waived for the amount of life insurance you had on the day total disability began and your coverage will continue until age 65. Any premiums you paid will be reimbursed to you retroactive to the effective date of the waiver.

If the waiver is denied you will be notified of your options:

1. If you are currently receiving a benefit you may continue the life insurance at your own expense;
2. If you are not receiving a benefit you will be given the opportunity to convert to an individual life policy or port your existing coverage.

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

Retiree Group Dental Coverage

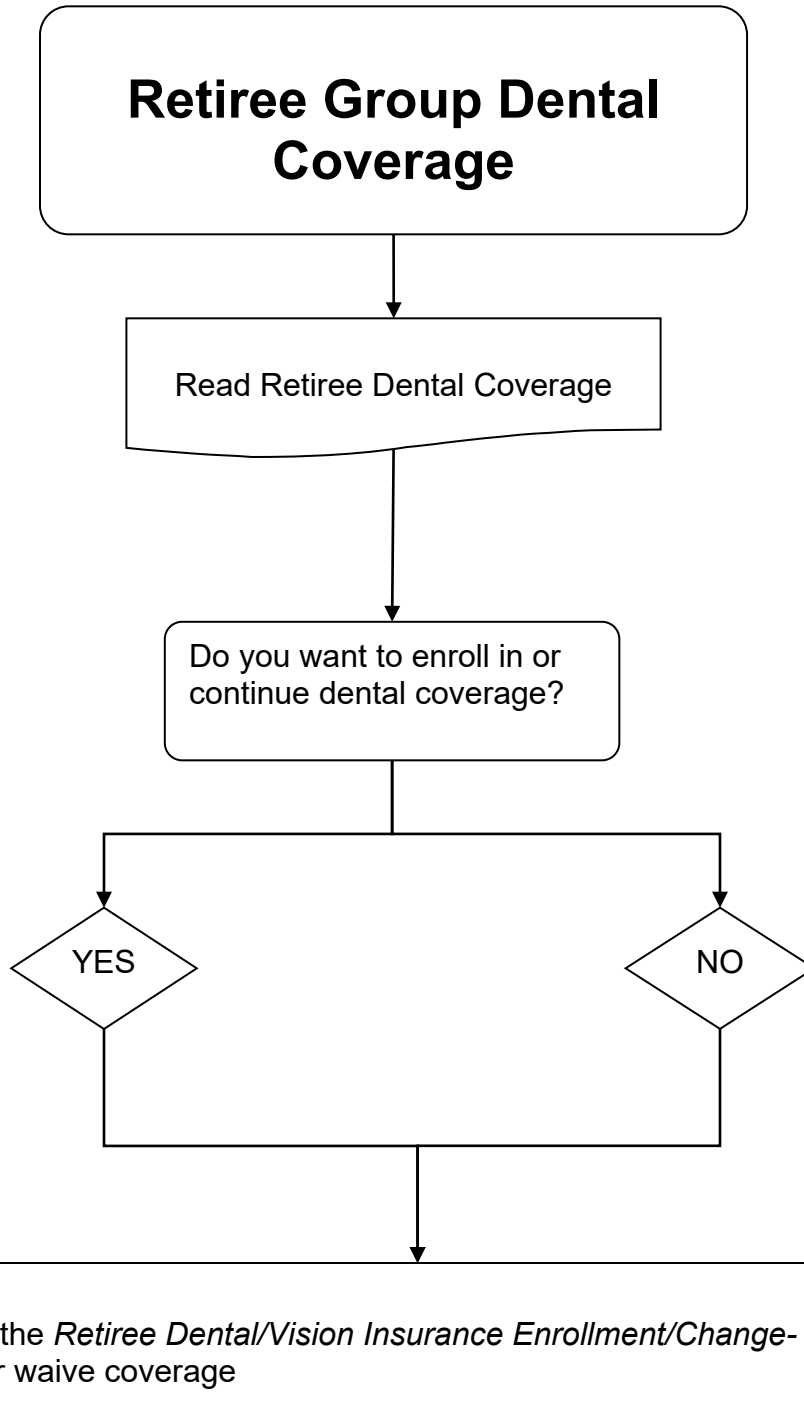
Read Retiree Dental Coverage

Do you want to enroll in or continue dental coverage?

YES

NO

Complete the *Retiree Dental/Vision Insurance Enrollment/Change- SFN 53504* to enroll or waive coverage



RETIREE DENTAL COVERAGE



The group dental plan is available to retired employees and surviving spouses that are receiving a retirement benefit from North Dakota Public Employees Retirement System (NDPERS), TIAA (ND Board of Higher Education), ND Teachers Fund For Retirement (TFFR), or Job Service Retirement plan.

Retirees or surviving spouse may elect to enroll in the dental plan within 31 days of a “qualifying event.” The “qualifying events” are as follows:

ELIGIBILITY

To be eligible to join the Dental Plan:

A member must be receiving a “retirement allowance” from:

- North Dakota Public Employees Retirement System (NDPERS)
 - ◆ Defined Benefit Plan
 - ◆ Defined Contribution Plan
- North Dakota Highway Patrol Retirement System (NDHPRS)
- Job Service Retirement Plan
- Teacher’s Fund for Retirement (TFFR)
- Teachers Insurance and Annuity Association (TIAA) (ND Board of Higher Education only)

A surviving spouse must be:

- Receiving a beneficiary benefit from the aforementioned retirement plans, or
- On the Dental Plan as a covered dependent at the time of member’s death and there is no lapse in coverage

A non-spouse beneficiary is not eligible to continue on the group dental plan.

ENROLLMENT

A member who is receiving a qualified retirement allowance must apply within 31 days from any one of the following “qualifying events”.

Qualifying Events:

1. Date of retirement, defined as either:

- The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or
- Date of first retirement check if member deferred his/her retirement benefit.

2. Member's 65th birthday or eligibility for Medicare;
3. Member's spouse or eligible dependent's 65th birthday or eligibility for Medicare;
4. The loss of coverage in a dental plan sponsored or provided by member's employer or member's spouse's employer, if covered through spouse's employer group plan. This includes loss of coverage due to the death of, or divorce from, a spouse as well as completion of COBRA continuation coverage period with that plan;
5. Marriage;
6. Birth, adoption, or appointment of children for legal guardianship.

If a member or surviving spouse does not enroll within 31 days of any of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.

COVERAGE EFFECTIVE DATE

If a member is enrolled in the Dental Plan as an active employee, coverage will become effective on the first of the month following the last day of the month for which premiums were paid. If a member was not enrolled in the Dental Plan at the time of retirement, coverage will become effective on the first day of the month following one of the "qualifying events" listed above.

PREMIUM PAYMENT POLICY

Retirement Plan	Payment Method
NDPERS Defined Benefit ¹	Benefit Check Bank Account
NDPERS Defined Contribution ³	Bank Account
NDHPRS ¹	Benefit Check Bank Account
Job Service ¹	Benefit Check Bank Account
TFFR ²	Benefit Check Bank Account
Empower ³	Bank Account
Approved Employer Sponsored ³	Bank Account

1. If retirement allowance is large enough to deduct the entire monthly premium, the premium will automatically be withheld from the benefit check. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an *Authorization for Automatic Premium Deduction SFN 50134*. It is the policy of NDPERS that a member's net annuity payment can not be less than \$50.00.
2. If TFFR retirement allowance is large enough to deduct the entire monthly premium, an election to have premiums withheld from a benefit check must be made. Complete a *Payroll Deduction Authorization (TFFR) SFN 19182*. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an *Authorization for Automatic Premium Deduction SFN 50134*.
3. If retirement allowance is issued from the NDPERS Defined Contribution plan, Empower, or a Board approved employer sponsored retirement plan, premiums must be withheld from a bank account. Complete an *Authorization for Automatic Premium Deduction SFN 50134*.

CANCELLATION POLICY

To cancel NDPERS dental coverage, a written request must be submitted. The request must provide the contract holder's name, 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.

PREMIUM INFORMATION

You can purchase dental coverage for yourself and your eligible dependents by choosing from any one of the following coverage categories. Premium rates are effective until December 31, 2026.

	<u>Monthly Premium</u>
Retiree only	\$ 42.24
Retiree & spouse	\$ 81.50
Retiree & child(ren)	\$ 94.62
Family (retiree, spouse & children)	\$134.74

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*
Calendar Year Plan Maximum Per person	\$1,000		
Lifetime Ortho Maximum Per eligible covered person	\$1,500		
Deductible Per person per calendar year No deductible for diagnostic and preventive services or orthodontics	\$50 per person		
Eligible Dependents	Spouse Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space Maintainers Sealants	100%	100%	100%
Basic Services 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%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
Major Restorative Crowns and Crown repair	50%	50%	50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs	80%	80%	80%
Prosthetics Dentures (full and partial) Bridges	50%	50%	50%
Orthodontics 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

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

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



Delta Dental of Minnesota

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Retiree Group Vision Coverage

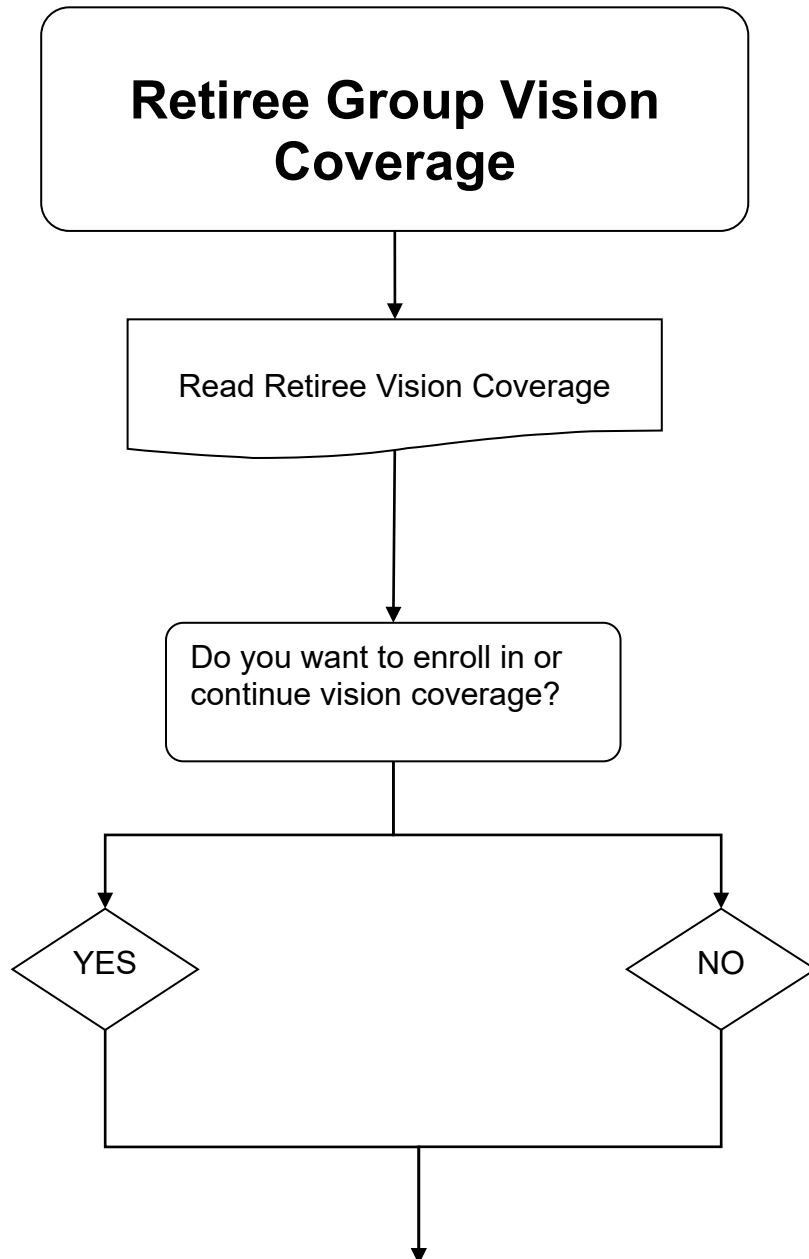
Read Retiree Vision Coverage

Do you want to enroll in or
continue vision coverage?

YES

NO

Complete the *Retiree Vision Dental Insurance Enrollment/Change form SFN 53504* to enroll or waive coverage



RETIREE VISION COVERAGE



The group vision plan is available to retired employees that are receiving a retirement benefit from North Dakota Public Employees Retirement System (NDPERS), TIAA (ND Board of Higher Education), ND Teachers Fund for Retirement (TFFR), or the Job Service Retirement Plan.

Retirees may elect to enroll in the vision plan within 31 days of a “qualifying event.” The “qualifying events” are as follows:

ELIGIBILITY

To be eligible to join the Vision Plan:

A member must be receiving a “retirement allowance” from:

- North Dakota Public Employees Retirement System (NDPERS)
 - ◆ Defined Benefit Plan
 - ◆ Defined Contribution Plan
- North Dakota Highway Patrol Retirement System (NDHPRS)
- Job Service Retirement Plan
- Teacher’s Fund for Retirement (TFFR)
- Teachers Insurance and Annuity Association (TIAA) (ND Board of Higher Education only)

A surviving spouse must be:

- Receiving a beneficiary benefit from the aforementioned retirement plans, or
- On the Vision Plan as a covered dependent at the time of member’s death and there is no lapse in coverage.

A non-spouse beneficiary is not eligible to continue on the group vision plan.

ENROLLMENT

A member who is receiving a qualified retirement allowance must apply within 31 days from any one of the following “qualifying events”.

Qualifying Events:

1. Date of retirement, defined as either:
 - The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or

- Date of first retirement check if member deferred his/her retirement benefit.
- 2. Member's 65th birthday or eligibility for Medicare;
- 3. Member's spouse or eligible dependent's 65th birthday or eligibility for Medicare;
- 4. The loss of coverage in a vision plan sponsored or provided by member's employer or member's spouse's employer, if covered through spouse's employer group plan. This includes loss of coverage due to the death of, or divorce from, a spouse as well as completion of COBRA continuation coverage period with that plan;
- 5. Marriage;
- 6. Birth, adoption, or appointment of children for legal guardianship.

If a member or surviving spouse does not enroll within 31 days of any of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.

COVERAGE EFFECTIVE DATE

If a member is enrolled in the Vision Plan as an active employee, coverage will become effective on the first of the month following the last day of the month for which premiums were paid. If a member was not enrolled in the Vision Plan at the time of retirement, coverage will become effective on the first day of the month following one of the "qualifying events" listed above.

PREMIUM PAYMENT POLICY

Retirement Plan	Payment Method
NDPERS Defined Benefit ¹	Benefit Check Bank Account
NDPERS Defined Contribution ³	Bank Account
NDHPRS ¹	Benefit Check Bank Account
Job Service ¹	Benefit Check Bank Account
TFFR ²	Benefit Check Bank Account
Empower ³	Bank Account
Approved Employer Sponsored ³	Bank Account

1. If retirement allowance is large enough to deduct the entire monthly premium, the premium will automatically be withheld from the benefit check. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an Authorization for Automatic Premium Deduction SFN 50134. It is the policy of NDPERS that a member's net annuity payment cannot be less than \$50.00.
2. If TFFR retirement allowance is large enough to deduct the entire monthly premium, an election to have premiums withheld from a benefit check must be made. Complete a Payroll Deduction Authorization (313) SFN 19182. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an Authorization for Automatic Premium Deduction SFN 50134.
3. If retirement allowance is issued from the NDPERS Defined Contribution plan, Empower, or a Board approved employer sponsored retirement plan, premiums must be withheld from a bank account. Complete an Authorization for Automatic Premium Deduction SFN 50134.

CANCELLATION POLICY

To cancel NDPERS vision coverage, a written request must be submitted. The request must provide the contract holder's name, 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.

PREMIUM INFORMATION

You can purchase vision coverage for yourself and your eligible dependents by choosing from any one of the following coverage categories. Premium rates are effective until December 31, 2025.

Monthly Premium	
Retiree only	\$ 5.03
Retiree & spouse	\$ 10.06
Retiree & child(ren)	\$ 9.16
Family (retiree, spouse & children)	\$ 14.19

COVERAGE QUESTIONS?

For additional information concerning coverage call 1-800-507-3800. Reference Group #29854.

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



Contact Lens Fitting Exam

Contact lens fitting copay²
(standard and specialty):
\$35



Materials¹

Materials copay:
\$35

Standard Contact lens fitting:
Covered in full after copay

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



Frames

In-network allowance:
\$100



Contacts⁴ 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 ³	Up to \$70

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

Lens Add-On Discounts ⁵	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 ⁵	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 ⁵	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) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵

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

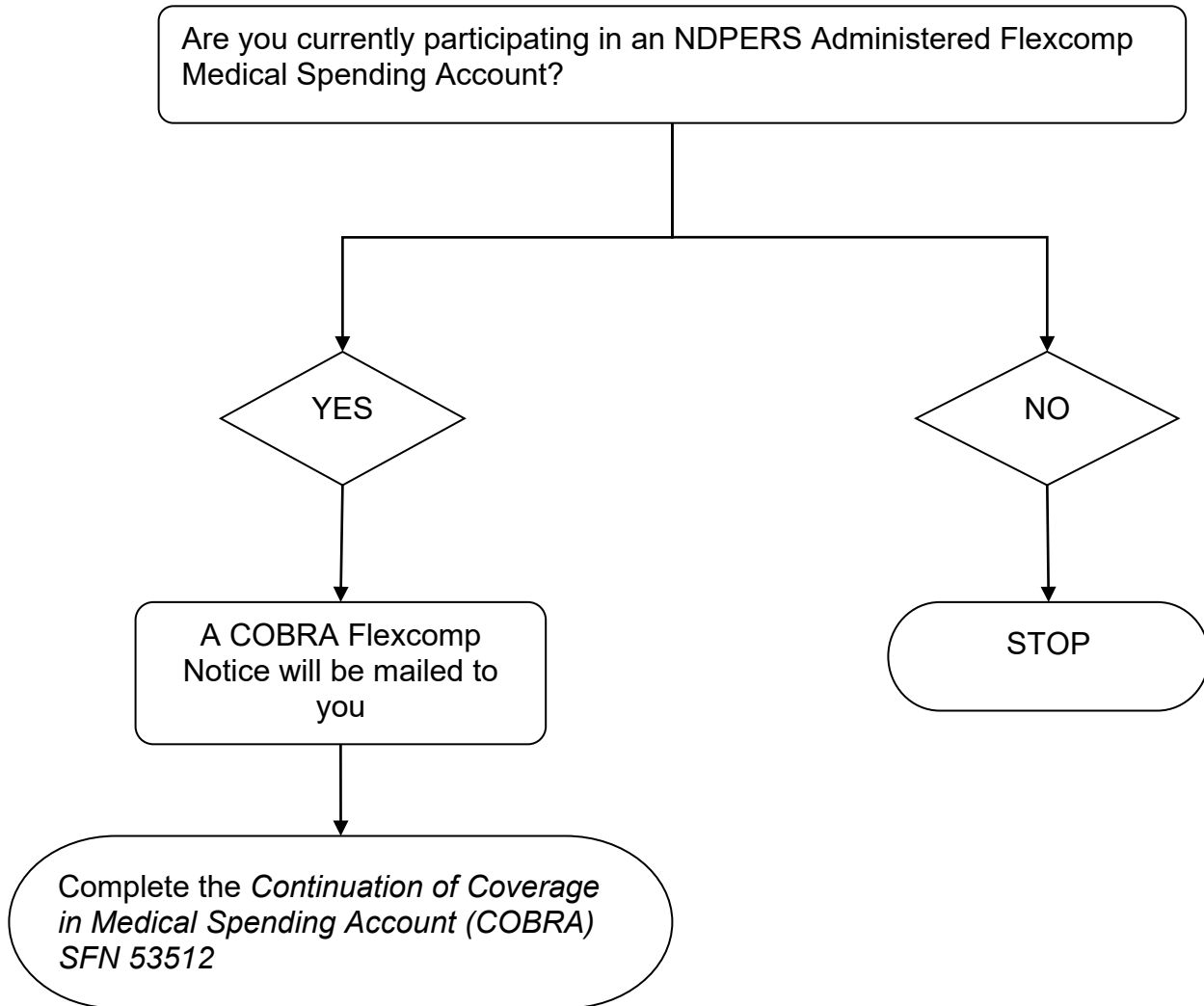


Free Mobile App

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.

NDPERS ADMINISTERED FLEXCOMP PLAN



NDPERS FLEXCOMP PLAN

Third Party Administrator: ASIFlex



The NDPERS Flex Comp 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.

TERMINATION OF COVERAGE

MEDICAL SPENDING ACCOUNT:

If you retire or terminate employment during the plan year, 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 1st 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.

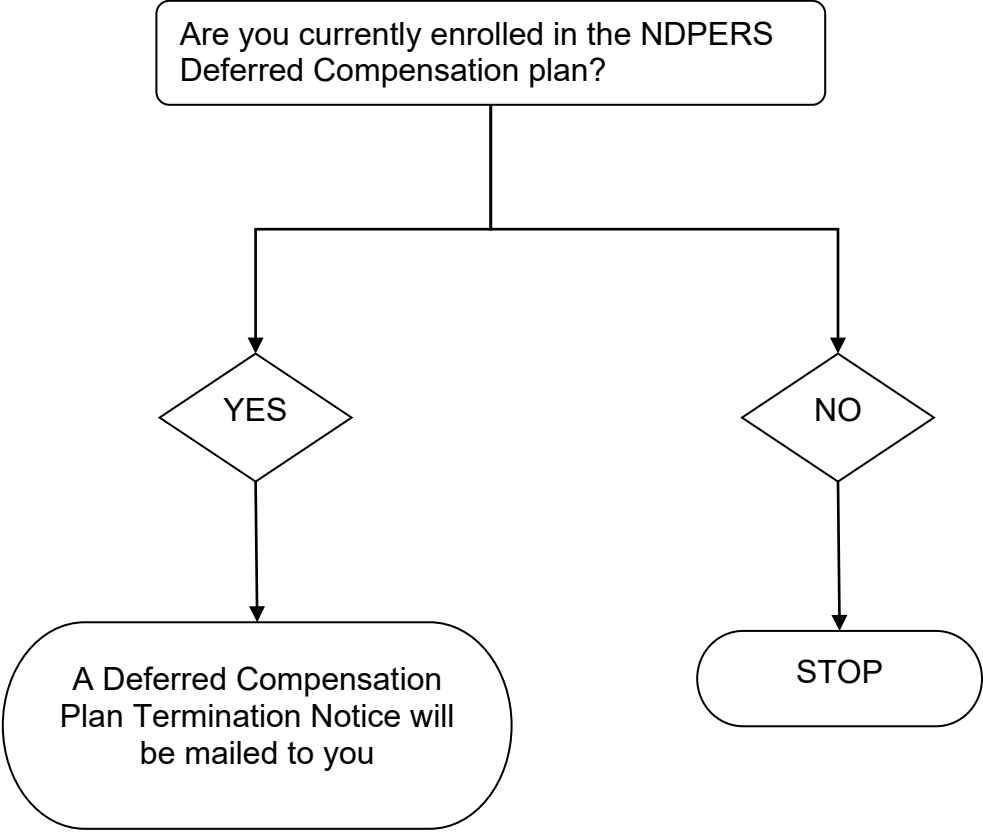
DEPENDENT CARE ACCOUNT:

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 31 days but in the same calendar 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.

DEFERRED COMPENSATION PLAN TERMINATION NOTICE



457 DEFERRED COMPENSATION PLAN



Lump sum payments for accumulated annual leave, sick leave, commissions, bonuses and overtime pay, or back pay may be deferred on a pre-tax basis to your deferred compensation plan account. These deferrals are treated as part of your annual deferrals, and are subject to the IRS 457 Plan limits in effect for the year in which the deferrals occur. Lump sum deferrals are subject to FICA taxes before deferral.

You must elect to defer sick leave, annual leave and back pay payments while actively employed and in the month prior to the month of termination by completing the *457 Deferred Compensation Plan Enrollment/Change Form SFN 3803*. **Please see the following page for detailed instructions on how to complete the SFN 3803 if you elect to defer your lump sum payout into your 457 Deferred Compensation Plan.** The regulations do not allow deferrals for retirement or severance incentive payments or buyout payments.

You may not begin to receive distributions from a deferred compensation account until you have been off the payroll of a covered employer for one month. You may elect to begin distribution immediately after you have satisfied the 30-day period of separation from service, regardless of your age, or you may defer payments to a future date.

If you elect a lump sum distribution of your 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 a distribution from your account. There is no IRS 10% penalty or requirement for age 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. If you do a direct rollover, taxes are not due until you begin receiving a distribution from your account.

Once you have begun distribution, you have the option to suspend or change the amount of the distribution; so long as your required minimum distribution begins at age 70½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949), or age 73 (if you were born on or after January 1, 1951).

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.

SFN 3803 – Instructions on How to Complete for Lump Sum Deferral



457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 3803 (Rev. 12-2024)

3803

Clear Form

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

Complete
Part A

PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Preferred phone number	Preferred email address
Organization Name	NDPERS Organization ID

Complete
Part B

PART B PROVIDER INFORMATION

Choose one: ☐ Empower Companion Plan ☐ Bravera ☐ Nationwide ☐ Bank of North Dakota

☐ Grandfathered State of ND 457 plan. Enter Provider Name: _____
* not available to newly enrolling members

SFN 3803 must be completed for each provider if participating with more than one provider.

Agent Name (no agent can be named for the Companion plan)	Agent Telephone Number and/or email
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N/A for lump sum deferral. Part C is used for newly enrolled Defined Contribution 2025 members in the first 30 days of employment

PART C

COMPLETE IF NEWLY ENROLLED AFTER DECEMBER 31, 2024 IN THE DEFINED CONTRIBUTION PLAN

☐ I am enrolled in the Defined Contribution Plan 2025 Tier 3. If applicable, I elect my employer match to be sent to the provider selected above.

Participant's Signature (Electronic Signature will <u>not</u> be accepted)	Date (Must be prior to the date on Part F)
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PART D CHECK ALL THAT APPLY

☐ 1. New Application ☐ 2. Increase Deduction ☐ 3. Decrease Deduction ☐ 4. Suspend Deduction (Includes full-time to part-time) ☐ 5. Lump sum Sick & Annual Leave ☐ Exclude Regular Monthly Deduction Required for lump sum sick and annual leave-Last Date of Employment ____/____/____ (date required) * contact your employer in order for your lump sum deduction to be entered correctly.	☐ 6. Age 50 or older: Annual Catch-up ☐ 7. Regular 3 Year Catch-up ☐ 8. Provider Change ☐ 9. Change in Agent only ☐ 10. USERRA Missed Contributions
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PART E CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION

Must be completed if you checked 1, 2, 3, 5, 6, 7, or 10 in Part D

A. Annual Gross Pay	\$ _____
B. Less Employer Retirement Contributions made under an IRC 414(h) arrangement (use most recent pay stub)	\$ _____
C. Includable Compensation (subtract B from A)	\$ _____
D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Compensation or annual maximum limit (see annual limits on back of form). Enter the lesser of D1 but not less than the minimum annual deduction of \$300.00 (\$25.00) per month	\$ _____
E. Pay Period Deduction (D divided by number of pay periods in calendar year)	\$ _____

Complete Part E

SFN 3803 – Instructions on How to Complete for Lump Sum Deferral

Estimate the amount you will be paid out and enter here

PART F SALARY REDUCTION AUTHORIZATION

Must be completed if you checked 1, 2, 3, 5, 6, 7, or 10 in Part D

Authorization for deductions must be made in the month prior to the pay period in which the income is earned.

☐ I authorize my employer to reduce my salary.

Amount Per Pay Period (must be higher than \$25/month)

\$

Pay Period Beginning Date (**Not Date Paid**)

mm/dd/yyyy

(The signature date in Part G must be in the month prior to the pay period date entered here.)

With regard to this agreement, the Participant acknowledges the following:

- I understand that my salary will be reduced each pay period by the amount authorized above. The deduction cannot be changed or stopped without an authorized participant agreement form returned to payroll from NDPERS.
- I understand the accumulated deferred salary is credited to my account and is not available to me or my beneficiary(ies) until I separate from service, unless, I should experience an unforeseeable emergency and a distribution is approved by the NDPERS Board.
- I acknowledge that the Retirement Board makes no recommendation as to any provider and understand that the Retirement Board does not warrant or guarantee the investment performance of any provider.
- I understand that all compensation deferred under the Plan, and all earnings accruing thereof, shall be held for the exclusive benefit of myself or my Beneficiary, until such time as it is made available to me pursuant to the terms of the Plan.
- I understand that this agreement includes the beneficiary forms as executed with and maintained by my provider.
- I authorize NDPERS to contact my employer to confirm my last date of employment for any lump sum payout (#10 above), if not provided, and the North Dakota Office of Management and Budget, if necessary, to insure the authorized amount is withheld from my paycheck.

This the month prior to when your sick and annual leave will be paid to you. For example, if you are leaving employment in July, then this would be July wages

PART G PARTICIPANT AUTHORIZATION

I verify that the foregoing statements are true and correct to the best of my knowledge and belief and are subject to the laws and penalties governing any misrepresentations and fraud.

This form must be dated in the month prior to a lump Sum payout (Part D #5 or the date listed in Part F.)

Participant's Signature (Electronic Signature will not be accepted)

Date (Must be prior to the date on Part F)

Sign and date. Must be dated and received the month prior to termination. For example, if leaving employment in July, this must be received by NDPERS in June