

This insurance guide is intended for retired employees of the North Dakota public school systems (TFFR) and North Dakota University Systems (TIAA), and retired employees of participating political subdivisions.



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

Retired teaching staff or administrators of public school or university systems, or retirees of participating political subdivisions, may be eligible for health, dental, vision, and/or life insurances through North Dakota Public Employees Retirement System (NDPERS).

- Dakota Retiree Health Plan (if you or eligible family member are enrolled in Medicare and receiving from eligible retirement plan)
- Retiree Dental Insurance (must be receiving from eligible retirement plan)
- Retiree Vision Insurance (must be receiving from eligible retirement plan)
- Retiree Life Insurance (must be enrolled under NDPERS life insurance plan at time of employment termination, receiving from eligible retirement plan, and no break in coverage when transitioning from active to retiree)
  - Portability and conversion options are available directly with life insurance carrier (information mailed by carrier if insured under NDPERS life insurance at time of termination)

## **Forms Checklist**

Only complete the forms for the insurance plan(s) you are enrolling in. For any/all insurance
enrollments, the Verification of Alternate Retirement Plan SFN 53863 and supporting
documentation must be completed.

- □ Verification of Alternate Retirement Plan SFN 53863
  - Employer or plan administrator needs to complete Part B
  - For NDUS or political subdivision retirees, include copy of quarterly statement or application showing periodic distribution

#### Health Insurance

- □ Retiree Health Insurance with Medicare Application SFN 59562
  - Completed by retired member
- ☐ Medicare Prescription Drug Plan (PDP) Applicant Enrollment Form SFN 58860
  - Completed by each Medicare eligible individual requesting coverage
- ☐ Medicare ID Card (copy) showing enrollment in Medicare Parts A & B
  - Provided by each Medicare eligible individual requesting coverage

#### Vision and/or Dental Insurance

- □ Retiree Vision/Dental Insurance Enrollment, Change, Cancel SFN 53504
  - Completed by retired member

#### Life Insurance

- ☐ Retiree Life Insurance Application SFN 53622
  - Completed by retired member

Forms are located at the end of this packet and also available on the NDPERS website under Retired Members>Insurance Plans (click on respective plan).

# Contents

# **Health Insurance**

Dakota Retiree Health Plan (Medicare)

Dakota Health Plan (Non-Medicare)

Retiree Dental Insurance

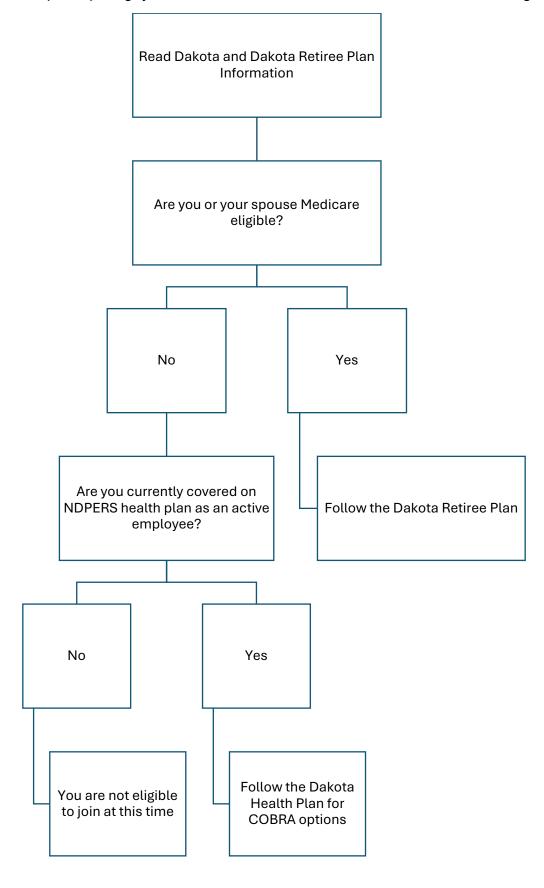
Retiree Vision Insurance

**Life Insurance Continuation** 

**Forms** 

# Health Insurance

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



# **DAKOTA & DAKOTA RETIREE PLANS (HEALTH)**



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

#### **ELIGIBILITY**

A retiree continuing coverage from active employment in the Dakota Health 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 Health Plan:

A member must be receiving a "retirement allowance" (reoccurring, periodic benefit) from:

- Teacher's Fund for Retirement (TFFR)
- > Teachers Insurance and Annuity Association (TIAA) (ND Board of Higher Education only)

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

- Receiving a "retirement allowance" (reoccurring, periodic benefit) 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.

Effective date of coverage as a new retiree is effective the same month in which retirement benefits begin if Medicare is already in effect.

#### PREMIUM PAYMENT POLICY

Retirement Plan	Payment Method
TFFR <sup>1</sup>	Benefit Check
	Bank Account
TIAA <sup>2</sup> (through ND University	Bank Account
System)	
Approved Employer Sponsored <sup>2</sup>	Bank Account

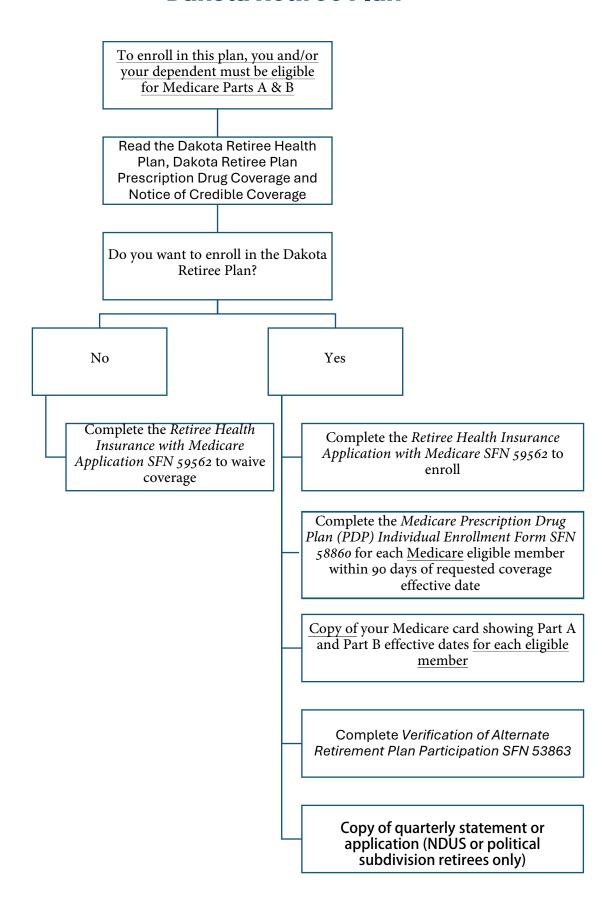
- 1. If TFFR retirement allowance is large enough to deduct the entire monthly premium, an election to have premiums withheld from a benefit check may be made. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete the bank account information on the insurance application.
- 2. If retirement allowance is issued from TIAA or a Board-approved employer-sponsored retirement plan, premiums must be withheld from a bank account. Complete the bank account information on the insurance application.

#### **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. Once cancelled, a member must experience a qualifying event in order to re-enroll.

# **Dakota Retiree Plan**



# **Dakota Retiree Plan (Health & Part D)**



The Dakota Retiree Health 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 Health 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.

If one enrolls in another Part D prescription drug plan, it may impact the ability for you or your eligible family members to remain on the NDPERS group health plan and/or Part D. Please contact NDPERS if you or an insured family member is considering another Part D plan to determine any impact it may have to your NDPERS health insurance.

A member or eligible dependent is eligible to enroll in this health coverage at the time of Medicare eligibility. If you are currently covered under the NDPERS Dakota Health Plan, you 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) <u>must have both Parts A and B of Medicare</u>. If the eligible member(s)/dependent(s) continues to be covered by an "active" employer group policy, Medicare Part B may be waived until the contract holder terminates employment.
- ➤ The eligible member 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 enrolled in Medicare A & B and also include a copy of the Medicare card showing both Part A and B to verify Medicare enrollment information. 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 if you are enrolling due to loss of employer coverage.

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.

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

**\*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 - <a href="https://www.ndpers.nd.gov/retired-members/insurance-plans-retired-members/health-insurance-plans-retired-members/dakota">https://www.ndpers.nd.gov/retired-members/insurance-plans-retired-members/health-insurance-plans-retired-members/dakota</a>

#### 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** 





# **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 52-586 (800) (رقم هاتف الصم والبكم: 711)

Amharic - ማስታወሻ: የሚና7ሩት ቋንቋ ኣማርኛ ከሆነ የትርንም እርዳታ ድርጅቶችማስታወሻ: የሚና7ሩት ቋንቋ ኣማርኛ ከሆነ የትርንም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (800) 752-5863 (መስማት ስተሳናቸው: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** - ဟ်သူဉ်ဟ်သး- နမ့်္ဂကတိုး ကညီ ကျိဉ်အယိ, နမာန္ဂ်ာ ကျိဉ်အတာ်မာစားလာ တလာဉ်ဘူဉ်လာဉ်စ္စာ နီတမီးဘဉ်သံ့နှဉ်လီး. ကိုး (800) 752-5863 (TTY: 711).

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

Laotian - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ (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: ถ้าคุณพูดภาษาไทยคุณสามารถใช<sup>้</sup>บริการช<sup>่</sup>วยเหลือทางภาษาได<sup>้</sup>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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# 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.



## 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

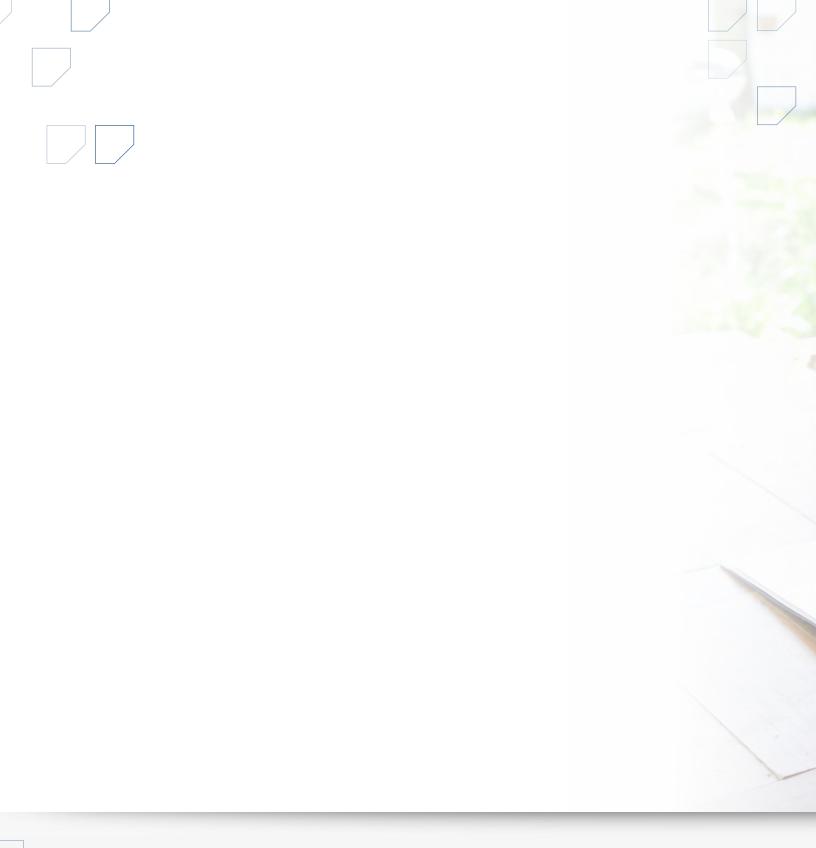
If you require accommodation or assistance concerning the services or information provided, please contact the NDPERS ADA Coordinator at (701) 328-3900.

# 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."

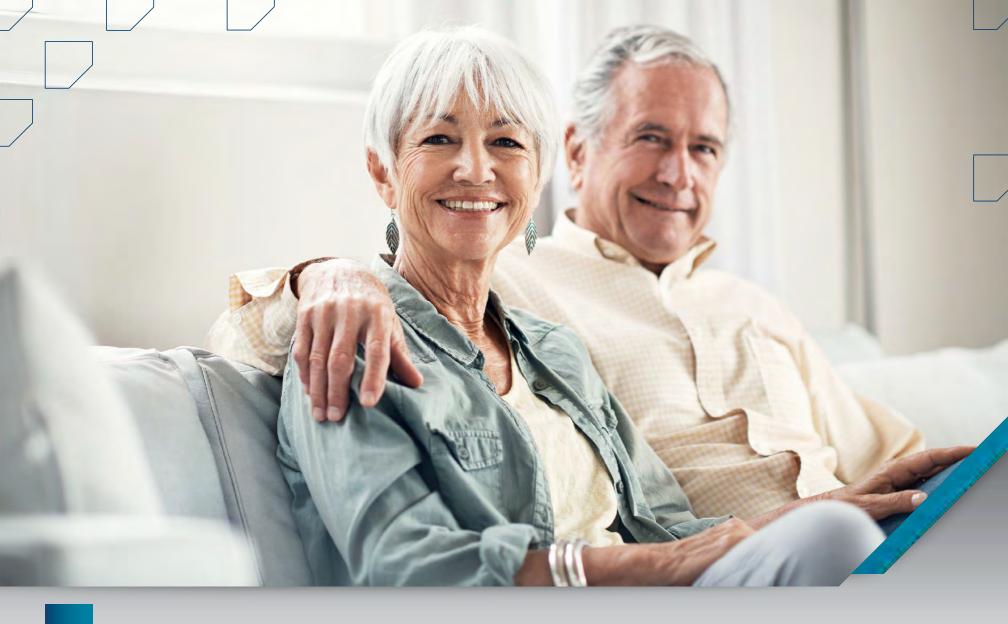
If you have any questions after reading your Medicare Handbook, your Certificate of Insurance, or this handbook, please call Member Services toll-free at (800) 499-3416 | TTY 711.











NDPERS Dakota Retiree Plan

**Outline of Medicare Supplement Coverage** 



# 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.

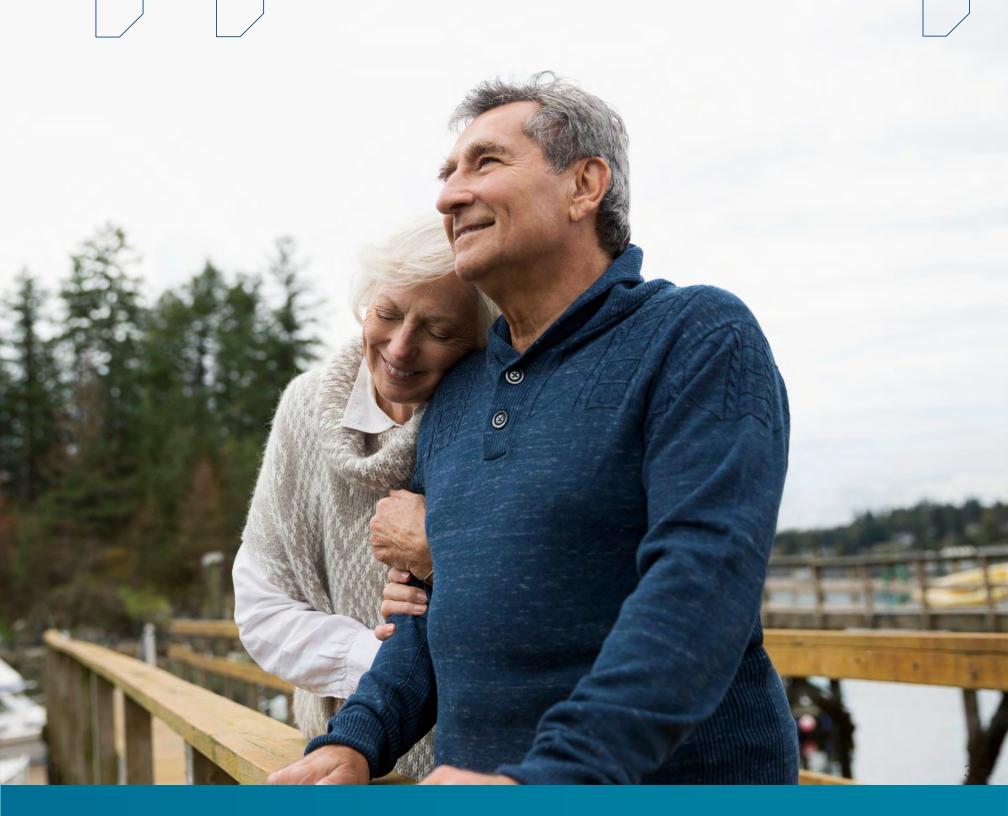
Neither Sanford Health Plan nor its agents are connected with Medicare.

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
Hospitalization <sup>1</sup>			
Semiprivate room and board, general nursing			
and miscellaneous services and supplies			
First 60 days	All but \$[1,676]	\$[1,676] (Part A deductible)	\$0
• 61st thru 90th day	All but \$[419] a day	\$[419] a day	\$0
<ul> <li>91<sup>st</sup> day and after:</li> </ul>			
- While using 60 lifetime reserve days	All but \$[838] a day	\$[838] a day	\$0
<ul> <li>Once lifetime reserve days are used:</li> </ul>			
- Additional 365 days	\$0	100% of Medicare eligible expenses <sup>2</sup>	\$O <sup>2</sup>
- Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care <sup>1</sup>			
You must meet Medicare's requirements,	\$0		
including having been in a hospital for at least	\$0		
3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
• First 20 days	All approved amounts	\$0	\$0
• 21st thru 100th day	All but \$[209.50] a day		\$0
• 101st day and after	\$0	\$0	All costs
Blood	<b>40</b>	<b>~</b>	7111 00313
	\$0	2 mints	Φ.Ο.
• First 3 pints	, -	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care	All level come Persons d	<b>*</b> 0	Dalama
You must meet Medicare's requirements, including a doctor's certification of	All but very limited copayment/	\$0	Balance
terminal illness.	copayment/ coinsurance for		
	outpatient drugs and		
	inpatient respite care		

<sup>&</sup>lt;sup>1, 2</sup>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 <b>Physician's</b> services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment  • First \$[257] of Medicare approved amounts <sup>3</sup> • 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
<ul> <li>Blood</li> <li>First 3 pints</li> <li>Next \$[257] of Medicare approved amounts<sup>3</sup></li> <li>Remainder of Medicare approved amounts</li> </ul>	\$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			
<ul> <li>Medically necessary skilled care services and medical supplies</li> <li>Durable medical equipment</li> <li>First \$[257] of Medicare approved amounts<sup>3</sup></li> <li>Remainder of Medicare approved amounts</li> </ul>	100% \$0 80%	\$0 \$[257] (Part B deductible) 20%	\$0 \$0 \$0

<sup>&</sup>lt;sup>3, 4</sup> 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			
<ul> <li>Beginning during the first 60 days of each trip outside the USA</li> </ul>			
- First \$[250] each calendar year	\$0	\$0	\$[250]
- Remainder of charges	\$0	80% to a lifetime maximum benefit of \$[50,000]	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.

- <sup>1</sup>A 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.
- <sup>2</sup>When 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.
- <sup>3</sup>Once you have been billed \$[257] of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.
- <sup>4</sup> Part 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 752-5863 (800) (رقم هاتف الصم والبكم: 711)

Amharic - ማስታወሻ: የሚና7ሩት ቋንቋ ኣማርኛ ከሆነ የትርንም እርዳታ ድርጅቶችማስታወሻ: የሚና7ሩት ቋንቋ ኣማርኛ ከሆነ የትርንም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (800) 752-5863 (መስማት ስተሳናቸው: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 - ဟ်သူဉ်ဟ်သး- နမ္နါကတိုး ကညီ ကျိဉ်အဆိ, နမာန္ရု ကျိဉ်အတါမာစားလာ တလက်ဘူဉ်လက်စ္ နီတမီးဘဉ်သုန္ဦလီး, ကိုး (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, ໂດຍບໍ່ເສັ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ (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: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือ ทางภาษาได ้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).







Customer Service
Toll-free: (800) 499-3416 | TTY 711
For Free Help in a Language Other than English: (800) 752-5863

sanfordhealthplan.com

## **Summary of Benefits**

Humana Group Medicare PDP Plan PDP 037/161

North Dakota Public Employees Retirement System (NDPERS)





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



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)	<b>\$5</b> copay and you pay <b>15%</b> of the remaining cost share	<b>\$5</b> copay and you pay <b>15%</b> of the remaining cost share
2 (Preferred Brand)	<b>\$15</b> copay and you pay <b>25%</b> of the remaining cost share	<b>\$15</b> copay and you pay <b>25%</b> of the remaining cost share
3 (Non-Preferred Drug)	<b>\$25</b> copay and you pay <b>50%</b> of the remaining cost share	<b>\$25</b> copay and you pay <b>50%</b> of the remaining cost share
4 (Specialty Tier)	<b>\$25</b> copay and you pay <b>50%</b> of the remaining cost share	<b>\$25</b> copay and you pay <b>50%</b> of the remaining cost share
90-day supply		
1 (Generic or Preferred Generic)	<b>\$5</b> copay and you pay <b>15%</b> of the remaining cost share	<b>\$5</b> copay and you pay <b>15%</b> of the remaining cost share
2 (Preferred Brand)	<b>\$15</b> copay and you pay <b>25%</b> of the remaining cost share	<b>\$15</b> copay and you pay <b>25%</b> of the remaining cost share
3 (Non-Preferred Drug)	<b>\$25</b> copay and you pay <b>50%</b> of the remaining cost share	<b>\$25</b> copay and you pay <b>50%</b> 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 GRP**50**.

**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.

Notes	

Notes	 	 

Notes	

### 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 <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, 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 quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 답해 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 (ТТҮ: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711 :717) 1235-320-1. 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。





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.

All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.



Humana.com

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 15<sup>th</sup> through December 7<sup>th</sup>. 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) <a href="http://www.nd.gov/ndins/shic/701.328.2440">http://www.nd.gov/ndins/shic/701.328.2440</a> 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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> 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

## PPO/BASIC HEALTH PLAN

This is information regarding the NDPERS group health coverage for non-Medicare eligible family members insured under the Dakota Retiree Health Plan. The plan is underwritten by Sanford Health Plan (SHP).

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

### <u>Preferred Provider Organization (PPO/BASIC):</u>

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.

Plan Features:	Basic (Self-Referral or Out-of-State)	<u>PPO</u>
Deductible for A	II 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 Coinsuran	ce Maximum	
-Individual	\$1500	\$1000
-Family	\$3000	\$2000
Annual Out-of-Pocket Maximums (E	eductible and Coinsu	rance) **
-Individual	\$2000	\$1500
-Family	\$4500	\$3500
*Out-of-network coverage is at the Basic level		

<sup>\*</sup>Out-of-network coverage is at the Basic level.

### PREVENTIVE SCREENING SERVICES:

<sup>\*\*</sup>Office visit and emergency room copayments and prescription drug copayments and coinsurance are additional

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.

Plan Features:	Basic (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**	k	
-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%

<sup>\*\*\*</sup>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.

### Additional Features of Dakota PPO/Basic:

### **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:

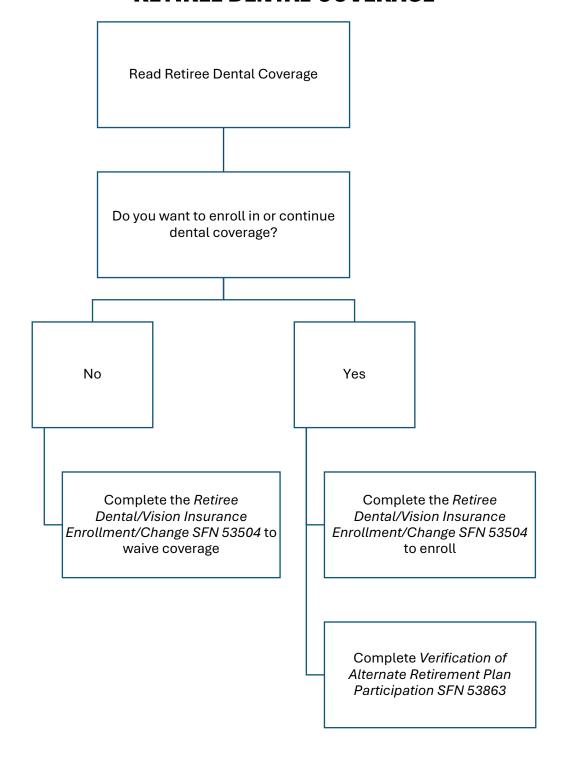
Resources available on the portal include a Health Assessment (a confidential report and custom resources), Wellness Tracking, and Daily Habits (guided programs to help with healthy habits and condition management). Covered members and their eligible spouses can earn points to be redeemed towards gift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

## **RETIREE DENTAL 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" (reoccurring, periodic benefit) from:

- 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;
- 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**

Effective date of coverage as a new retiree is effective the same month in which retirement benefits begin.

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
TFFR <sup>2</sup>	Benefit Check Bank Account
TIAA <sup>3</sup> (through ND University System)	Bank Account
Approved Employer Sponsored <sup>3</sup>	Bank Account

- 1. 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*.
- 2. If retirement allowance is issued from TIAA (University System) 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. Once cancelled, a member must experience a qualifying event in order to re-enroll.

### **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.

	Monthly Premium
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			
<b>Lifetime Ortho Maximum</b> 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	De	Spouse pendent children up to age 2	26	
Covered Services	Denta	al Benefit Plan Cove	rage	
	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.

<sup>\*</sup>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** 

A DELTA DENTAL

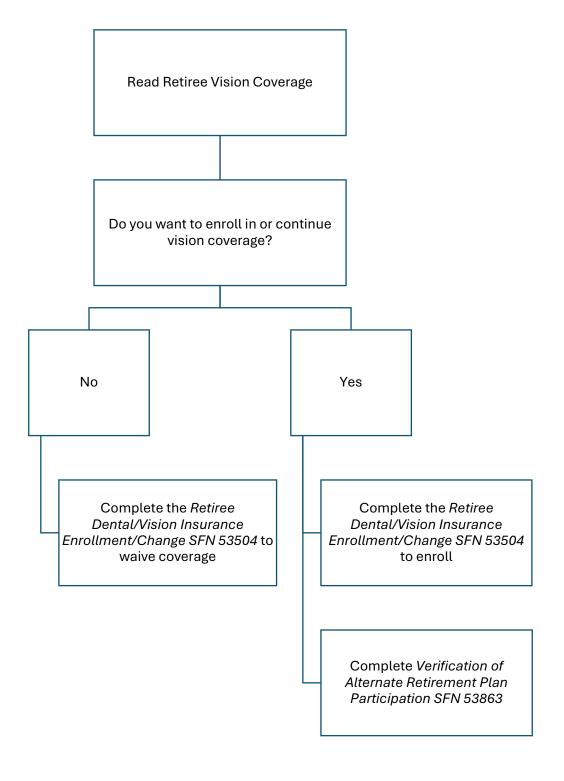
Delta Dental of Minnesota

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## **RETIREE VISION 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 listed below.

### **ELIGIBILITY**

To be eligible to join the Vision Plan:

A member must be receiving a "retirement allowance" (reoccurring, periodic benefit) from:

- > 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 65<sup>th</sup> birthday or eligibility for Medicare;
- 3. Member's spouse or eligible dependent's 65<sup>th</sup> 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**

Effective date of coverage as a new retiree is effective the same month in which retirement benefits begin.

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 <sup>1</sup>	Benefit Check
	Bank Account
NDPERS Defined Contribution <sup>3</sup>	Bank Account
NDHPRS <sup>1</sup>	Benefit Check
	Bank Account
Job Service <sup>1</sup>	Benefit Check
	Bank Account
TFFR <sup>2</sup>	Benefit Check
	Bank Account
Empower <sup>3</sup>	Bank Account
Approved Employer Sponsored <sup>3</sup>	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. Once cancelled, a member must experience a qualifying event in order to reenroll.

### **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



Materials1

Materials copay: \$35

In-network allowance:

\$100



**(1)** 

### Contact Lens Fitting Exam

Contact lens fitting copay<sup>2</sup> (standard and specialty):

\$35

Standard Contact lens fitting: Covered in full after copay

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



Contacts<sup>4</sup> in lieu of glasses

In-network allowance:

\$100

### **Monthly Premiums**

Employee only: \$5.03

Employee + spouse: \$10.06

Employee + child(ren): \$9.16

Employee +family: \$14.19

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

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



Lens Add-On Discounts <sup>5</sup>	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid/ gradient	\$15/\$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard/ premium/ ultra/ ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts <sup>5</sup>	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	20% off amount over allowance

Non-Covered Services Discounts <sup>5</sup>	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$45
Eye exam (OD)	Up to \$45
Frame	Up to \$47
Contact lens fitting (standard / specialty) <sup>2</sup>	Not covered
Contact lenses	Up to \$100



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

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit <a href="superiorvision.com">superiorvision.com</a> or contact your benefits coordinator.



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

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit <a href="mailto:superiorvision.com">superiorvision.com</a> or contact your benefits coordinator.



### Free Mobile App

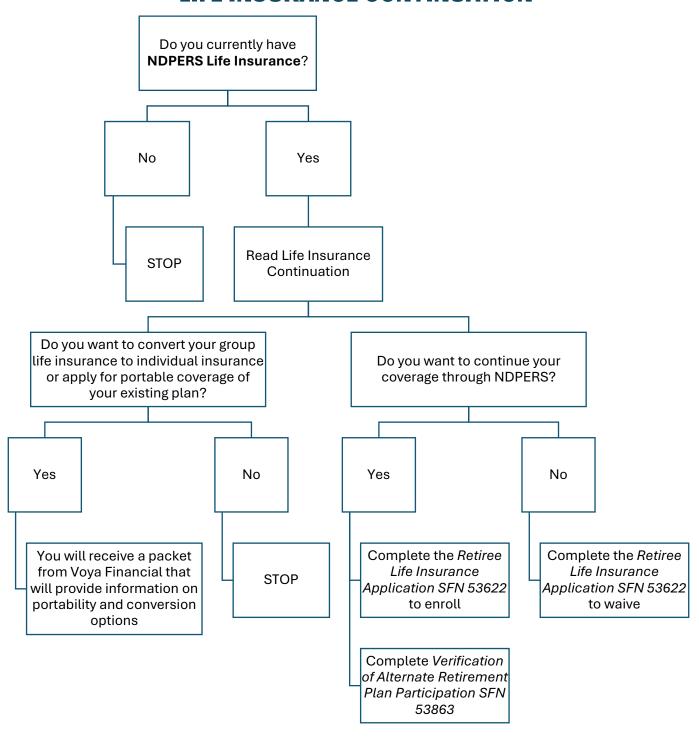
With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

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 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.



## 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 65<sup>th</sup> 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.



## Retiree Supplemental Life and Accidental Death and Dismemberment Insurance Monthly Premium Amounts - Underwritten by Voya Rates Effective July 1, 2023 \$1,500 Basic = \$4.32

Retiree Total Coverage (Including Basic)										
Employee's Age	<u>\$5,000</u>	\$10,000	<u>\$15,000</u>	\$20,000	<u>\$25,000</u>	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
40 to 44	\$4.60	\$5.00	\$5.40	\$5.80	\$6.20	\$6.60	\$7.00	\$7.40	\$7.80	\$8.20
45 to 49	\$4.60 \$4.67	\$5.00 \$5.17	\$5.40 \$5.67	\$6.17	\$6.67	\$0.00 \$7.17	\$7.67	\$8.17	\$8.67	\$9.17
50 to 54	\$4.88	\$5.68	\$6.48	\$7.28	\$8.08	\$8.88	\$9.68	\$10.48	\$11.28	\$12.08
55 to 59	\$5.44	\$7.04	\$8.64	\$10.24	\$11.84	\$13.44	\$15.04	\$16.64	\$18.24	\$19.84
60 to 64	\$6.07	\$8.57	\$11.07	\$13.57	\$16.07	\$18.57	\$21.07	\$23.57	\$26.07	\$28.57
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				<b>Total Cove</b>						
Employee's Age	<u>\$55,000</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>
40 to 44	\$8.60	\$9.00	\$9.40	\$9.80	\$10.20	\$10.60	\$11.00	\$11.40	\$11.80	\$12.20
45 to 49	\$9.67	\$10.17	\$10.67	\$11.17	\$11.67	\$12.17	\$12.67	\$13.17	\$13.67	\$14.17
50 to 54	\$12.88	\$13.68	\$14.48	\$15.28	\$16.08	\$16.88	\$17.68	\$18.48	\$19.28	\$20.08
55 to 59	\$21.44	\$23.04	\$24.64	\$26.24	\$27.84	\$29.44	\$31.04	\$32.64	\$34.24	\$35.84
60 to 64	\$31.07	\$33.57	\$36.07	\$38.57	\$41.07	\$43.57	\$46.07	\$48.57	\$51.07	\$53.57
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				Total Cove	• .					
Employee's Age	<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>
40 to 44	\$12.60	\$13.00	\$13.40	\$13.80	\$14.20	\$14.60	\$15.00	\$15.40	\$15.80	\$16.20
45 to 49	\$14.67	\$15.17	\$15.67	\$16.17	\$16.67	\$17.17	\$17.67	\$18.17	\$18.67	\$19.17
50 to 54	\$20.88	\$21.68	\$22.48	\$23.28	\$24.08	\$24.88	\$25.68	\$26.48	\$27.28	\$28.08
55 to 59	\$37.44	\$39.04	\$40.64	\$42.24	\$43.84	\$45.44	\$47.04	\$48.64	\$50.24	\$51.84
60 to 64	\$56.07	\$58.57	\$61.07	\$63.57	\$66.07	\$68.57	\$71.07	\$73.57	\$76.07	\$78.57
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				Total Cove	• `	• ,				
Employee's Age	<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>
40 to 44	\$16.60	\$17.00	\$17.40	\$17.80	\$18.20	\$18.60	\$19.00	\$19.40	\$19.80	\$20.20
45 to 49	\$19.67	\$20.17	\$20.67	\$21.17	\$21.67	\$22.17	\$22.67	\$23.17	\$23.67	\$24.17
50 to 54	\$28.88	\$29.68	\$30.48	\$31.28	\$32.08	\$32.88	\$33.68	\$34.48	\$35.28	\$36.08
55 to 59	\$53.44	\$55.04	\$56.64	\$58.24	\$59.84	\$61.44	\$63.04	\$64.64	\$66.24	\$67.84
60 to 64	\$81.07	\$83.57	\$86.07	\$88.57	\$91.07	\$93.57	\$96.07	\$98.57	\$101.07	\$103.57
	<b>#005 000</b>	<b>#040.000</b>		Total Cove			<b>#005 000</b>	<b>#040.000</b>	<b>#045.000</b>	<b>\$050,000</b>
Employee's Age	\$205,000	<u>\$210,000</u>	<u>\$215,000</u>	\$220,000	\$225,000	\$230,000	\$235,000	\$240,000	<u>\$245,000</u>	<u>\$250,000</u>
40 to 44	\$20.60	\$21.00	\$21.40	\$21.80	\$22.20	\$22.60	\$23.00	\$23.40	\$23.80	\$24.20
45 to 49	\$24.67	\$25.17	\$25.67	\$26.17	\$26.67	\$27.17	\$27.67	\$28.17	\$28.67	\$29.17
50 to 54	\$36.88	\$37.68	\$38.48	\$39.28	\$40.08	\$40.88	\$41.68	\$42.48	\$43.28	\$44.08
55 to 59	\$69.44	\$71.04	\$72.64	\$74.24	\$75.84	\$77.44	\$79.04	\$80.64	\$82.24	\$83.84
60 to 64	\$106.07	\$108.57	\$111.07	\$113.57	\$116.07			\$123.57	\$126.07	\$128.57
	<b>*</b> 055 000	<b>*</b>		Total Cove	• •	,	<b>****</b>	****	<b>*</b>	****
Employee's Age	\$255,000	<u>\$260,000</u>	<u>\$265,000</u>	<u>\$270,000</u>	<u>\$275,000</u>	\$280,000	<u>\$285,000</u>	<u>\$290,000</u>	<u>\$295,000</u>	<u>\$300,000</u>
40 to 44	\$24.60	\$25.00	\$25.40	\$25.80	\$26.20	\$26.60	\$27.00	\$27.40	\$27.80	\$28.20
45 to 49	\$29.67	\$30.17	\$30.67	\$31.17	\$31.67	\$32.17	\$32.67	\$33.17	\$33.67	\$34.17
50 to 54	\$44.88	\$45.68	\$46.48	\$47.28	\$48.08	\$48.88	\$49.68	\$50.48	\$51.28	\$52.08
55 to 59	\$85.44	\$87.04	\$88.64	\$90.24	\$91.84	\$93.44	\$95.04	\$96.64	\$98.24	\$99.84
60 to 64	\$131.07	\$133.57	\$136.07	\$138.57	\$141.07	\$143.57	\$146.07	\$148.57	\$151.07	\$153.57
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Employee's Ass	¢20E 000	¢240 000		Total Cove		•	<b>ቀ</b> ንጋ፫ ሰሰባ	<b>#240 000</b>	¢345 000	ቀንደር ርርር
Employee's Age	<u>\$305,000</u>	<u>\$310,000</u>	<u>\$315,000</u>	\$320,000	\$325,000	\$330,000	<u>\$335,000</u>	<u>\$340,000</u>	<u>\$345,000</u>	<u>\$350,000</u>
40 to 44	\$28.60	\$29.00	\$29.40	\$29.80	\$30.20	\$30.60	\$31.00	\$31.40	\$31.80	\$32.20
45 to 49	\$34.67	\$35.17	\$35.67	\$36.17	\$36.67	\$37.17	\$37.67	\$38.17	\$38.67	\$39.17
50 to 54	\$52.88	\$53.68	\$54.48	\$55.28	\$56.08	\$56.88	\$57.68	\$58.48	\$59.28	\$60.08
55 to 59	\$101.44	\$103.04	\$104.64	\$106.24	\$107.84	\$109.44	\$111.04	\$112.64	\$114.24	\$115.84
60 to 64	\$156.07	\$158.57	\$161.07	\$163.57	\$166.07	\$168.57	\$171.07	\$173.57	\$176.07	\$178.57

Retire   Total Coverage   (Including Basic)   \$385,000   \$390,000   \$395,000   \$365,000   \$370,000   \$375,000   \$380,000   \$385,000   \$390,000   \$395,000   \$400,000
45 to 49 \$39.67 \$40.17 \$40.67 \$41.17 \$41.67 \$42.17 \$42.67 \$43.17 \$43.67 \$44.17 \$0 to 54 \$60.88 \$61.68 \$62.48 \$63.28 \$64.08 \$64.08 \$65.68 \$66.48 \$67.28 \$68.08 \$55 to 59 \$117.44 \$119.04 \$120.64 \$122.24 \$123.84 \$125.44 \$127.04 \$128.64 \$130.24 \$131.84 \$60 to 64 \$181.07 \$183.57 \$186.07 \$188.57 \$191.07 \$193.57 \$196.07 \$198.57 \$201.07 \$203.57 \$\$\$\$\$Employee's Age \$405,000 \$410,000 \$415,000 \$420,000 \$425,000 \$430,000 \$435,000 \$440,000 \$445,000 \$450,
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50 to 54         \$60.88         \$61.68         \$62.48         \$63.28         \$64.08         \$64.88         \$65.68         \$66.48         \$67.28         \$68.08           55 to 59         \$117.44         \$119.04         \$120.64         \$122.24         \$123.84         \$125.44         \$127.04         \$128.64         \$130.24         \$131.84           60 to 64         \$181.07         \$183.57         \$186.07         \$188.57         \$191.07         \$193.57         \$196.07         \$198.57         \$201.07         \$203.57           Retiree Total Coverage (Including Basic)           Employee's Age         \$405,000         \$410,000         \$420,000         \$425,000         \$430,000         \$440,000         \$445,000         \$450,000           40 to 44         \$36.60         \$37.00         \$37.40         \$37.80         \$38.20         \$38.60         \$39.00         \$39.40         \$39.80         \$40.20           45 to 49         \$44.67         \$45.17         \$45.67         \$46.17         \$46.67         \$47.17         \$47.67         \$48.17         \$48.67         \$49.17           50 to 54         \$68.88         \$69.68         \$70.48         \$71.28         \$72.08         \$72.88         \$73.68         \$74.48         \$75.28
55 to 59         \$117.44         \$119.04         \$120.64         \$122.24         \$123.84         \$125.44         \$127.04         \$128.64         \$130.24         \$131.84           60 to 64         \$181.07         \$183.57         \$186.07         \$188.57         \$191.07         \$193.57         \$196.07         \$198.57         \$201.07         \$203.57           Retiree Total Coverage (Including Basic)           Employee's Age         \$405,000         \$410,000         \$420,000         \$425,000         \$430,000         \$440,000         \$445,000         \$450,000           40 to 44         \$36.60         \$37.00         \$37.40         \$37.80         \$38.20         \$38.60         \$39.00         \$39.40         \$39.80         \$40.20           45 to 49         \$44.67         \$45.17         \$45.67         \$46.17         \$46.67         \$47.17         \$47.67         \$48.17         \$48.67         \$49.17           50 to 54         \$68.88         \$69.68         \$70.48         \$71.28         \$72.08         \$72.88         \$73.68         \$74.48         \$75.28         \$76.08
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Retiree Total Coverage (Including Basic)           Employee's Age         \$405,000         \$410,000         \$420,000         \$425,000         \$430,000         \$440,000         \$445,000         \$450,000           40 to 44         \$36.60         \$37.00         \$37.40         \$37.80         \$38.20         \$38.60         \$39.00         \$39.40         \$39.80         \$40.20           45 to 49         \$44.67         \$45.17         \$45.67         \$46.17         \$46.67         \$47.17         \$47.67         \$48.17         \$48.67         \$49.17           50 to 54         \$68.88         \$69.68         \$70.48         \$71.28         \$72.08         \$72.88         \$73.68         \$74.48         \$75.28         \$76.08
Employee's Age         \$405,000         \$410,000         \$420,000         \$425,000         \$430,000         \$435,000         \$440,000         \$445,000         \$450,000           40 to 44         \$36.60         \$37.00         \$37.40         \$37.80         \$38.20         \$38.60         \$39.00         \$39.40         \$39.80         \$40.20           45 to 49         \$44.67         \$45.17         \$45.67         \$46.17         \$46.67         \$47.17         \$47.67         \$48.17         \$48.67         \$49.17           50 to 54         \$68.88         \$69.68         \$70.48         \$71.28         \$72.08         \$72.88         \$73.68         \$74.48         \$75.28         \$76.08
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Retiree Total Coverage (Including Basic)
Employee's Age \$455,000 \$460,000 \$465,000 \$470,000 \$475,000 \$480,000 \$485,000 \$490,000 \$495,000 \$500,000
40 to 44 \$40.60 \$41.00 \$41.40 \$41.80 \$42.20 \$42.60 \$43.00 \$43.40 \$43.80 \$44.20
45 to 49 \$49.67 \$50.17 \$50.67 \$51.17 \$51.67 \$52.17 \$52.67 \$53.17 \$53.67 \$54.17
50 to 54 \$76.88 \$77.68 \$78.48 \$79.28 \$80.08 \$80.88 \$81.68 \$82.48 \$83.28 \$84.08
55 to 59 \$149.44 \$151.04 \$152.64 \$154.24 \$155.84 \$157.44 \$159.04 \$160.64 \$162.24 \$163.84
60 to 64 \$231.07 \$233.57 \$236.07 \$238.57 \$241.07 \$243.57 \$246.07 \$248.57 \$251.07 \$253.57
\$25.51
Retiree Total Coverage (Including Basic)
Employee's Age \$505,000 \$510,000 \$515,000 \$520,000 \$525,000 \$530,000 \$535,000 \$540,000 \$545,000 \$550,000
40 to 44 \$44.60 \$45.00 \$45.40 \$45.80 \$46.20 \$46.60 \$47.00 \$47.40 \$47.80 \$48.20
45 to 49 \$54.67 \$55.17 \$55.67 \$56.17 \$56.67 \$57.17 \$57.67 \$58.17 \$58.67 \$59.17
50 to 54 \$84.88 \$85.68 \$86.48 \$87.28 \$88.08 \$88.88 \$89.68 \$90.48 \$91.28 \$92.08
55 to 59 \$165.44 \$167.04 \$168.64 \$170.24 \$171.84 \$173.44 \$175.04 \$176.64 \$178.24 \$179.84
60 to 64 \$256.07 \$258.57 \$261.07 \$263.57 \$266.07 \$268.57 \$271.07 \$273.57 \$276.07 \$278.57
Detires Total Cavarana (Including Basis)
Retiree Total Coverage (Including Basic)  Employee's Age \$555,000 \$560,000 \$565,000 \$570,000 \$575,000 \$580,000 \$585,000 \$590,000 \$595,000 \$600,000
<u>riiibiokee s vde                                </u>
40 to 44 \$48.60 \$49.00 \$49.40 \$49.80 \$50.20 \$50.60 \$51.00 \$51.40 \$51.80 \$52.20
45 to 49 \$59.67 \$60.17 \$60.67 \$61.17 \$61.67 \$62.17 \$62.67 \$63.17 \$63.67 \$64.17
50 to 54 \$92.88 \$93.68 \$94.48 \$95.28 \$96.08 \$96.88 \$97.68 \$98.48 \$99.28 \$100.08
55 to 59 \$181.44 \$183.04 \$184.64 \$186.24 \$187.84 \$189.44 \$191.04 \$192.64 \$194.24 \$195.84
60 to 64 \$281.07 \$283.57 \$286.07 \$288.57 \$291.07 \$293.57 \$296.07 \$298.57 \$301.07 \$303.57

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

Employee		Total Coverage							
Age	\$2,000	\$5,000	\$7,000	\$10,000					
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					

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

				Spous	e Total Cove	erage				
Employee's Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
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
					e Total Cove					
Employee's Age	<u>\$55,000</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>
		44.00	4-00	4-00	40.00	40.40	40.00	4- 00	4-00	40.00
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
				Chaus	a Tatal Carr					
Employee's Age	\$105,000	\$110,000	\$115,000	\$120,000	e Total Cove \$125,000	\$130,000	\$135,000	\$140,000	\$145,000	\$150,000
Employee's Age	<del>\$105,000</del>	<u>\$110,000</u>	\$115,000	\$120,000	\$125,000	<del>φ130,000</del>	\$135,000	<u>\$140,000</u>	\$145,000	\$ 150,000
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	\$53.00 \$52.50	\$55.20 \$55.00	\$57.50	\$60.00	\$62.50	\$65.00	\$67.50	\$70.00	\$72.50	\$75.00
00 10 04	ψ02.00	Ψ00.00	ψοτ.σο	ψου.σο	Ψ02.00	ψ00.00	ψ07.00	φ/0.00	Ψ1 2.00	φ10.00
				Spous	e Total Cove	erage				
Employee's Age	\$155,000	\$160,000	\$165,000	\$170,000	\$175,000	\$180,000	\$185,000	\$190,000	\$195,000	\$200,000
			·		·					
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
					e Total Cove					
Employee's Age	\$205,000	<u>\$210,000</u>	<u>\$215,000</u>	\$220,000	\$225,000	\$230,000	<u>\$235,000</u>	<u>\$240,000</u>	<u>\$245,000</u>	<u>\$250,000</u>
40 to 44	\$16.40	\$16.80	\$17.20	\$17.60				\$19.20	\$19.60	\$20.00
					\$18.00	\$18.40	\$18.80			
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	\$20.50 \$32.80	\$21.00 \$33.60	\$21.50 \$34.40	\$22.00 \$35.20	\$22.50 \$36.00	\$23.00 \$36.80	\$23.50 \$37.60	\$24.00 \$38.40	\$24.50 \$39.20	\$40.00
50 to 54 55 to 59	\$20.50 \$32.80 \$65.60	\$21.00 \$33.60 \$67.20	\$21.50 \$34.40 \$68.80	\$22.00 \$35.20 \$70.40	\$22.50 \$36.00 \$72.00	\$23.00 \$36.80 \$73.60	\$23.50 \$37.60 \$75.20	\$24.00 \$38.40 \$76.80	\$24.50 \$39.20 \$78.40	\$40.00 \$80.00
50 to 54	\$20.50 \$32.80	\$21.00 \$33.60	\$21.50 \$34.40	\$22.00 \$35.20	\$22.50 \$36.00	\$23.00 \$36.80	\$23.50 \$37.60	\$24.00 \$38.40	\$24.50 \$39.20	\$40.00
50 to 54 55 to 59	\$20.50 \$32.80 \$65.60	\$21.00 \$33.60 \$67.20	\$21.50 \$34.40 \$68.80	\$22.00 \$35.20 \$70.40 \$110.00	\$22.50 \$36.00 \$72.00 \$112.50	\$23.00 \$36.80 \$73.60 \$115.00	\$23.50 \$37.60 \$75.20	\$24.00 \$38.40 \$76.80	\$24.50 \$39.20 \$78.40	\$40.00 \$80.00
50 to 54 55 to 59 60 to 64	\$20.50 \$32.80 \$65.60 \$102.50	\$21.00 \$33.60 \$67.20 \$105.00	\$21.50 \$34.40 \$68.80 \$107.50	\$22.00 \$35.20 \$70.40 \$110.00	\$22.50 \$36.00 \$72.00 \$112.50 e Total Cove	\$23.00 \$36.80 \$73.60 \$115.00	\$23.50 \$37.60 \$75.20 \$117.50	\$24.00 \$38.40 \$76.80 \$120.00	\$24.50 \$39.20 \$78.40 \$122.50	\$40.00 \$80.00 \$125.00
50 to 54 55 to 59	\$20.50 \$32.80 \$65.60	\$21.00 \$33.60 \$67.20	\$21.50 \$34.40 \$68.80	\$22.00 \$35.20 \$70.40 \$110.00	\$22.50 \$36.00 \$72.00 \$112.50	\$23.00 \$36.80 \$73.60 \$115.00	\$23.50 \$37.60 \$75.20	\$24.00 \$38.40 \$76.80	\$24.50 \$39.20 \$78.40	\$40.00 \$80.00
50 to 54 55 to 59 60 to 64 Employee's Age	\$20.50 \$32.80 \$65.60 \$102.50 \$255,000	\$21.00 \$33.60 \$67.20 \$105.00 \$260,000	\$21.50 \$34.40 \$68.80 \$107.50 \$265,000	\$22.00 \$35.20 \$70.40 \$110.00 <b>Spous</b> ( \$270,000	\$22.50 \$36.00 \$72.00 \$112.50 <b>e Total Cove</b> \$275,000	\$23.00 \$36.80 \$73.60 \$115.00 <b>erage</b> \$280,000	\$23.50 \$37.60 \$75.20 \$117.50 \$285,000	\$24.00 \$38.40 \$76.80 \$120.00 \$290,000	\$24.50 \$39.20 \$78.40 \$122.50 \$295,000	\$40.00 \$80.00 \$125.00 \$300,000
50 to 54 55 to 59 60 to 64 Employee's Age 40 to 44	\$20.50 \$32.80 \$65.60 \$102.50 \$255,000 \$20.40	\$21.00 \$33.60 \$67.20 \$105.00 \$260,000 \$20.80	\$21.50 \$34.40 \$68.80 \$107.50 \$265,000 \$21.20	\$22.00 \$35.20 \$70.40 \$110.00 <b>Spous</b> \$270,000 \$21.60	\$22.50 \$36.00 \$72.00 \$112.50 <b>e Total Cove</b> \$275,000 \$22.00	\$23.00 \$36.80 \$73.60 \$115.00 <b>erage</b> \$280,000 \$22.40	\$23.50 \$37.60 \$75.20 \$117.50 \$285,000 \$22.80	\$24.00 \$38.40 \$76.80 \$120.00 \$290,000 \$23.20	\$24.50 \$39.20 \$78.40 \$122.50 \$295,000 \$23.60	\$40.00 \$80.00 \$125.00 \$300,000 \$24.00
50 to 54 55 to 59 60 to 64 Employee's Age 40 to 44 45 to 49	\$20.50 \$32.80 \$65.60 \$102.50 \$255,000 \$20.40 \$25.50	\$21.00 \$33.60 \$67.20 \$105.00 \$260,000 \$20.80 \$26.00	\$21.50 \$34.40 \$68.80 \$107.50 \$265,000 \$21.20 \$26.50	\$22.00 \$35.20 \$70.40 \$110.00 <b>Spous</b> \$270,000 \$21.60 \$27.00	\$22.50 \$36.00 \$72.00 \$112.50 <b>e Total Cove</b> \$275,000 \$22.00 \$27.50	\$23.00 \$36.80 \$73.60 \$115.00 <b>erage</b> \$280,000 \$22.40 \$28.00	\$23.50 \$37.60 \$75.20 \$117.50 \$285,000 \$22.80 \$28.50	\$24.00 \$38.40 \$76.80 \$120.00 \$290,000 \$23.20 \$29.00	\$24.50 \$39.20 \$78.40 \$122.50 \$295.000 \$23.60 \$29.50	\$40.00 \$80.00 \$125.00 \$300,000 \$24.00 \$30.00
50 to 54 55 to 59 60 to 64 Employee's Age 40 to 44 45 to 49 50 to 54	\$20.50 \$32.80 \$65.60 \$102.50 \$255,000 \$20.40 \$25.50 \$40.80	\$21.00 \$33.60 \$67.20 \$105.00 \$260,000 \$20.80 \$26.00 \$41.60	\$21.50 \$34.40 \$68.80 \$107.50 \$265,000 \$21.20 \$26.50 \$42.40	\$22.00 \$35.20 \$70.40 \$110.00 <b>Spous</b> \$270,000 \$21.60 \$27.00 \$43.20	\$22.50 \$36.00 \$72.00 \$112.50 <b>e Total Cove</b> \$275,000 \$22.00 \$27.50 \$44.00	\$23.00 \$36.80 \$73.60 \$115.00 <b>erage</b> \$280,000 \$22.40 \$28.00 \$44.80	\$23.50 \$37.60 \$75.20 \$117.50 \$285,000 \$22.80 \$28.50 \$45.60	\$24.00 \$38.40 \$76.80 \$120.00 \$290,000 \$23.20 \$29.00 \$46.40	\$24.50 \$39.20 \$78.40 \$122.50 \$295,000 \$23.60 \$29.50 \$47.20	\$40.00 \$80.00 \$125.00 \$300,000 \$24.00 \$30.00 \$48.00
50 to 54 55 to 59 60 to 64 Employee's Age 40 to 44 45 to 49	\$20.50 \$32.80 \$65.60 \$102.50 \$255,000 \$20.40 \$25.50	\$21.00 \$33.60 \$67.20 \$105.00 \$260,000 \$20.80 \$26.00	\$21.50 \$34.40 \$68.80 \$107.50 \$265,000 \$21.20 \$26.50	\$22.00 \$35.20 \$70.40 \$110.00 <b>Spous</b> \$270,000 \$21.60 \$27.00	\$22.50 \$36.00 \$72.00 \$112.50 <b>e Total Cove</b> \$275,000 \$22.00 \$27.50	\$23.00 \$36.80 \$73.60 \$115.00 <b>erage</b> \$280,000 \$22.40 \$28.00	\$23.50 \$37.60 \$75.20 \$117.50 \$285,000 \$22.80 \$28.50	\$24.00 \$38.40 \$76.80 \$120.00 \$290,000 \$23.20 \$29.00	\$24.50 \$39.20 \$78.40 \$122.50 \$295.000 \$23.60 \$29.50	\$40.00 \$80.00 \$125.00 \$300,000 \$24.00 \$30.00





## **VERIFICATION OF ALTERNATE RETIREMENT PLAN PARTICIPATION**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 53863 (Rev. 09-2021)

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

The North Dakota Public Employees Retirement System (NDPERS) allows a retiree who receives a retirement allowance from a participating political subdivision retirement plan, as approved by the NDPERS Board, to participate in the NDPERS group insurance plan(s) so long as the eligible individual enrolls in the plan under a qualifying event. This form is used by NDPERS to determine if the individual is receiving a retirement allowance from an approved retirement plan. This form must accompany the appropriate retiree insurance application for processing.

## PLEASE READ IMPORTANT INFORMATION PRINTED ON THE BACK OF THIS FORM.

PART A COMPLETED BY MEMBER					
Name (Last, First, Middle)	NDPERS Member ID				
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)				
Plan/Provider Company Name					
Type of Employer Sponsored Plan ☐401(a) ☐401(k) ☐403(b)	457: State of ND Other 457				
A retiree who has accepted a retirement allowance from a participating political participate in the NDPERS group insurance plan(s) or the application for distribute requirements of the Board.					
A copy of the application for distribution of benefits or a current statemen	t must accompany this form.				
I have read this application in its entirety and certify that the information is accuragree that any false statements or omissions may void any Benefit Plans applie					
Member's Signature (Electronic signatures will not be accepted)	Date of Signature				
PART B TO BE COMPLETED BY EMPLOYER/ADMINISTRATOR OF	ALTERNATE RETIREMENT PLAN				
Name of Organization	NDPERS Organization ID				
Plan/Provider Company Name					
Verify Account Type       □401(a)       □401(k)       □403(b)       457: □ State of ND       □	Other 457 plan				
Effective Date of Payment  Payment Status  Reoccuring Payment	☐ Account Closed				
As administrator of the above-named eligible plan, I certify that the member lister retirement plan that meets the requirements for continued participation in the NI information is true and correct.					
Authorized Agent's Signature (Electronic signatures will not be accepted)	Date of Signature				

## VERIFICATION OF ALTERNATE RETIREMENT PLAN PARTICIPATION

SFN 53863 (Rev. 09-2021) Page 2

This contains information regarding the NDPERS group insurance plan(s). This is general information and may not be considered to be a legal interpretation of law. Statements do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board. Please refer to the Certificate of Insurance for complete details.

## **ELIGIBILITY**

To be eligible to continue the NDPERS group insurance plan(s) if enrolled as an active employee or join the Dakota Retiree Plan, dental or vision plans:

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) North Dakota University System only

A member of certain Political Subdivisions, if enrolled in the Dakota Plan as an active employee, and:

Receiving a "retirement allowance" from a NDPERS Board approved employer sponsored retirement plan, such as:

- 401(a) 401(k)
- 403(b) 457

A retiree continuing coverage from active employment in the Dakota Plan can continue coverage for 18 months of (COBRA). After COBRA ends, if the retiree or spouse is not eligible for Medicare, the retiree will need to find health insurance coverage outside of NDPERS until they or their spouse is Medicare eligible.

#### **ENROLLMENT**

A member who is receiving a qualified retirement allowance must apply within 31 days from any one of the following "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 lumpsum 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.
- 5. Marriage
- 6. Birth, adoption, or appointment of children for legal guardianship.

#### For health insurance coverage:

A retiree may be determined 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 benefits prior to July 2015. Eligibility based upon if a member was receiving benefits prior to July 2015 will be verified at the time of enrollment.

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.



## RETIREE HEALTH INSURANCE WITH MEDICARE APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 59562 (Rev. 04-2024)

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

PART A MEMBER INFORMATION			
Member Name (Last, First, Middle)			NDPERS Member ID
Last Four Digits of Social Security Number			Date of Birth (mm/dd/yyyy)
Spouse Name (Last, First, Middle)			
Address	City	State	ZIP Code
Home/Personal Email Address		Home/Cell Tele	phone Number
ELIGIBLE RETIREMENT GROUP (select one)  ☐ NDPERS ☐ NDHPRS ☐ Job Service ☐ NDPERS Defined Contribution ☐ Alternate  PART B LEVEL OF COVERAGE – CHOOSE	Retirement System	☐ TIAA	☐ Ex-Legislator
I decline health insurance coverage at this time	DE ONE		
☐ Single Coverage (Self Only)			
Family Coverage (Self and other eligible family mer	nbers)		
PART C EFFECTIVE DATE & REASON			
Effective Date of Change (mm/dd/yyyy)			
Actual effective date of coverage will	be determined by NDPE	RS based on pla	n provisions.
New Retiree			
Change Payment Method (complete Part G)			
Medicare Eligible			
Surviving Spouse			
Marriage (Date of Marriage//			
Loss of Other Coverage (Attach a Certificate of Cred			
Transfer from existing NDPERS policy. Current policy	yholder name & PERSL	ink ID:	
Remove Dependent/Spouse			
☐ Add Dependent/Spouse Is this an adult child? ☐	〗No □Yes  If yes, pleas	e answer the follo	wing question.
ls adult child disabled?	]No  ☐Yes If yes, comp	lete SFN 58556 a	nd SFN 58798.
PART D DEPENDENT INFORMATION			
List all family members to be covered under the plan.	other than vourself:		

- a. Indicate <u>dependent's address</u> below name if address is different from yours.
- b. Relationship: Spouse, child, stepchild, adopted child, legal guardian, or grandchild.
- c. If you are adding a <u>grandchild</u>, submit Grandchild Eligibility Verification SFN 60983 and copy of the child's birth certificate.

Last Name	First Name	Middle Name	Date of	Gender	Relationship	Marital	Medicare	Medicare	Effective
			Birth			Status	Part A*	Part B*	Date
					Chausa		YES	_	A:
					Spouse		☐ NO	□ NO	B:
							YES		A:
							□ NO	□ NO	B:
							YES	_	A:
							□ NO	☐ NO	B:
							YES	☐ YES ☐ NO	A:
					□ NO		B:		

# RETIREE HEALTH INSURANCE WITH MEDICARE APPLICATION SFN 59562 (Rev. 04-2024) Page 2

		NAL DISEASE								
				Medicare due to End Stag determine eligibility under l	e Renal Disease? If yes, attach a notice Medicare regulations.					
□No □Yes, Date of Initial Diagnosis:/(mm/dd/yyyy)										
PART F OTH	IER COVER	AGE INFORMATIO	N							
If you are newly enro	lling or updatir	ng your health insura	nce due to	loss of coverage, this se	ection must be completed. Attach a					
Certificate(s) of Cove	Certificate(s) of Coverage or other documentation from your insurance company showing the coverage end dates and									
individuals insured. I	Failure to pro	vide documentation	n may affe	ct eligibility to enroll/u <sub>l</sub>	odate your insurance.					
· · · · · · · · · · · · · · · · · · ·	, ,		s currently	or were previously cover	red by another insurance benefit					
	o, skip to next									
		nplete this section								
Other Coverage Name & Phone Number	Policy Number	Policyholder (Last, First, Middle)	Date of Birth	Policy Coverage Dates (mm/dd/yyyy)	Name(s) of Person(s) Covered					
& I Holle Nullibel	Number	(Last, First, Middle)	Dirtii	From						
				То						
				From						
				То						
		(1)								
Do you intend to keep y ☐Yes ☐No	our current polic	cy(les) in force after the	effective da	ate of this Application?						
If no, why?										
Workers' Compensation										
Are you, your spouse or	any of your Elig	gible Dependents currei	ntly receivin	g or have received worker's	s compensation benefits?					
Are you, your spouse or	any of your Elic	gible Dependents currer	ntly receivin	g no-fault benefits?						
No Tyes		•	-	~						

## NOTICE TO MEMBER

Please refer to the "Dakota Plan & Dakota Retiree Plan" information.

\*If you checked YES for any dependents in Part D, in order to be eligible for coverage, you MUST submit a photocopy of each dependent's Medicare ID card showing Parts A & B. Each individual must complete the NDPERS Medicare Prescription Drug Plan (PDP) Applicant Enrollment Form.

The NDPERS Medicare Prescription Drug Plan (PDP) Applicant Enrollment Form SFN 58860 <u>cannot be signed or</u> submitted to NDPERS more than 90 days prior to the requested effective date of coverage.

# RETIREE HEALTH INSURANCE WITH MEDICARE APPLICATION SFN 59562 (Rev. 04-2024) Page 3

Signature of Applicant (Electronic Signature will not be accepted)

## PART G PAYMENT METHOD

If you are drawing a pension from a NDPERS defined benefit plan (NDPERS or Job Service Retirement Plan) or the Teacher's Fund for Retirement (TFFR), your health insurance premium may be deducted from your pension check. If your pension check is not large enough, your health insurance premiums must be withheld from a bank account by completing the bank information section below.

If you are drawing a pension from TIAA or the NDPERS Defined Contribution Plan or you are an ex-legislator, your health insurance premiums must be withheld from a bank account. Please complete the bank information section below.

NDPERS does not direct bill for premiums. Failure to remit your premium by the due date of the 1st of the month will result in loss of COBRA continuation coverage. Deduct from Pension Check\* (only available for retirees of the following plans). Please indicate which retirement plan: □ NDPERS □ TFFR Withhold from bank account. Complete the information below and on page 2. Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible. NDPERS requires that the same bank account be used for all insurance premiums with that same payment method. Payment method elected for health insurance will apply to applicable Part D enrollment(s). Financial Institution Name Financial Institution Routing Number (must be 9 digits) **Checking Account Number** Savings Account Number Attach a Voided Check Here for Checking Account (Optional). Deposit slips will not be accepted. **CANCELLATION POLICY** To cancel NDPERS group insurance coverage, a written request with member signature must be submitted along with one Prescription Drug Plan (PDP) Disenrollment-SFN 58861 for each family member insured under the Part D plan through NDPERS. The request must provide the contract holder's name, last four digits of social security number or NDPERS Member ID, 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. NDPERS cannot cancel a policy for a partial month or do a retroactive cancellation of a policy. PART H MEMBER AUTHORIZATION I authorize the Social Security Administration to furnish Sanford Health Plan with medical or other information acquired under the Title XVIII Program (MEDICARE) during the periods my contracts are in force. I authorize Sanford Health Plan, or its agent to receive medical information from physicians, hospitals, and other health care providers in order to assure appropriateness of claims payment. I read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any Benefit Plans insured based on this application.

Date Signed





# MEDICARE PRESCRIPTION DRUG PLAN (PDP) APPLICANT ENROLLMENT FORM

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 58860 (Rev. 02-2024)

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

## PART A RETIRED MEMBER INFORMATION

Member's Name (Last, First, Middle)		NDPERS Member ID							
PART B APPLICANT INFORMATION AND EFFECTIVE DATE									
Name of Applicant Requesting PDP I	Enrollment (La	ast, Fir	st, Middle)	Applicant NI	DPERS Member	· ID			
Applicant Last Four Digits of Social S	ecurity Numb	er	er Applicant Date of Birth (mm/						
Requested Effective Date									
PART C PERMANENT RESIDENCE ADDRESS & TELEPHONE NUMBER									
Street Address				PO Box					
City	State		Zip Code	Telephone	Telephone Number				
PART D PROVIDE YOUR MI		SURA	NCE INFORM	ATION					
Please take out your Medicare Card this section.	to complete		MEDICARE		HEALTH INSUR	ANCE			
			MEDICARE	UBA	TILALITTINSON	ANCL			
<ul> <li>Please fill in these blanks so the your red, white, and blue Medica</li> </ul>		NAME OF BENEFICIARY:							
Attach a copy of your Medicare of letter from the Social Security Act		MEDICARE CLAIM NUMBER			SEX				
or Railroad Retirement Board.									
You must have Medicare Part A & join the NDPERS Medicare prescri		IS EI	NTITLED TO		EFFECTIVE	DATE			
plan.		HOS	PITAL (PART A	<b>A</b> )	/				
		MED	ICAL (PART B	)					

**Humana Group Medicare** (PDP) contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and B coverage in order to qualify for this plan. You must inform your former employer of any other prescription drug coverage you may have.

You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage, or an individual Medicare Advantage Plan, your enrollment in Humana Group Medicare may end that enrollment.

You can join a new Medicare prescription drug plan or Medicare health plan from October 15 to December 7. Except in special cases, you cannot join a new plan at any other time of the year. If you leave this plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may be required to pay a late enrollment penalty (LEP) if you go 63 days or more without Medicare Part D coverage or other creditable prescription drug coverage.

Some people may have to pay an extra premium amount because of their yearly income. If you have to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1.800.772.1213. TTY users call 1.800.325.0778.

Medicare beneficiaries with low or limited income and resources may qualify for Extra Help. If you qualify, your Medicare prescription drug plan costs will be less. Once you are enrolled in this drug plan, Medicare will tell the plan how much assistance you will receive and Humana Group Medicare will send you information on the amount you will pay. If you are not currently receiving Extra Help, you can contact 1.800.MEDICARE (1.800.633.4227) to see if you might qualify. TTY users call 1.877.486.2048.

Once you are a member of this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. Read your *Evidence of Coverage* to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

This information is not a complete description of benefits. Contact Humana Group Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium (if applicable) and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

## Release of Information

By joining this Medicare prescription drug plan, I acknowledge that Humana Group Medicare can release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.

I also acknowledge that Humana Group Medicare can release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations.

I understand this enrollment form cannot be signed or submitted more than <u>90 days prior</u> to the effective date of coverage.

Signature of Applicant Enrolling in NDPERS PDP (Electronic signatures will not be accepted)	Today's Date

Humana Group Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Humana Group Medicare depends on contract renewal.

PDF form cannot be signed, dated, or submitted to NDPERS 90 days prior to the requested effective date of coverage.



# RETIREE DENTAL/VISION INSURANCE ENROLLMENT, CHANGE, OR CANCEL

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53504 (Rev. 06-2024)

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

PART A MEMBER INFORMATION						
Member Name (Last, First, Middle)	NDPERS Member ID					
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)					
Spouse Name (Last, First, Middle)						
Address, City, State, ZIP Code						
Home/Cell Phone Number	Home/Personal Email Address					
ELIGIBLE RETIREMENT GROUP (select one)  ☐ NDPERS ☐ NDHPRS ☐ Job Service ☐  ☐ NDPERS Defined Contribution ☐ Alternate Retirement Sy  PART B LEVEL OF COVERAGE	TFFR					
Both Insurance options below must be completed:						
Dental Insurance: ☐ Retiree Only ☐ Retiree+Spouse ☐ Retiree  Vision Insurance: ☐ Retiree Only ☐ Retiree+Spouse ☐ Retiree	• • —					
PART C EFFECTIVE DATE & REASON						
Effective Date of Change (mm/dd/yyyy)						
Change Reason  New Coverage (Select a Reason): New Retiree Medicare Eligible Surviving Spouse  Marriage (Date of Marriage/)  Loss of Other Coverage (Complete Part E. Must include Certificate of Creditable Coverage)  Transfer from existing NDPERS policy. Current policyholder name & PERSLink ID:  Remove Dependent/Spouse  Add Dependent/Spouse: Is this an adult child? No Yes. If Yes, please answer the following questions.  Is adult child disabled? No Yes If Yes, complete SFN 58856 and SFN 58798.						
PART D DEPENDENT INFORMATION						
List all family members to be covered under the plan, <u>other than your</u> a. Indicate <u>dependent's address</u> below name if address is different from you b. <u>Relationship</u> : Spouse, child, stepchild, adopted child, legal guardian, or c. If you are adding a grandchild, submit Grandchild Eligibility Verification S	ours. grandchild.					

\*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

Dependent Name (last, first, middle) If address is different than subscriber,	Relationship	Gender	Date	Social Security	_	Ordered erage	Active Military	
indicate address under name	7		of Birth	Number*	No	Yes	No	Yes
	Spouse				N/A			

## RETIREE DENTAL/VISION INSURANCE ENROLLMENT/CHANGE

☐No, skip to next section

SFN 53504 (REV. 06-2024) Page 2 of 3

plan(s)?

## PART E OTHER DENTAL OR VISION COVERAGE INFORMATION

If you are newly enrolled or updating your dental or vision insurance due to loss of coverage, this section must be completed. Attach a Certificate(s) of Coverage or other documentation from your insurance company showing the coverage end dates and individuals insured. **Failure to provide documentation may affect eligibility to enroll/update your insurance.** 

Are you, your spouse or any of your Eligible Dependents currently or were previously covered by another insurance benefit

Do you intend to keep your current policy(ies) in force after the effe	ctive date of this Application?					
□Yes □No						
If no, why?						
Workers' Compensation/No-Fault						
Are you, your spouse or any Eligible Dependents currently receiving or have received worker's compensation benefits?   No Yes Are you, your spouse or any Eligible Dependents currently receiving no-fault benefits?   No Yes						
PART F PAYMENT METHOD						
If you are drawing a pension from a NDPERS defined benefit plan (NDPERS or Job Service Retirement Plan) or the Teacher's Fund for Retirement (TFFR), your insurance premium(s) may be deducted from your pension check. If your pension check is not large enough, you can have the premium withheld from a banking account by completing the bank information section below.						
If you are drawing a pension from TIAA or the NDPERS Defined Contribution Plan or you are an ex-legislator, your insurance premium(s) must be withheld from a bank account. Please complete the bank information section below.						
NDPERS does not direct bill for premiums. Failure to remit your premium by the due date of the 1st of the month may result in cancellation of coverage.						
□ Deduct from Pension Check* (only available for retirees of the following plans). Please indicate which retirement plan: □ NDPERS □ TFFR □ Withhold from bank account. Complete the information below. Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.  NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.						
Financial Institution Name  Financial Institution Routing Number (must be 9 digit						
☐ Checking Account Number	Savings Account Number					
Attach a Voided Check Here for Checking Account (Optional). Deposit slips will not be accepted.						

## RETIREE DENTAL/VISION INSURANCE ENROLLMENT/CHANGE

SFN 53504 (REV. 06-2024) Page 3 of 3

## **CANCELLATION POLICY**

To cancel NDPERS group insurance coverage, a written cancellation request must be submitted by the end of the month prior to the effective date. The cancellation request must include the member's name, NDPERS member ID, last four digits of social security number, and effective date. Partial month or retroactive cancellations will not be accepted.

## PART G MEMBER AUTHORIZATION

To the best of my knowledge and belief, the information I have provided on this form is correct. I understand that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime. I understand my coverage begins on the effective date assigned by the carrier. If canceling coverage, I understand I will be responsible to request reimbursement from RHIC vendor for my retiree health insurance credit, if any.

I have read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any benefit plans insured based on this application.

Signature of Applicant (Electronic Signature will <u>not</u> be accepted)

Date Signed





## RETIREE LIFE INSURANCE APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM SFN 53622 (Rev. 08-2024)

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

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 Email Address	Telephone Number						
ELIGIBLE RETIREMENT GROUP       (select one)         □ NDPERS       □ NDHPRS       □ Job Service         □ NDPERS Defined Contribution       □ Alternate Retire	<u> </u>						
PART B NDPERS GROUP LIFE INSURANCE							
Effective Date (mm/dd/yyyy)							
☐ I elect NOT to Continue my Group Life Insurance							
☐ I elect <u>To</u> continue my Group Life Insurance: (Check appropriate ☐ Basic Life	te coverages below						
☐ Supplemental Life*: ☐ At Current Level of Cove	<u> </u>						
Dependent Life*: At Current Level of Cove	· · · · · · · · · · · · · · · · · · ·						
☐ Spouse Supplemental Life*: ☐ At Current Level of Cove	rage  At a Reduced Level of Coverage: \$00  ne more than 50% of the total member life insurance.						
* Any supplemental coverage will end when the member turns 65. Carrier m							
☐ Beneficiary(ies) Update							
PART C PAYMENT METHOD							
Fund for Retirement (TFFR), your insurance premium(s) may	plan (NDPERS or Job Service Retirement Plan) or the Teacher's be deducted from your pension check. If your pension check is not king account by completing the bank information section below.						
f you are drawing a pension from TIAA or the NDPERS Defin- premium(s) must be withheld from a bank account. Please co	ed Contribution Plan or you are an ex-legislator, your insurance mplete the bank information section below.						
NDPERS does not direct bill for premiums. Failure to remit y	our premium by the due date of the 1st of the month may result						
n cancellation of coverage.	•						
Deduct from Pension Check* (only available for retirees o	— · · · · · · · · · · · · · · · · · · ·						
Please indicate which retirement plan: NDPERS TFFR							
Withhold from bank account. Complete the information be Form will be returned if information provided is illegible.	low. Please write clearly and verify information for accuracy.						
NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.							
Financial Institution Name	Financial Institution Routing Number (must be 9 digits)						
Checking Account Number	Savings Account Number						
Attach a Voided Check Here for Checking Account (Optional).  Deposit slips will not be accepted.							

## RETIREE LIFE INSURANCE APPLICATION

SFN 53622 (REV. 08-2024) Page 2 of 3

## PART D DESIGNATION OF BENEFICIARY

In compliance with the Federal Privacy Act of 1974 the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

Enter percent share for each beneficiary. The total <u>must equal 100%</u>. If the total share does not equal 100%, I grant NDPERS the authority to amend each of my beneficiary designations (up to +/-1%) with up to a 1% difference being credited to the eldest for any uneven split. If beneficiaries are listed but no shares designated, I grant NDPERS the authority to divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest if there is any uneven split.

PRIMARY BENEFICIARY(IES) – Total must equal 100%									
		Social							
Name	Relationship	Security #	Birth	date	% Share	Address and Phone Number			
		,							
SECONDARY BENEFICIARY(IES) – Total must equal 100%									
		Social							
Name	Relationship	Security #	Birth	date	% Share	Address and Phone Number			
PART E MEMBER AUTHORIZATIO	NI .								
		al bospitals and at	har madia	al cara	inctitution inc	ourors, modical or bospital convice			
I authorize all physicians and other medical professional, hospitals, and other medical care institution, insurers, medical or hospital service and prepaid health plans, employers and group policyholders, contract holders or benefit plan administrators to provide ING Employee									
Benefits and any benefit plan administrator, consumer reporting agencies, attorneys and independent claim administrators action on ING									
Employee Benefits behalf with information concerning medical care, advice, treatment or supplies provide the patient including information									
on mental illness and any employment related information regarding the Patient. This information will be used for the purpose of evaluating									
and administering claims for benefits. I understand the carrier will offer to port my term life policy(ies) or convert to a whole life policy(ies). I									
understand that if I elect to continue my coverage through NDPERS, I cannot port or convert the coverage with the carrier.									
Lroad this application in its antiraty and cartify the information is accurate and complete. Lunderstand and caree that any false statements									
I read this application in its entirety and certify the information is accurate and complete. I understand and agree that any false statements or omissions may void any Benefit Plans insured based on this application.									
Signature of Applicant (Electronic Signatures will not be accepted)				Date Signed					
	-	. ,			-				

Please review Page 3 for Additional Information and Instructions

## PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

#### Part A Member Information

For member identification, please provide all requested information. Indicate which group you are a member of in order to enroll in the retiree life insurance.

## Part B NDPERS Group Life Insurance

Indicate the effective date of your election.

Check the appropriate box(es) to elect the levels of coverage you had as an active employee and wish to continue. You must continue the basic life to continue the employee supplemental, the employee supplemental to continue dependent life, and the dependent life to continue spouse supplemental. Any box NOT checked will be considered an automatic cancellation of coverage.

Check the appropriate box(es) to either maintain the same level of coverage you had as an active employee or elect to decrease your level of coverage. NOTE: YOU CANNOT INCREASE ANY LEVELS OF COVERAGE AS A RETIREE.

Please note that any supplemental insurances will end when the member turns 65; at which time, the carrier may offer to port the term life policy(ies) or convert to a whole life policy(ies).

## Part C Payment Method

If continuing coverage, indicate your preferred method of payment. If selecting deduct from pension check, please indicate which retirement plan you would like to withhold the premium from. If selecting withhold from bank account, please provide the bank information and/or voided check you would like to withhold the premium from. NDPERS requires that the same bank account be used for all premiums with that same payment method.

## Part D Designation of Beneficiary

Use full legal name. (Example: "Anna May Smith," not Mrs. John Smith")

A member may designate contingent beneficiary(ies) who will receive benefits if all primary beneficiary(ies) predecease member.

If you have more than three designated beneficiaries in either the primary or contingent beneficiary sections, please submit a typed attachment and include your name, NDPERS Member ID or last four digits of your Social Security number, birthdate, signature, and date.

The benefit will be distributed as directed by the designation. Enter percent share for each beneficiary. All beneficiary designations shall equal 100% of the benefit. If the total share does not equal 100%, NDPERS shall amend each beneficiary's allocation (up to 1% increase or decrease) to reach the 100% total. If beneficiaries are listed but no shares designated, NDPERS will divide shares equally between all beneficiaries with up to a 1% difference being credited to the eldest if there is any uneven split.

If a named beneficiary does not survive, the share will be distributed among any surviving beneficiaries in proportion to the shares designated. As this distribution may not reflect the member's preference, we recommend the member be sure to designate the percent of share for each listed beneficiary and that the total equals 100%.

Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established.

#### **ESTATE DESIGNATION**

If an estate is named, specify whose estate such as: "Estate of the Insured." Full name and address of the executor must be included.

#### TRUSTEE DESIGNATION

- Trustee under the last will and testament of the insured, or his/her successors in trust, PROVIDED, HOWEVER, that if no claim is
  made by the Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament
  containing the trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this
  policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
- 2. "The \_\_\_\_\_ Trust Company, trustee under written trust agreement date (month, date, year) \_\_\_\_\_, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability." Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

#### Part E Member Authorization

You must sign and date this section for this form to be valid. Electronic Signatures will not be accepted