



**NORTH DAKOTA  
PUBLIC EMPLOYEES  
RETIREMENT SYSTEM**

# Board Meeting Agenda

**Location:** WSI Board Room, 1600 East Century Avenue, Bismarck ND  
By phone: 701.328.0950 Conference ID: 800 755 312#  
**Date:** **Friday, February 7, 2025**  
**Time:** 2:00 P.M. [Join the meeting now](#)

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## **I. MINUTES**

- A. January 6, 2025
- B. January 17, 2025 Special Meeting

## **II. CONFLICT OF INTEREST DISCLOSURE CONSIDERATION**

## **III. LEGISLATION / ADMINISTRATIVE RULES**

- A. Legislation – Rebecca (Board Action)

## **IV. OPERATIONS / ADMINISTRATIVE WITH BOARD ACTION**

- A. Committee Assignments – Rebecca (Board Action)

## **V. PRESENTATIONS**

- A. Sanford Health Plan Updates
  - 1. Merger with Marshfield Clinic Health Systems
  - 2. Executive Summary 2024 Quarter 3

## **VI. DEFINED CONTRIBUTION PLAN IMPLEMENTATION**

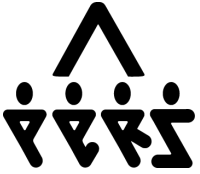
- A. House Bill 1040 Implementation Update – Rebecca (Information)

## **VII. GROUP INSURANCE / FLEXCOMP**

- A. Insurance Updates – Lindsay (Information)

## **VIII. OPERATIONS / ADMINISTRATIVE WITHOUT BOARD ACTION**

- A. Contracts Under \$10,000 – Rebecca (Information)
- B. Budget Status – Derrick (Information)
- C. Next meeting date Tuesday March 4, 2025 at 8:30 A.M.



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Public Employees Retirement System**  
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# Memorandum

**TO:**                   NDPERS Board

**FROM:**               Rebecca

**DATE:**               February 7, 2025

**SUBJECT:**           Legislation

Since we last met on January 17, 2025, there have been additional bills introduced that could impact NDPERS that staff would like direction from the Board for testimony preparation.

Bill	Attachment	Summary/Description
HB 1234	Attachment 1	Relating to the transfer of funds (\$135 M) from the SIF to the PERS trust.
HB 1543	Attachment 2	Provides that legislative management consider a study regarding prescription drug pricing and the maximum fair price as determined by the federal government.
SB 2370	Attachment 3	Insulin & Diabetic Supplies Cap (same as HB 1114)

Staff will continue to monitor bills as they are introduced and will bring forward any additional bills for discussion at the meeting.

In addition, staff wanted to provide an update on HB 1146 which has been amended (Attachment 4) since our last discussion on it. The amendments to the bill were to add an emergency clause application to Section 4, to allow the state to transfer to the main plan a lump sum amount equal to or greater than the ADEC total to be paid by the state governmental units for the biennium, and to add additional clarifying language regarding the investment solutions that the Board must provide as investment solutions within the defined contribution plan.

Staff also wanted to provide an update regarding bills that we've previously discussed that have passed one chamber. They are:

Bill	Status	Summary/Description	Sponsor	Board Position
HB 1031	Passed House	Section 10 cleans up 54-42 reference (same as PERS technical correction cleanup)	Legislative Management	In support of
HB 1077	Passed House	Clarify definition of Security Officer for National Guard	GVA at request of Adjutant General	Neutral
HB 1112	Passed House	Public Safety – revises definition of firefighter	GVA at request of ND State Forester	Neutral
HB 1113	Passed House	457 Administrative Fees	NDPERS	In support of
HB 1177	Passed House	Public Safety – revises definition of correctional officer (not completed course)	Representative Porter	Neutral
SB 2119	Passed Senate	Disability Benefit Application	NDPERS	In support of
SB 2120	Passed Senate	Highway Patrol Retirement Plan Cash Infusion	NDPERS	In support of
SB 2121	Passed Senate	Technical Corrections (amended)*	NDPERS	In support of

**Board Action Requested:**

Advise staff of the position to take on:

- 1) HB 1234 (transfer of funds from SIIF into PERS)
- 2) HB 1543 (prescription drug study)
- 3) SB 2370 (insulin & diabetic supplies – same as HB 1114)
- 4) Direction on any additional bills that impact NDPERS introduced prior to the Board meeting

25.0432.02000

Sixty-ninth  
Legislative Assembly  
of North Dakota

**FIRST ENGROSSMENT**

**ENGROSSED HOUSE BILL NO. 1234**

Introduced by

Representatives Dockter, Bosch, Schauer, Stemen, Lefor

Senators Dever, Roers

1 A BILL for an Act to provide a transfer from the strategic investment and improvements fund to  
2 the public employees retirement system main plan.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. TRANSFER - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND TO**  
5 **PUBLIC EMPLOYEES RETIREMENT SYSTEM FUND.** The office of management and budget  
6 shall transfer the sum of \$135,000,000 from the strategic investment and improvements fund to  
7 the public employees retirement system fund, for the purpose of reducing the unfunded liability  
8 of the public employees retirement system main system defined benefit plan, during the  
9 biennium beginning July 1, 2025, and ending June 30, 2027.

25.1305.01000

Sixty-ninth  
Legislative Assembly  
of North Dakota

**HOUSE BILL NO. 1543**

Introduced by

Representatives Meier, K. Anderson, Bolinske, Dobervich, Frelich, Heinert, Holle, Rohr,  
Weisz

Senators Cleary, Dever, Hogan

1 A BILL for an Act to provide for a legislative management study regarding prescription drug  
2 pricing and the maximum fair price as determined by the federal government.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. LEGISLATIVE MANAGEMENT STUDY - PRESCRIPTION DRUG PRICING.**

5 1. During the 2025-26 interim, the legislative management shall consider studying  
6 prescription drug pricing or the maximum fair price for a drug as published by the  
7 secretary of the United States department of health and human services.

8 2. The study must include consideration of federal drug price negotiations under the  
9 Federal Inflation Reduction Act of 2022 [Pub. L. 117-169; 26 U.S.C. 55 et seq.] and  
10 overlap with current drugs paid for by the public employees retirement system to  
11 determine usage and potential cost-savings to the state and consumers.

12 3. The study must include input from:

13 a. The public employees retirement system;

14 b. The insurance commissioner;

15 c. The state board of pharmacy; and

16 d. Other stakeholders.

17 4. The legislative management shall report its findings and recommendations, together  
18 with any legislation necessary to implement the recommendations, to the seventieth  
19 legislative assembly.

25.1364.01000

Sixty-ninth  
Legislative Assembly  
of North Dakota

**SENATE BILL NO. 2370**

Introduced by

Senators Cleary, Dever, Mathern

Representative McLeod

1 A BILL for an Act to create and enact a new section to chapter 26.1-36 of the North Dakota  
2 Century Code, relating to individual and group health insurance coverage of insulin drugs and  
3 supplies; and to amend and reenact section 54-52.1-04.18 of the North Dakota Century Code,  
4 relating to health insurance benefits coverage of insulin drugs and supplies.

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1.** A new section to chapter 26.1-36 of the North Dakota Century Code is created  
7 and enacted as follows:

8 **Health insurance benefits coverage - Insulin drug and supply out-of-pocket**  
9 **limitations.**

10 1. As used in this section:

11 a. "Insulin drug" means a prescription drug that contains insulin and is used to treat  
12 a form of diabetes mellitus. The term does not include an insulin pump, an  
13 electronic insulin-administering smart pen, or a continuous glucose monitor, or  
14 supplies needed specifically for the use of such electronic devices. The term  
15 includes insulin in the following categories:

- 16 (1) Rapid-acting insulin;
- 17 (2) Short-acting insulin;
- 18 (3) Intermediate-acting insulin;
- 19 (4) Long-acting insulin;
- 20 (5) Premixed insulin product;
- 21 (6) Premixed insulin/GLP-1 RA product; and
- 22 (7) Concentrated human regular insulin.

23 b. "Medical supplies for insulin dosing and administration" means supplies needed  
24 for proper insulin dosing, as well as supplies needed to detect or address medical

1 emergencies in an individual using insulin to manage diabetes mellitus. The term  
2 does not include an insulin pump, an electronic insulin-administering smart pen,  
3 or a continuous glucose monitor, or supplies needed specifically for the use of  
4 such electronic devices. The term includes:

5 (1) Blood glucose meters;

6 (2) Blood glucose test strips;

7 (3) Lancing devices and lancets;

8 (4) Ketone testing supplies, such as urine strips, blood ketone meters, and  
9 blood ketone strips;

10 (5) Glucagon, in injectable and nasal forms;

11 (6) Insulin pen needles; and

12 (7) Insulin syringes.

13 c. "Pharmacy or distributor" means a pharmacy or medical supply company, or  
14 other medication or medical supply distributor filling a prescription.

15 2. An insurance company, nonprofit health service corporation, or health maintenance  
16 organization may not deliver, issue, execute, or renew any health insurance policy,  
17 health service contract, or evidence of coverage on an individual, group, blanket,  
18 franchise, or association basis unless the policy, contract, or evidence of coverage  
19 provides benefits for insulin drug and medical supplies for insulin dosing and  
20 administration which complies with this section.

21 3. The health benefit plan must limit out-of-pocket costs for a thirty-day supply of:

22 a. Covered insulin drugs, which may not exceed twenty-five dollars per pharmacy or  
23 distributor, regardless of the quantity or type of insulin drug used to fill the  
24 covered individual's prescription needs.

25 b. Covered medical supplies for insulin dosing and administration, the total of which  
26 may not exceed twenty-five dollars per pharmacy or distributor, regardless of the  
27 quantity or manufacturer of supplies used to fill the covered individual's  
28 prescription needs.

29 4. The health benefit plan may not allow a pharmacy benefits manager or the pharmacy  
30 or distributor to charge, require the pharmacy or distributor to collect, or require a  
31 covered individual to make a payment for a covered insulin drug or medical supplies

1           for insulin dosing and administration in an amount exceeding the out-of-pocket limits  
2           under subsection 3.

3        5. The health benefit plan may not impose a deductible, copayment, coinsurance, or  
4        other cost-sharing requirement that causes out-of-pocket costs for prescribed insulin  
5        or medical supplies for insulin dosing and administration to exceed the amount under  
6        subsection 3.

7        6. Subsection 3 does not require the health benefit plan to implement a particular cost-  
8        sharing structure and does not prevent the limitation of out-of-pocket costs to less than  
9        the amount specified under subsection 3. This section does not limit whether the  
10       health benefit plan classifies an insulin pump, an electronic insulin-administering smart  
11       pen, or a continuous glucose monitor as a drug or as a medical device or supply.

12       7. If application of subsection 3 would result in the ineligibility of a health benefit plan that  
13       is a qualified high-deductible health plan to qualify as a health savings account under  
14       section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of  
15       subsection 3 do not apply with respect to the deductible of the health benefit plan until  
16       after the enrollee has met the minimum deductible under section 26 U.S.C. 223.

17       8. This section does not apply to the Medicare part D prescription drug coverage plan.

18        **SECTION 2. AMENDMENT.** Section 54-52.1-04.18 of the North Dakota Century Code is  
19 amended and reenacted as follows:

20        **54-52.1-04.18. Health insurance benefits coverage - Insulin drug and supply out-of-**  
21 **pocket limitations. (Expired effective July 31, 2025)**

22        1. ~~As used in this section:~~

23           a. ~~"Insulin drug" means a prescription drug that contains insulin and is used to treat~~  
24           ~~a form of diabetes mellitus. The term does not include an insulin pump, an~~  
25           ~~electronic insulin-administering smart pen, or a continuous glucose monitor, or~~  
26           ~~supplies needed specifically for the use of such electronic devices. The term~~  
27           ~~includes insulin in the following categories:~~

28                   (1) ~~Rapid-acting insulin;~~

29                   (2) ~~Short-acting insulin;~~

30                   (3) ~~Intermediate-acting insulin;~~

31                   (4) ~~Long-acting insulin;~~



- 1                   (5) Premixed insulin product;
- 2                   (6) Premixed insulin/GLP-1 RA product; and
- 3                   (7) Concentrated human regular insulin.
- 4           b. ~~"Medical supplies for insulin dosing and administration" means supplies needed~~  
5                   ~~for proper insulin dosing, as well as supplies needed to detect or address medical~~  
6                   ~~emergencies in an individual using insulin to manage diabetes mellitus. The term~~  
7                   ~~does not include an insulin pump, an electronic insulin-administering smart pen,~~  
8                   ~~or a continuous glucose monitor, or supplies needed specifically for the use of~~  
9                   ~~such electronic devices. The term includes:~~
  - 10                   (1) Blood glucose meters;
  - 11                   (2) Blood glucose test strips;
  - 12                   (3) Lancing devices and lancets;
  - 13                   (4) Ketone testing supplies, such as urine strips, blood ketone meters, and
  - 14                   blood ketone strips;
  - 15                   (5) Glucagon, in injectable and nasal forms;
  - 16                   (6) Insulin pen needles; and
  - 17                   (7) Insulin syringes.
- 18           e. ~~"Pharmacy or distributor" means a pharmacy or medical supply company, or~~  
19                   ~~other medication or medical supply distributor filling a covered individual's~~  
20                   ~~prescriptions.~~
- 21   2. The board shall provide health insurance benefits coverage that provides for insulin  
22           drug and medical supplies for insulin dosing and administration ~~which complies with~~  
23           ~~this section~~ as provided under section 1 of this Act.
- 24   3. ~~The coverage must limit out-of-pocket costs for a thirty-day supply of:~~
  - 25           a. ~~Covered insulin drugs which may not exceed twenty-five dollars per pharmacy or~~  
26                   ~~distributor, regardless of the quantity or type of insulin drug used to fill the~~  
27                   ~~covered individual's prescription needs.~~
  - 28           b. ~~Covered medical supplies for insulin dosing and administration, the total of which~~  
29                   ~~may not exceed twenty-five dollars per pharmacy or distributor, regardless of the~~  
30                   ~~quantity or manufacturer of supplies used to fill the covered individual's~~  
31                   ~~prescription needs.~~

- 1           4.    ~~The coverage may not allow a pharmacy benefits manager or the pharmacy or~~  
2           ~~distributor to charge, require the pharmacy or distributor to collect, or require a~~  
3           ~~covered individual to make a payment for a covered insulin drug or medical supplies~~  
4           ~~for insulin dosing and administration in an amount that exceeds the out-of-pocket limits~~  
5           ~~set forth under subsection 3.~~
- 6           5.    ~~The coverage may not impose a deductible, copayment, coinsurance, or other cost-~~  
7           ~~sharing requirement that causes out-of-pocket costs for prescribed insulin or medical~~  
8           ~~supplies for insulin dosing and administration to exceed the amount set forth under~~  
9           ~~subsection 3.~~
- 10          6.    ~~Subsection 3 does not require the coverage to implement a particular cost-sharing~~  
11          ~~structure and does not prevent the limitation of out-of-pocket costs to less than the~~  
12          ~~amount specified under subsection 3. Subsection 3 does not limit out-of-pocket costs~~  
13          ~~on an insulin pump, an electronic insulin-administering smart pen, or a continuous-~~  
14          ~~glucose monitor. This section does not limit whether coverage classifies an insulin-~~  
15          ~~pump, an electronic insulin-administering smart pen, or a continuous glucose monitor~~  
16          ~~as a drug or as a medical device or supply.~~
- 17          7.    ~~If application of subsection 3 would result in the ineligibility of a health benefit plan that~~  
18          ~~is a qualified high-deductible health plan to qualify as a health savings account under~~  
19          ~~section 223 of the Internal Revenue Code [26 U.S.C. 223], the requirements of~~  
20          ~~subsection 3 do not apply with respect to the deductible of the health benefit plan until~~  
21          ~~after the enrollee has satisfied the minimum deductible under section 26 U.S.C. 223.~~
- 22          8.    ~~This section does not apply to the Medicare part D prescription drug coverage plan.~~

**PROPOSED AMENDMENTS TO**

**Attachment 4**

**HOUSE BILL NO. 1146**

Introduced by

Representatives Lefor, Dockter, Schauer, Stemen, M. Ruby

Senators Davison, Dever, Hogue

1 A BILL for an Act to amend and reenact sections 54-52-02.1, 54-52-06, 54-52.6-01,  
2 54-52.6-02.2, 54-52.6-05, and 54-52.6-09.5 of the North Dakota Century Code, relating to  
3 employer eligibility to participate in the public employees retirement system defined contribution  
4 retirement plan, employer contribution requirements for the defined benefit and defined  
5 contribution retirement plans, and employee eligibility to elect to transfer to the defined  
6 contribution retirement plan; ~~and~~ to provide for retroactive application; and to declare an  
7 emergency.

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 **SECTION 1. AMENDMENT.** Section 54-52-02.1 of the North Dakota Century Code is  
10 amended and reenacted as follows:

11 **54-52-02.1. Political subdivisions authorized to join public employees retirement**  
12 **system.**

13 1. A political subdivision may, on behalf of its permanent employees, on behalf of its  
14 peace officers, firefighters, and correctional officers separately from its other  
15 employees, and permanent noncertified employees only in the case of school districts,  
16 enter agreements with the retirement board for the purpose of extending the benefits  
17 of the public employees retirement system, as provided in this chapter or chapter  
18 54-52.6, to those employees. The agreement may, in accordance with this chapter and  
19 chapter 54-52.6, contain provisions relating to benefits, contributions, effective date,

- 1 modification, administration, and other appropriate provisions as the retirement board  
2 and the political subdivision agree upon, but the agreement must provide:
- 3 a. The political subdivision will contribute on behalf of each eligible employee an  
4 amount equal to that provided in section 54-52-06 or 54-52-06.3 for peace  
5 officers, firefighters, and correctional officers participating separately from other  
6 political subdivision employees.
- 7 b. A portion of the moneys paid by the political subdivision may be used to pay  
8 administrative expenses of the retirement board.
- 9 2. Notwithstanding any other provision of law, a political subdivision having an existing  
10 police or firefighter pension plan may merge that plan into the public employees  
11 retirement system under rules adopted by and in a manner determined by the board.
- 12 3. Notwithstanding any other provision of this chapter, a political subdivision of this state  
13 not currently participating in the public employees retirement system may not become  
14 a participant in the retirement system until an actuarial study is performed under the  
15 direction of the board to calculate the required employer contribution for any past  
16 service liability and the required employer contribution must be an amount determined  
17 sufficient to amortize and fund any past service liability over a period not to exceed  
18 thirty years as determined by the board. Any fees incurred in performing the actuarial  
19 study must be paid for by the political subdivision in a manner determined by the  
20 board.

21 **SECTION 2. AMENDMENT.** Section 54-52-06 of the North Dakota Century Code is  
22 amended and reenacted as follows:

23 **54-52-06. Employer's contribution to retirement plan - Report to the employee**  
24 **benefits programs committee. (Effective through December 31, 2025)**

- 25 1. Each governmental unit shall contribute an amount equal to four and  
26 twelve-hundredths percent of the monthly salary or wage of a participating member.  
27 Governmental unit contributions increase by one percent of the monthly salary or  
28 wage of a participating member beginning with the monthly reporting period of  
29 January 2012; with an additional increase of one percent, beginning with the reporting  
30 period of January 2013; with an additional increase of one percent, beginning with the  
31 monthly reporting period of January 2014; and with an additional increase of

1           one percent, beginning with the monthly reporting period of January 2024. For a  
2           participating member who first enrolls after December 31, 2019, the governmental unit  
3           shall contribute an additional amount equal to one and fourteen-hundredths percent of  
4           the monthly salary or wage of the participating member.

5           2. For those members who elect to exercise their rights under section 54-52-17.14, the  
6           employing governmental unit, or in the case of a member not presently under covered  
7           employment the most recent employing governmental unit, shall pay the associated  
8           employer contribution. If the employee's contribution is paid by the governmental unit  
9           under subsection 3 of section 54-52-05, the employer unit shall contribute, in addition,  
10          an amount equal to the required employee's contribution. Each governmental unit  
11          shall pay the contribution monthly, or in the case of an election made pursuant to  
12          section 54-52-17.14 a lump sum, into the retirement fund from the governmental unit's  
13          funds appropriated for payroll and salary or any other funds available for these  
14          purposes. Any governmental unit failing to pay the contributions monthly, or in the  
15          case of an election made pursuant to section 54-52-17.14 a lump sum, or failing to  
16          otherwise comply with the board's established wage reporting or payroll reporting  
17          process requirements, is subject to a civil penalty of fifty dollars and, as interest,  
18          one percent of the amount due for each month of delay or fraction of a month after the  
19          payment became due. In lieu of assessing a civil penalty or one percent per month, or  
20          both, interest at the actuarial rate of return may be assessed for each month the  
21          contributions are delinquent. If contributions are paid within ninety days of the date the  
22          contributions became due, penalty and interest to be paid on delinquent contributions  
23          may be waived.

24          3. An employer is required to submit contributions for any past eligible employee who  
25          was employed after July 1, 1977, for which contributions were not made if the  
26          employee would have been eligible to become vested had the employee participated  
27          and if the employee elects to join the public employees retirement system. Employer  
28          contributions may not be assessed for eligible service that an employee has waived  
29          pursuant to subsection 1 of section 54-52-05.

- 1           4.   Annually, the board shall report to the employee benefits programs committee the  
2                    contributions necessary, as determined by the actuarial study, to maintain the fund's  
3                    actuarial soundness.

4           **Employer's contribution to retirement plan - Report to the employee benefits**  
5 **programs committee. (Effective after December 31, 2025)**

- 6           1.   a.   As determined by actuarial valuations, each state governmental unit that receives  
7                    budgetary approval from the legislative assembly shall contribute to the defined  
8                    benefit plan an amount on a level percent of compensation basis for all main  
9                    system defined benefit retirement plan employees and all defined contribution  
10                  retirement plan employees sufficient under the actuarial valuation to meet both  
11                  the normal cost plus the actuarially determined amount required to amortize the  
12                  unfunded accrued liability of the main plan over a closed period of thirty and  
13                  one-half years, beginning January 1, 2026, and continuing through June 30,  
14                  2056. By November fifteenth of each even-numbered year the board shall publish  
15                  the contribution rate required under this subsection. The board shall calculate this  
16                  rate based on the July first actuarial report of that year. In lieu of each state  
17                  governmental unit that receives budgetary approval from the legislative assembly  
18                  contributing the additional actuarially determined rate, the legislative assembly  
19                  may authorize a transfer to the public employees retirement system fund in an  
20                  amount equal to or greater than the actuarially determined amount as most  
21                  recently published by the board for the succeeding biennium.  
22                  b.   Each participating political subdivision and state governmental unit that does not  
23                  receive budgetary approval from the legislative assembly shall contribute an  
24                  amount equal to eight and twelve-hundredths percent of the monthly salary or  
25                  wage of a participating member.  
26                  c.   For a participating member who first enrolls after December 31, 2019, a  
27                  participating political subdivision shall contribute an additional amount equal to  
28                  one and fourteen-hundredths percent of the monthly salary or wage of the  
29                  participating member.  
30           2.   For those members who elect to exercise their rights under section 54-52-17.14, the  
31                  employing governmental unit, or in the case of a member not presently under covered

1 employment the most recent employing governmental unit, shall pay the associated  
2 employer contribution. If the employee's contribution is paid by the governmental unit  
3 under subsection 3 of section 54-52-05, the employer unit shall contribute, in addition,  
4 an amount equal to the required employee's contribution. Each governmental unit  
5 shall pay the contribution monthly, or in the case of an election made pursuant to  
6 section 54-52-17.14 a lump sum, into the retirement fund from the governmental unit's  
7 funds appropriated for payroll and salary or any other funds available for these  
8 purposes. Any governmental unit failing to pay the contributions monthly, or in the  
9 case of an election made pursuant to section 54-52-17.14 a lump sum, or failing to  
10 otherwise comply with the board's established wage reporting or payroll reporting  
11 process requirements, is subject to a civil penalty of fifty dollars and, as interest, one  
12 percent of the amount due for each month of delay or fraction of a month after the  
13 payment became due. In lieu of assessing a civil penalty or one percent per month, or  
14 both, interest at the actuarial rate of return may be assessed for each month the  
15 contributions are delinquent. If contributions are paid within ninety days of the date the  
16 contributions became due, penalty and interest to be paid on delinquent contributions  
17 may be waived.

18 3. An employer is required to submit contributions for any past eligible employee who  
19 was employed after July 1, 1977, for which contributions were not made if the  
20 employee would have been eligible to become vested had the employee participated  
21 and if the employee elects to join the public employees retirement system. Employer  
22 contributions may not be assessed for eligible service that an employee has waived  
23 pursuant to subsection 1 of section 54-52-05.

24 4. Annually, the board shall report to the employee benefits programs committee the  
25 contributions necessary, as determined by the actuarial study, to maintain the fund's  
26 actuarial soundness.

27 **SECTION 3. AMENDMENT.** Section 54-52.6-01 of the North Dakota Century Code is  
28 amended and reenacted as follows:

29 **54-52.6-01. Definition of terms.**

30 As used in this chapter, unless the context otherwise requires:

31 1. "Board" means the public employees retirement system board.

- 1        2. "Deferred member" means ~~a person~~ an individual who elected to receive deferred  
2        vested retirement benefits under chapter 54-52.
- 3        3. "Eligible employee", for employees who become participating members after  
4        December 31, 2024, has the same meaning as provided under section 54-52-02.15.  
5        For employees who elected to join the defined contribution retirement plan under this  
6        chapter before January 1, 2025, the term includes a permanent state employee,  
7        except an employee of the judicial branch or an employee of the board of higher  
8        education and state institutions under the jurisdiction of the board of higher education,  
9        who is at least eighteen years of age and who is in a position not classified by the  
10       North Dakota human resource management services.
- 11       4. "Employee" means ~~any person~~ an individual employed by the state, whose  
12       compensation is paid out of state funds, or funds controlled or administered by the  
13       state or paid by the federal government through any of its executive or administrative  
14       officials.
- 15       5. "Employer" means the state of North Dakota, except the highway patrol for members  
16       of the retirement plan created under chapter 39-03.1, or a participating political  
17       subdivision of the state.
- 18       6. "Participating member" means an eligible employee who elects to participate in the  
19       defined contribution retirement plan established under this chapter.
- 20       7. "Permanent employee" means a state employee whose services are not limited in  
21       duration and who is filling an approved and regularly funded position and is employed  
22       twenty hours or more per week and at least five months each year.
- 23       8. "Wages" and "salaries" means earnings in eligible employment under this chapter  
24       reported as salary on a federal income tax withholding statement plus any salary  
25       reduction or salary deferral amounts under 26 U.S.C. 125, 401(k), 403(b), 414(h), or  
26       457. "Salary" does not include fringe benefits such as payments for unused sick leave,  
27       personal leave, vacation leave paid in a lump sum, overtime, housing allowances,  
28       transportation expenses, early retirement, incentive pay, severance pay, medical  
29       insurance, workforce safety and insurance benefits, disability insurance premiums or  
30       benefits, or salary received by a member in lieu of previously employer-provided fringe  
31       benefits under an agreement between an employee and a participating employer.



1 Bonuses may be considered as salary under this section if reported and annualized  
2 pursuant to rules adopted by the board.

3 **SECTION 4. AMENDMENT.** Section 54-52.6-02.2 of the North Dakota Century Code is  
4 amended and reenacted as follows:

5 **54-52.6-02.2. Election after December 31, 2024 - Additional employer contribution.**

- 6 1. As used in this section, "eligible employee" means a permanent state employee of a  
7 state entity that as of January 1, 2025, receives budgetary approval from the  
8 legislative assembly, who on December 31, 2024, is a participating member of the  
9 public employees retirement system main system plan under chapter ~~54-42~~54-52, who  
10 has been a participating member under chapter 54-52 for no more than five years, and  
11 who is at least eighteen years of age.
- 12 2. The board shall provide a three-month election period, from January 1, 2025, through  
13 March 31, 2025, for an eligible employee to transfer to the defined contribution plan  
14 under this chapter pursuant to the rules and policies adopted by the board.
- 15 a. An election under this section made by a member of the public employees  
16 retirement system under chapter 54-52 to transfer to the defined contribution  
17 retirement plan under this chapter is irrevocable.
- 18 b. For an eligible employee who elects to transfer from the public employees  
19 retirement system under chapter 54-52 to the defined contribution retirement plan  
20 under this chapter, the board shall transfer a lump sum amount from the public  
21 employees retirement system fund to the member's account in the defined  
22 contribution retirement plan under this chapter. However, if the eligible employee  
23 terminates employment before receiving the lump sum transfer under this  
24 section, the election made is ineffective and the eligible employee remains a  
25 member of the public employees retirement system under chapter 54-52 and  
26 retains all the rights and privileges under that chapter.
- 27 c. The board shall calculate the lump sum amount to be transferred based on the  
28 actuarial present value of the eligible employee's accumulated benefit obligation  
29 under the public employees retirement system based on the assumption the  
30 eligible employee will retire under the earlier applicable normal retirement age,  
31 plus interest from January 1, 2025, to the date of transfer, at the rate of one-half

1                   of one percent less than the actuarial interest assumption at the time of the  
2                   election.

3           d.    This section does not affect an eligible individual's right to health benefits under  
4                   chapter 54-52.1.

5           3.    The state employer of an eligible employee who elects under this section to participate  
6                   in the defined contribution retirement plan under this chapter shall pay an additional  
7                   annual contribution of three thousand three hundred and thirty-three dollars for up to  
8                   three years. Under this subsection, the employer shall pay the additional contribution  
9                   each year the eligible employee continues permanent employment with the state,  
10                  beginning January 2026, and extending no further than January 2028.

11          4.    If the board receives notification from the internal revenue service that this section or  
12                  any portion of this section will cause the public employees retirement system or the  
13                  retirement plan established under this chapter to be disqualified for tax purposes  
14                  under the Internal Revenue Code, that portion that will cause the disqualification does  
15                  not apply.

16          **SECTION 5. AMENDMENT.** Section 54-52.6-05 of the North Dakota Century Code is  
17          amended and reenacted as follows:

18          **54-52.6-05. Direction of investments.**

19          1.    Each participating member shall direct the investment of the individual's accumulated  
20                  employer and employee contributions and earnings to one or more investment choices  
21                  within available categories of investment provided by the board.

22          2.    The board shall provide an investment menu of investment options. In establishing the  
23                  investment options, the board shall:

24              a.    Include predetermined investment portfolio options constructed to reflect different  
25                      risk profiles that automatically reallocate and rebalance contributions as a  
26                      participating member ages.

27              b.    Allow a participating member to construct an investment portfolio using some or  
28                      all of the investment options.

29          3.    The board shall provide a diversified menu of ~~mutual funds~~investment solutions and  
30          ~~in-plan~~ lifetime annuity options that ~~must~~may include in-plan and out-of-plan options,

1           either fixed, variable, or a combination of both. In selecting an annuity provider the  
2           board shall comply with section 54-52.6-05.1.

3           **SECTION 6. AMENDMENT.** Section 54-52.6-09.5 of the North Dakota Century Code is  
4           amended and reenacted as follows:

5           **54-52.6-09.5. Employer contribution for defined benefit plan. (Effective after**  
6           **December 31, 2025)**

7           In addition to the employer contribution under section 54-52.6-09, a state employer that  
8           receives budgetary approval from the legislative assembly shall contribute to the defined benefit  
9           retirement plan under chapter 54-52, an amount equal to the contribution rate calculated under  
10          section 54-52-06 less the amount of the required employer contribution under sections  
11          54-52.2-09 and 54-52.6-09. If a state employer uses federal funds to pay any or all of an  
12          employee's wages, the employer shall use state funds to pay this additional contribution.

13          **SECTION 7. RETROACTIVE APPLICATION.** Section 4 of this Act applies retroactively to  
14          January 1, 2025.

15          **SECTION 8. EMERGENCY.** Section 4 of this Act is declared to be an emergency measure.



**North Dakota  
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# Memorandum

**TO:**                   NDPERS Board

**FROM:**               Rebecca

**DATE:**               February 7, 2025

**SUBJECT:**           Committee Assignments

With the appointment by Governor Armstrong of Mr. Klipfel to fill the Board vacancy as a result of Mr. Morrissette leaving the Board, we wanted to review the various Board member committee assignments to determine if the Board wished to make changes. Mr. Morrissette served on two Board Committees. They were the Audit Committee and the Investment Committee.

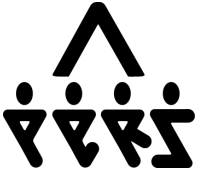
The current designations are:

- Audit Committee (Board selects):
  - Erickson (Chair), Dever, Miller, Vacancy
- Investment Committee (Board Chair selects):
  - Miller (Chair), Erickson, Stemen, Volk, Vacancy
- Compensation & Performance Appraisal Committee (Board Chair selects):
  - Dockter (Chair), Buck, Davison, Goodhouse, Seminary
- Election Committee (Board selects):
  - Will be appointed in the February prior to next election per NDAC requirement

- State Investment Board (Board selects):
  - Buck, Miller

**Board Action Requested:**

Determine if changes should be made to the Board committees given recent appointment of a Governor appointee. If determined changes should be made, provide direction on appointments to each committee and/or the State Investment Board.



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# Memorandum

**TO:**                   NDPERS Board

**FROM:**               Rebecca

**DATE:**               February 7, 2025

**SUBJECT:**           Sanford Health Plan (SHP) Updates

Sanford Health Plan's Chief Executive Officer, Dr. Tommy Ibrahim, will provide the Board with an update related to the Merger of Sanford Health with Marshfield Clinic Health System and answer questions the Board may have.

Also, SHP will review the attached Executive Summary Quarter 3 2024 and answer any questions you may have. Representatives from Humana are also available to discuss any questions related to the Medicare Part D Plan information, labeled as NDPERS EGWP, found on page 17 of the summary.

This item is informational and does not require any action by the Board.



# NDPERS Executive Summary

**Quarter 3 | 2024**

Presented February 2025



## CONTENTS

Page 3

**Section 1: Membership**

Page 5

**Section 2: Claims Analysis**

Page 9

**Section 3: Utilization**

Page 10

**Section 4: High Dollar Cases**

Page 12

**Section 5: Pharmacy**

Page 18

**Section 6: Wellness Continuum**

Page 26

**Section 7: Performance Guarantees**



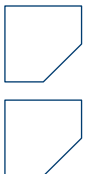
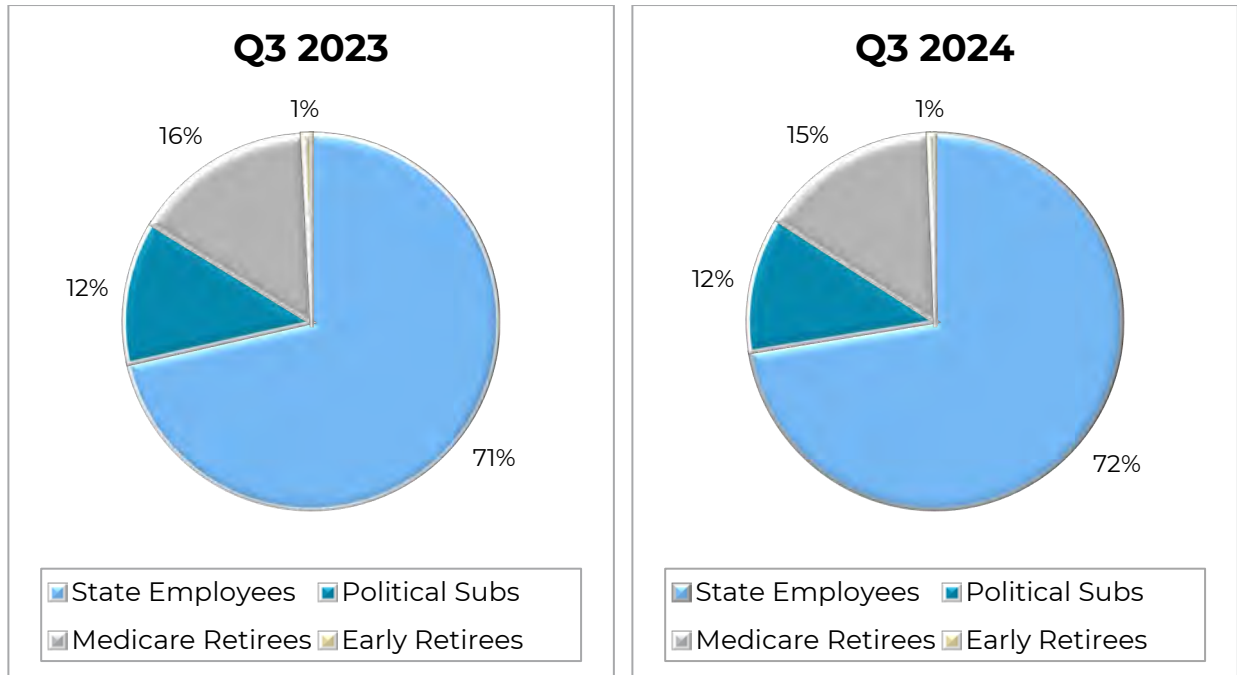
## SECTION 1: MEMBERSHIP

### ANNUAL MEMBERSHIP SUMMARY

**Exhibit 1.1**

MEASURE	Q3 2023	Q3 2024	PERCENT CHANGE
State Employees	41,682	42,743	2.5%
Political Subs	7,179	6,907	-3.8%
Medicare Retirees	9,072	9,033	-0.4%
Early Retirees	406	350	-13.9%
<b>TOTAL</b>	<b>58,339</b>	<b>59,033</b>	<b>1.2%</b>

**Exhibit 1.2**



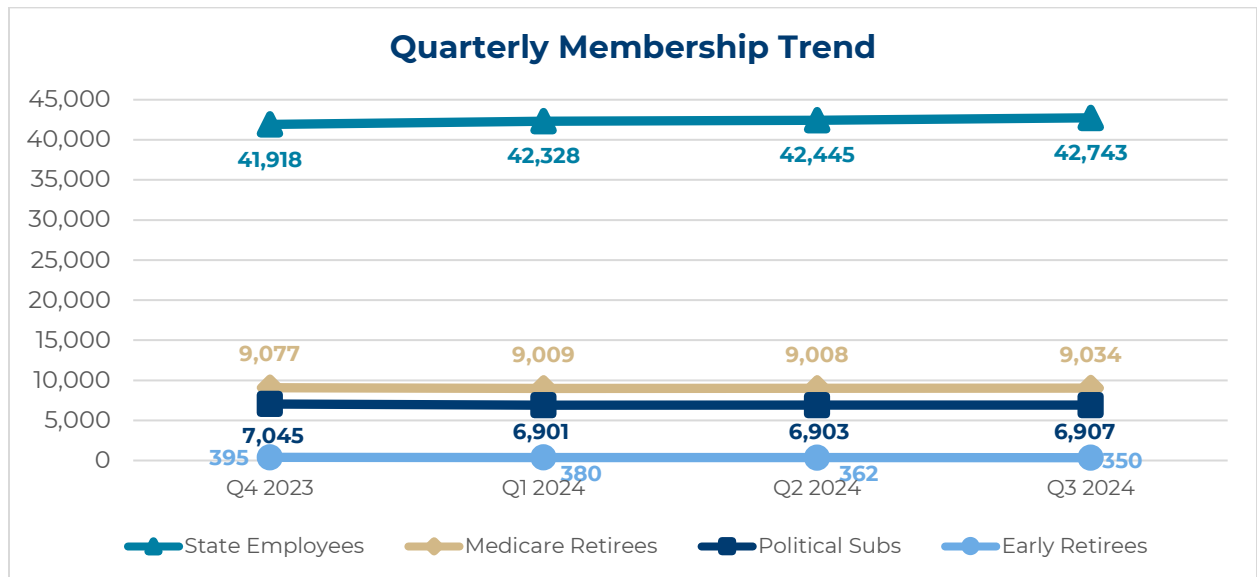
## MEMBERSHIP TREND

**Exhibit 1.3**

MEASURE	Q3 2023	Q3 2024	% CHANGE	BENCHMARK	% VARIANCE
Average Employees	18,486	18,551	0.4%		
Average Members	49,406	49,664	0.5%		
Average Contract Size	2.67	2.68	0.2%		
Average Age	33.1	33.0	-0.4%		
% Female	50.9%	50.8%	-0.1%	50.8%	0.0%
HCCs (% of Members)	0.9%	0.9%	-0.7%	0.8%	9.4%

\*Includes State Employees, Early Retirees & Political Subs.

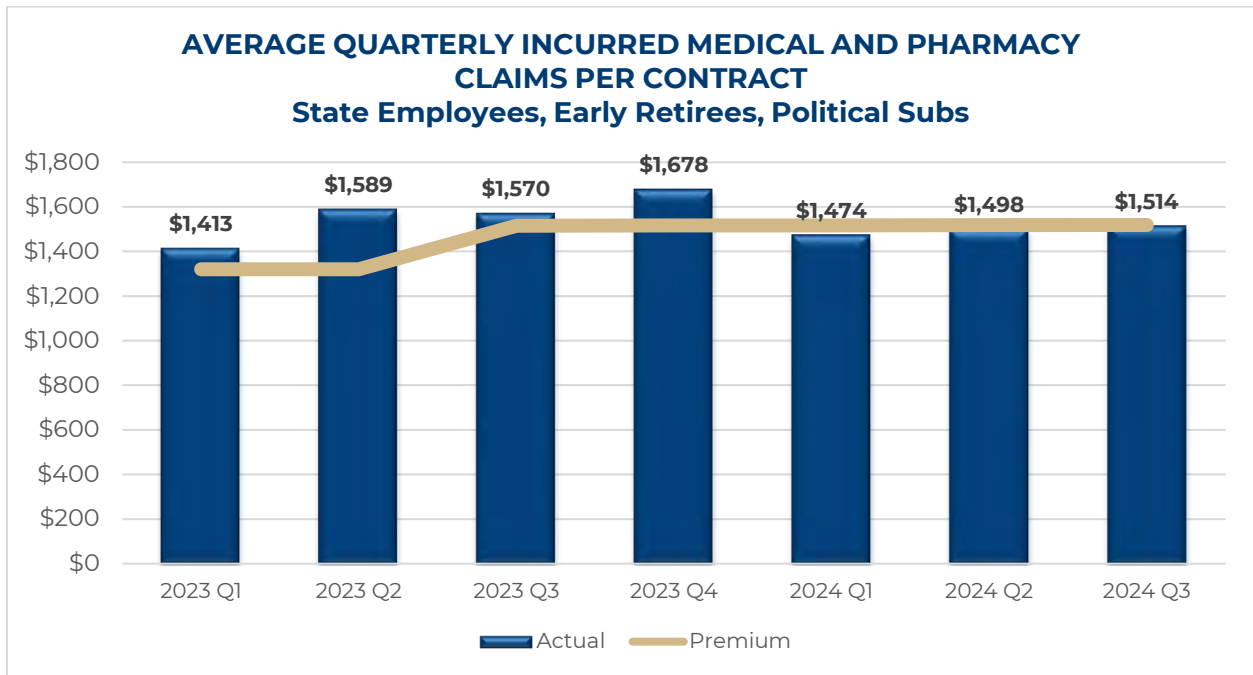
**Exhibit 1.4**



## SECTION 2: CLAIMS ANALYSIS

### PAID CLAIMS PER CONTRACT PER MONTH

Exhibit 2.1

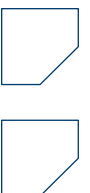
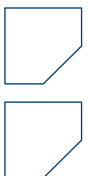


\*Incurred between October 1, 2023 and September 30, 2024 with paid date as of December 31, 2024. Final Adjusted Claims.

\*NDPERS Active contracts have approximately 2.68 members per contract.

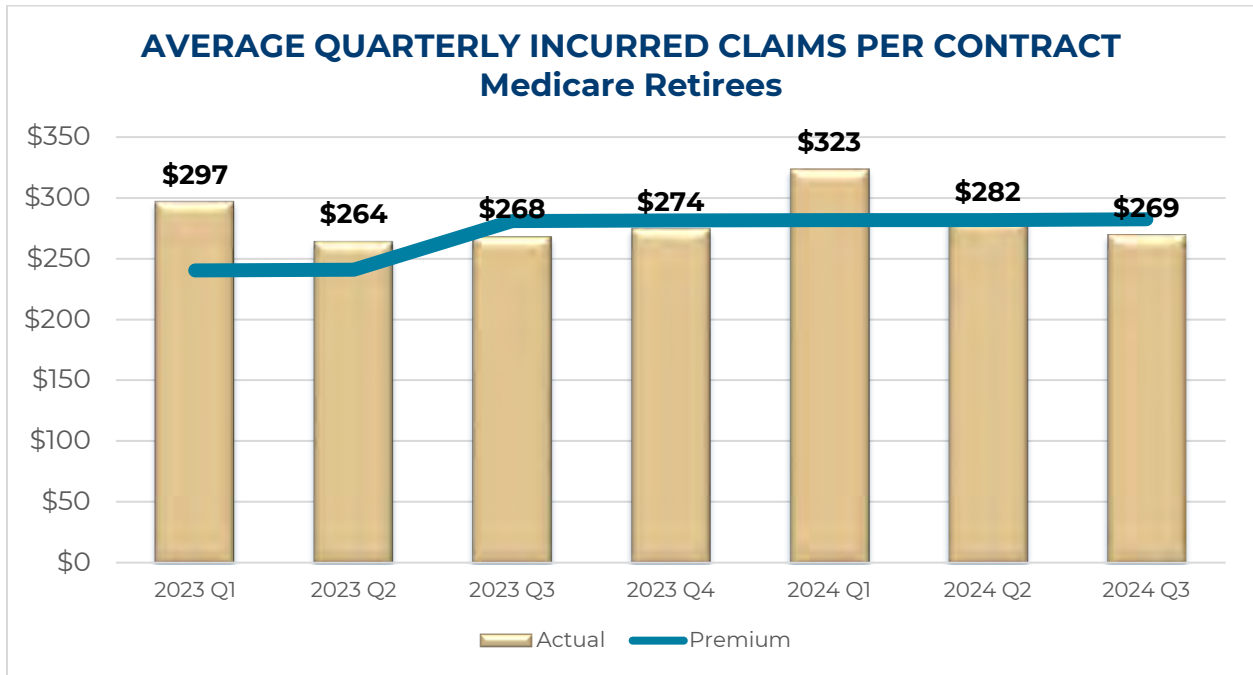
\*Includes medical claims and prescriptions without IBNR.

\*Additional medical claims may be received.



## PAID CLAIMS PER CONTRACT PER MONTH

Exhibit 2.2



\*Incurred between October 1, 2023 and September 30, 2024 with paid date as of December 31, 2024. Final Adjusted Claims.

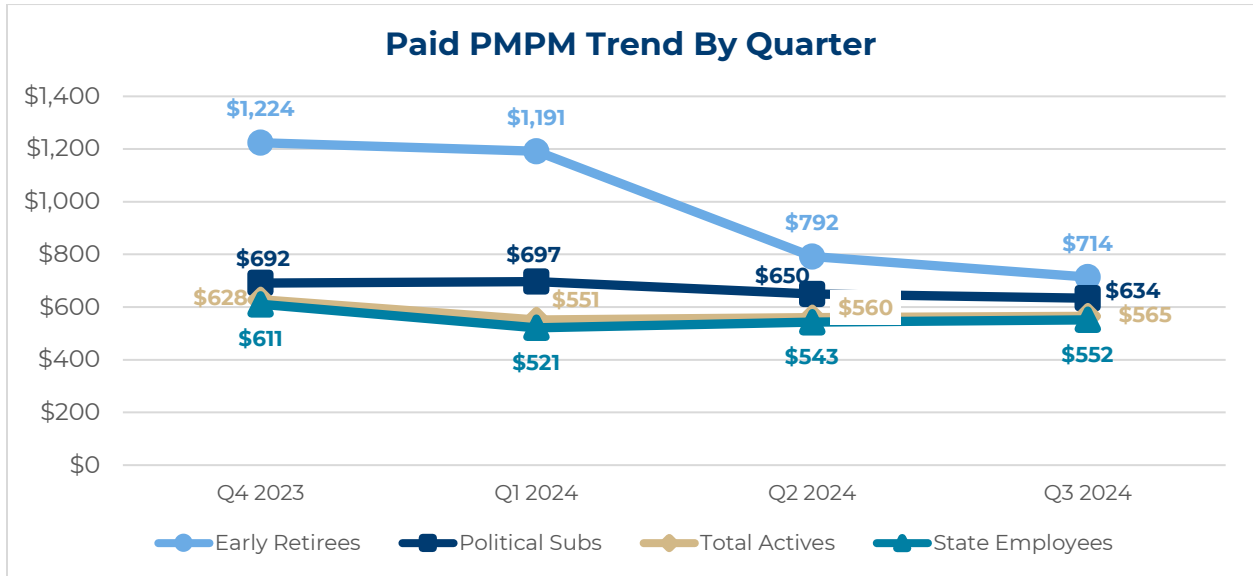
\*Includes medical claims only excludes prescription drug coverage (Medicare Part D).

\*Additional medical claims may be received.

\*Medicare Retirees contracts have approximately 1.37 members per contract.

## PAID PER MEMBER PER MONTH (PMPM) TREND BY QUARTER

Exhibit 2.3



\*Incurred between October 1, 2023 and September 30, 2024 with paid date as of December 31, 2024. Final Adjusted Claims.

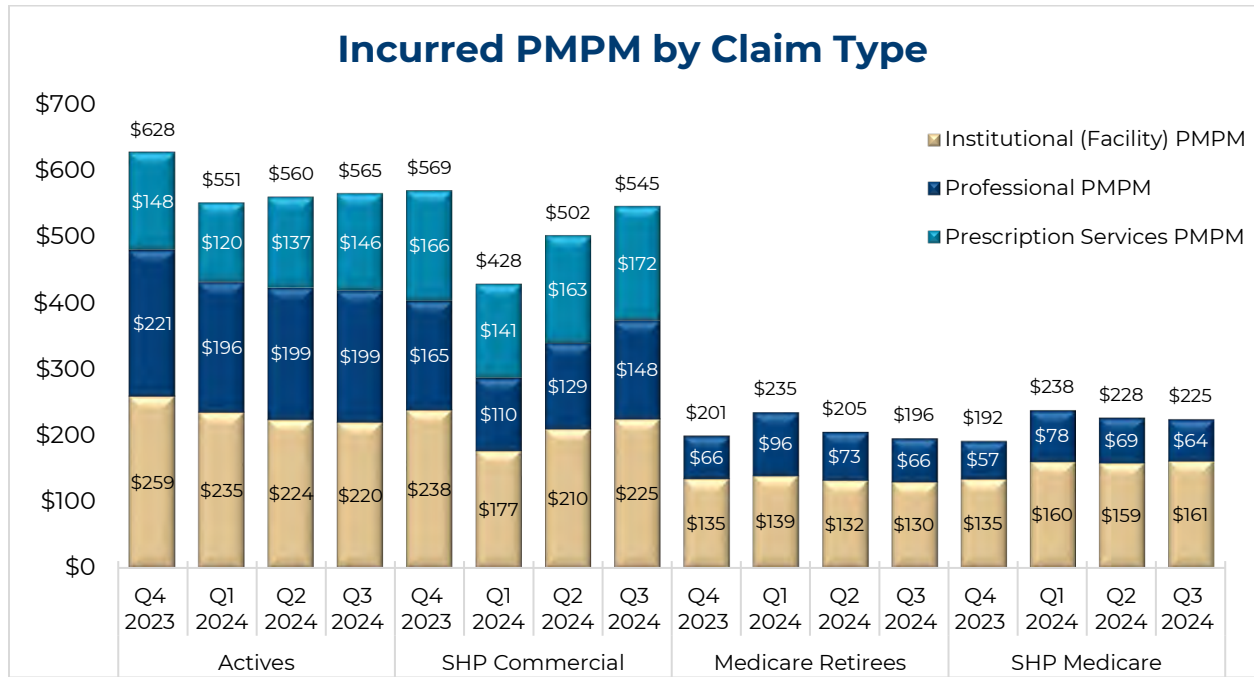
\*Total Actives = State Employees + Early Retirees + Political Subs

\*Medical claims and Prescription services without IBNR.

\*Additional medical claims may be received.

## INCURRED PMPM BY CLAIM TYPE

Exhibit 2.4



\*Incurred between October 1, 2023 and September 30, 2024 with paid date as of December 31, 2024. Final Adjusted Claims.

\*Medical claims and prescription services without IBNR.

\*Additional medical claims may be received.

## SECTION 3: UTILIZATION

### MEDICAL COST DRIVERS: ACTIVES

Exhibit 3.1

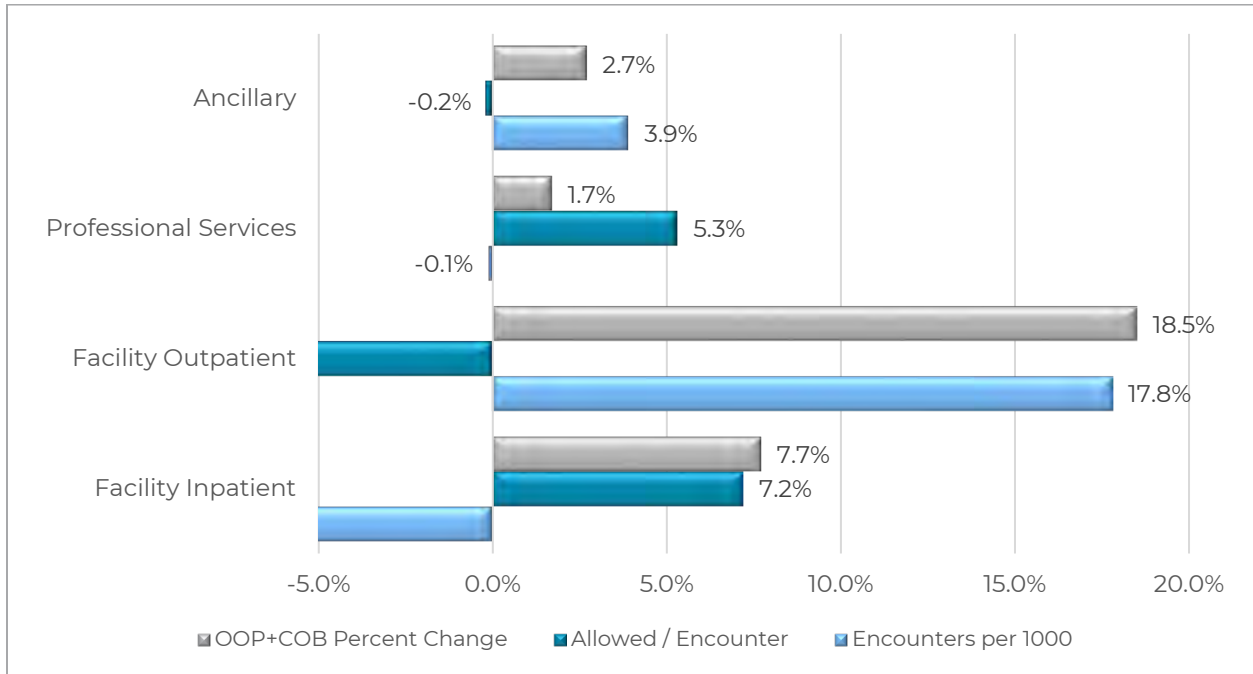


Exhibit 3.2

MEASURE	FACILITY INPATIENT	FACILITY OUTPATIENT	PROFESSIONAL SERVICES	ANCILLARY
Encounters per 1000 Prior Period	52	2,466	13,073	1,688
Encounters per 1000 Current Period	48	2,903	13,058	1,755
% Change	-7.0%	17.8%	-0.1%	3.9%
Amount Allowed per Encounter Prior Period	\$25,075	\$622	\$179	\$379
Amount Allowed per Encounter Current Period	\$26,870	\$580	\$188	\$379
% Change	7.2%	-6.8%	5.3%	-0.2%
OOP+COB PMPM Prior Period	\$0.31	\$15.88	\$37.70	\$3.13
OOP+COB PMPM Current Period	\$0.34	\$18.81	\$38.34	\$3.21
% Change	7.7%	18.5%	1.7%	2.7%

\*Prior Period: October 2022- September 2023. Current period: October 1, 2023- September 30, 2024. Paid through December 31, 2024.

## SECTION 4: HIGH DOLLAR CASES: ACTIVES

Exhibit 4.1

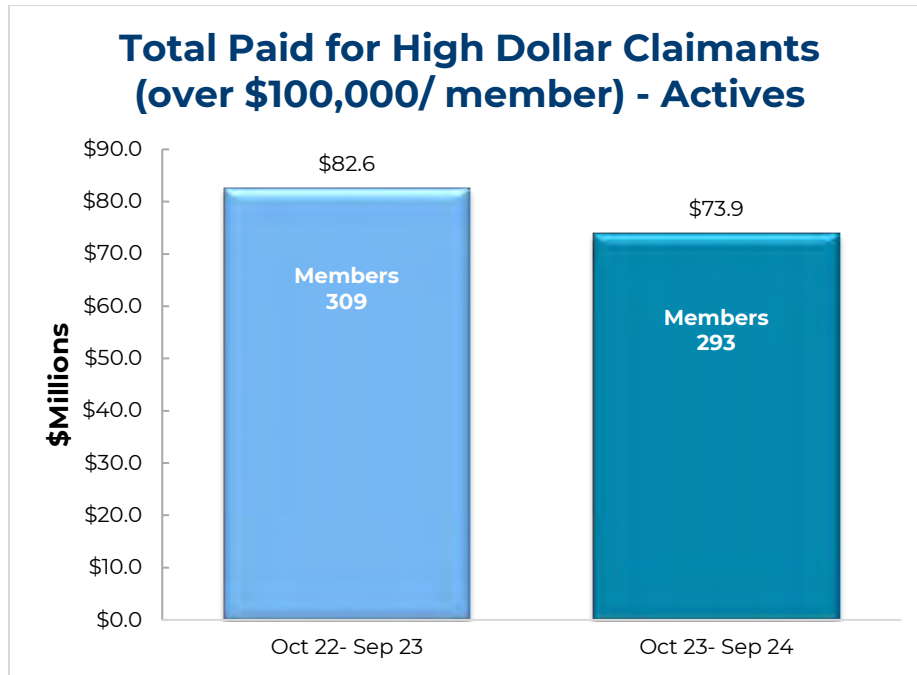
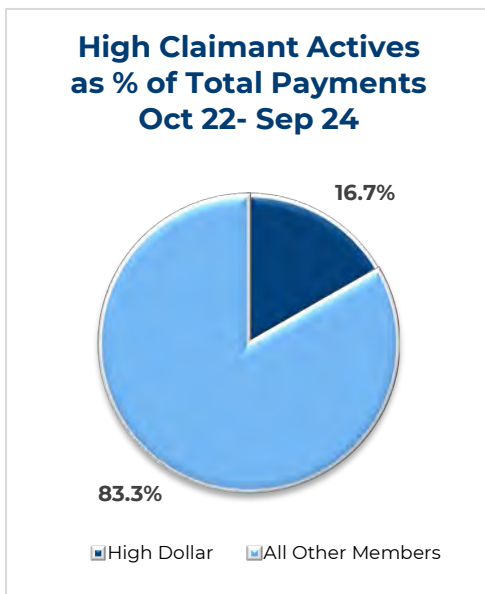


Exhibit 4.2



ACTIVE MEMBERS	
Avg. Paid/ Claimant	\$267,296
% of Total Payments	16.7%

\*Medical claims only without IBNR.

\*Additional medical claims may be received.



**Exhibit 4.3**



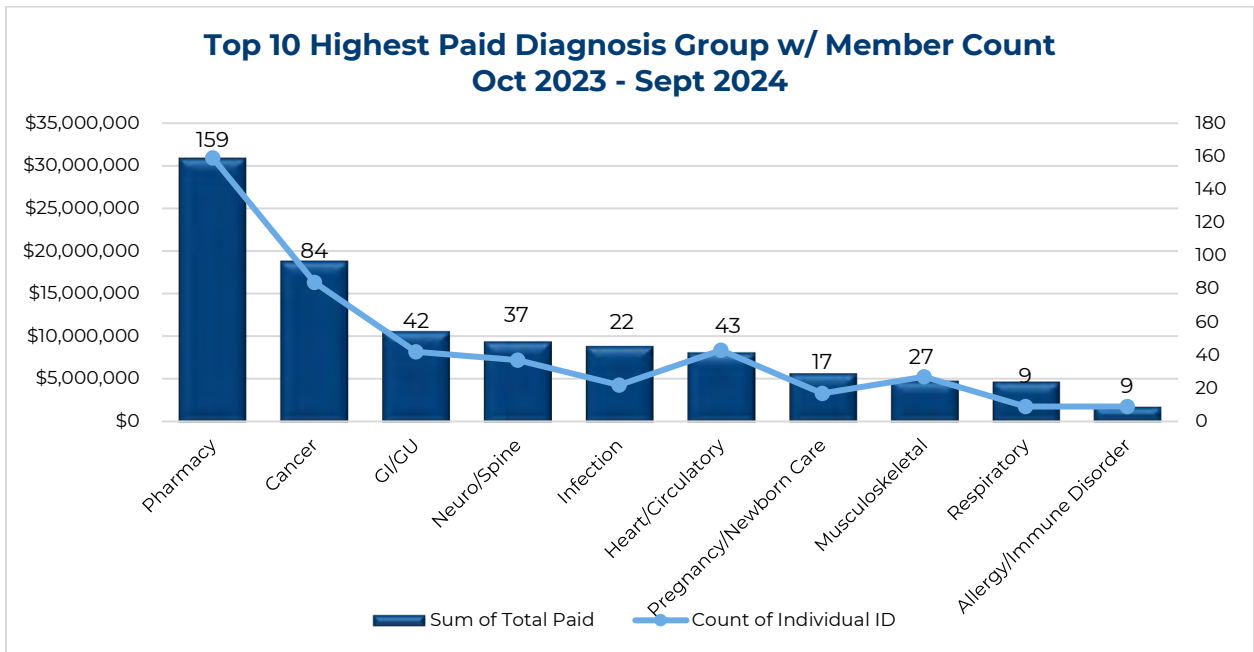
\*The remaining 4.8% represent 6 diagnosis groups.

\*High dollar cases consist of combined medical claims and prescriptions with a total of \$100K or greater.

\*Includes Medical claims and Prescription services without IBNR.

\*Additional medical claims may be received.

**Exhibit 4.4**



\*The remaining 4.8% represent 6 diagnosis groups.

\*High dollar cases consist of combined medical claims and prescriptions with a total of \$100K or greater.



\*Includes Medical claims and Prescription services without IBNR.

\*Additional medical claims may be received.



## SECTION 5: PHARMACY

Exhibit 5.1

SUMMARY OF YOUR PLAN		NDPERS – 2024 YTD thru Q3 Jan 23- Sep 23 vs. Jan 24- Sep 24
	<h3>PLAN PAID PMPM</h3> <ul style="list-style-type: none"><li>• NDPERS YTD 2024 PMPM is trending at -4.5% versus previous period</li><li>• Inflammatory Conditions, Diabetes, and Oncology disease states accounted for 61.7% of overall plan paid and increased \$9.54 PMPM in total plan paid. The benchmark increased \$8.09 PMPM in these categories</li></ul>	
	<h3>YOUR OUTCOMES</h3> <ul style="list-style-type: none"><li>• Strategic Solutions have resulted in a total of \$54.66 PMPM plan savings</li><li>• Strategic Solutions have resulted in a total of \$1,066,405 total healthcare savings</li></ul>	

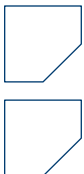


Exhibit 5.2

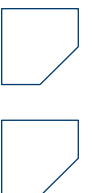
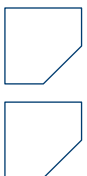
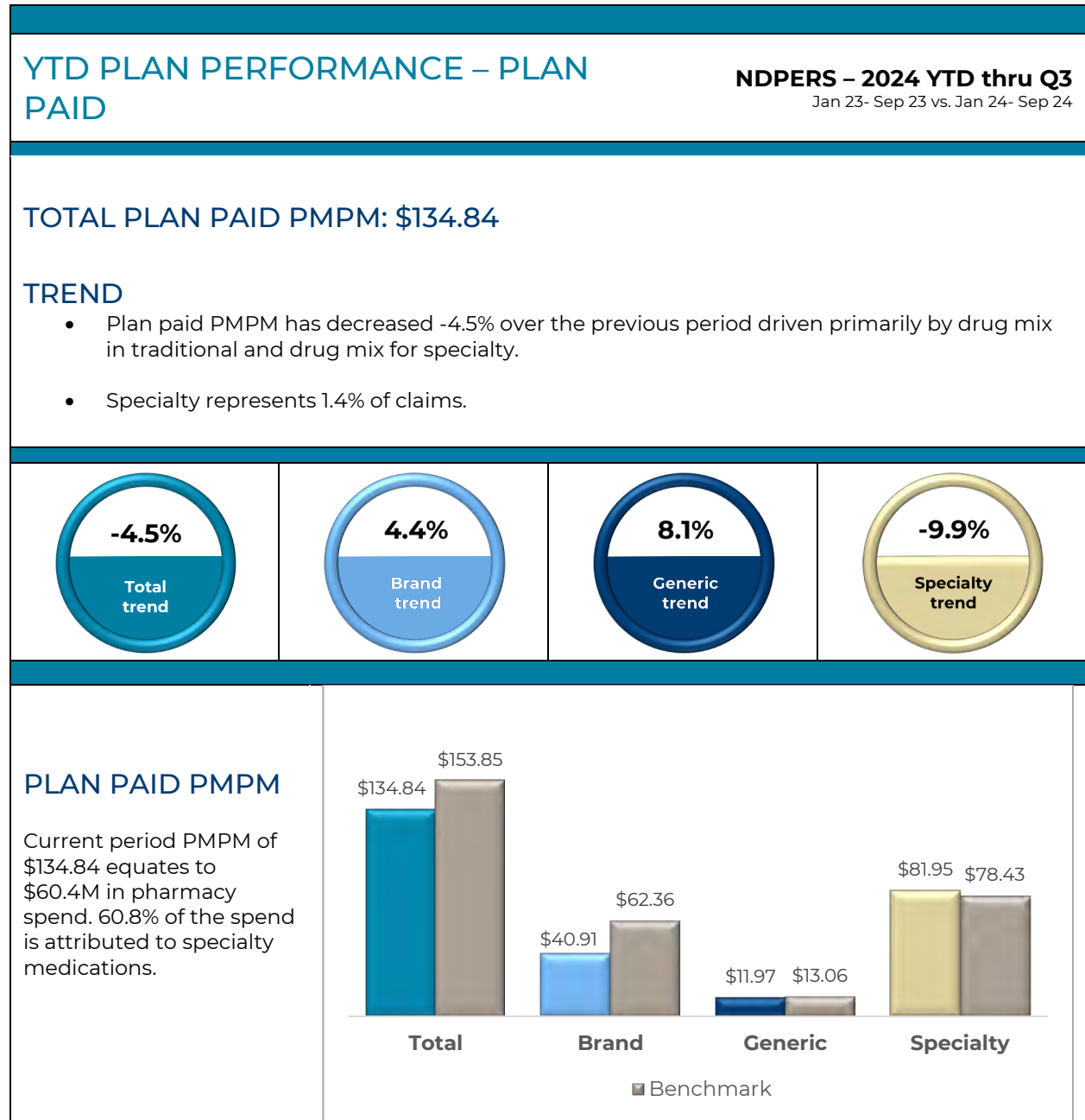


Exhibit 5.3


KEY STATISTICS			NDPERS – 2024 YTD thru Q3 Jan 23- Sep 23 vs. Jan 24- Sep 24		
PLAN PAID PMPM: \$134.84					
 <p><b>49,750</b> Avg. eligible members</p>		<p>The key metrics here help highlight the changes NDPERS YTD 2024 thru Q3 has experienced period over period.</p> <ul style="list-style-type: none"> <li>• Eligibility has increased by 430.</li> <li>• Number of utilizers has increased by 644.</li> </ul>			
TOTAL RXS		TOTAL PLAN PAID		UTILIZERS	
<b>CURRENT</b> 339,127		<b>CURRENT</b> \$60,372,929		<b>CURRENT</b> 35,379	
<b>PREVIOUS</b> 329,246		<b>PREVIOUS</b> \$62,701,620		<b>PREVIOUS</b> 34,735	
<b>PREVIOUS CHANGE</b> 3.0%		<b>PREVIOUS CHANGE</b> -3.7%		<b>PREVIOUS CHANGE</b> 1.9%	
KEY STATISTICS	NDPERS			COMMERCIAL BENCHMARK	
	CURRENT	PREVIOUS	% CHANGE	CURRENT	% CHANGE
Average Age	33.2	33.3	-0.4%	35.8	-0.1%
Plan Paid PMPM	\$134.84	\$141.26	-4.5%	\$153.85	11.3%
Plan Paid Per Rx	\$178.02	\$190.44	-6.5%	\$191.79	8.6%
Rx PMPM	0.757	0.742	2.1%	0.802	2.5%
Average Days Supply	45.9	45.9	0.2%	40.5	-0.2%
Days Supply PMPM	34.8	34.0	2.3%	32.5	2.3%
Member Paid Share	13.3%	12.3%	8.1%	10.5%	-4.4%
Member Paid per Rx	\$27.24	\$26.65	2.2%	\$22.58	3.3%
Brand Dispensing Rate	12.3%	12.4%		12.7%	
Generic Dispensing Rate (GDR)	87.7%	87.6%	0.2%	87.3%	0.7%
GDR- Without Vaccines	88.2%	88.0%	0.2%	88.4%	0.8%
Home Delivery Rate	0.6%	0.6%	5.5%	6.2%	1.9%
Retail 90 Rate	33.1%	33.0%	0.4%	20.0%	-1.2%
% of Specialty Plan Paid	60.8%	64.4%	-5.6%	51.0%	2.3%

Exhibit 5.4

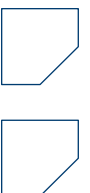
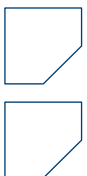
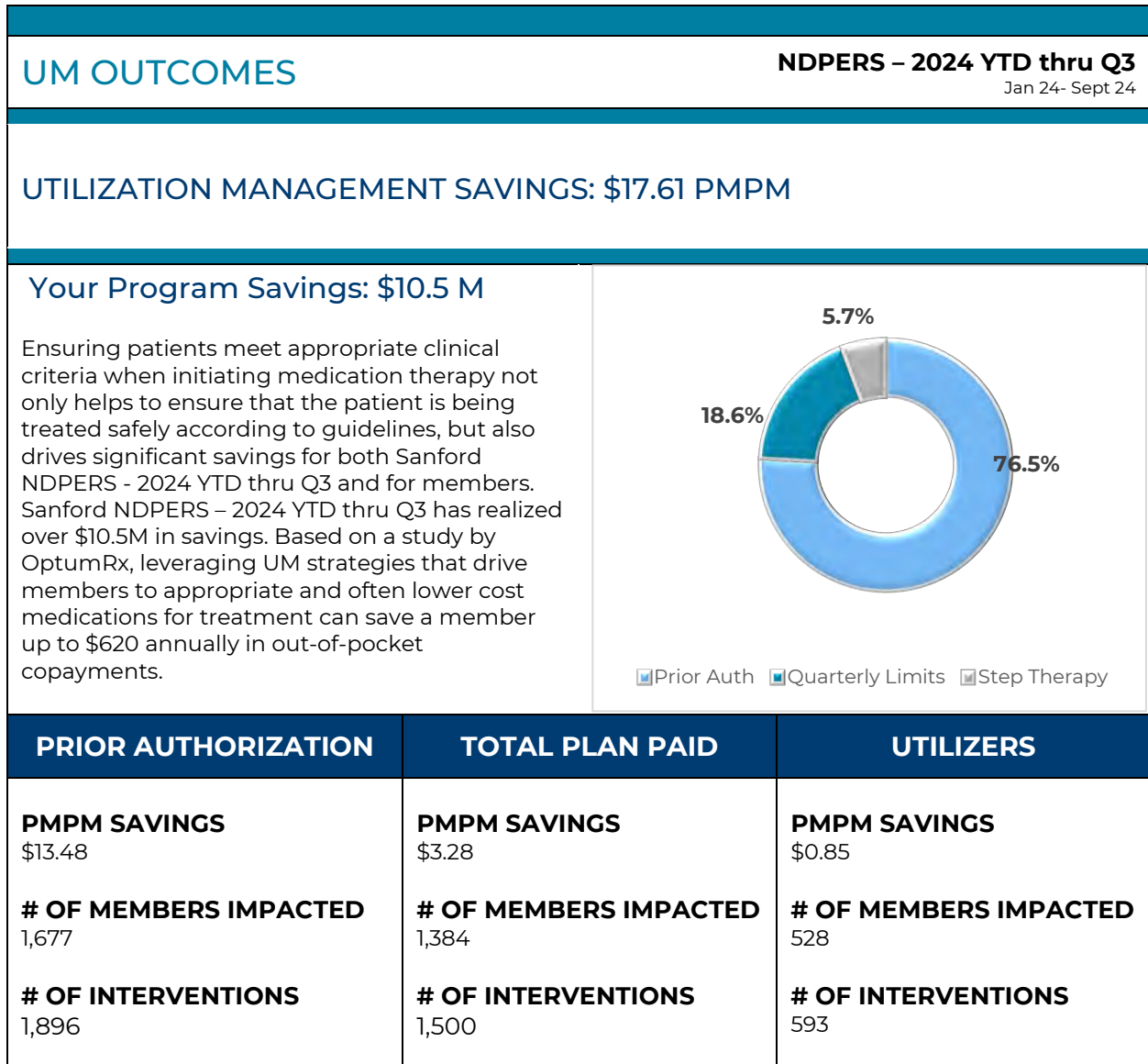
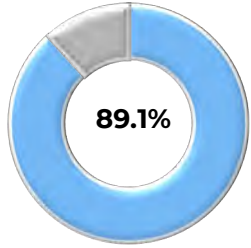
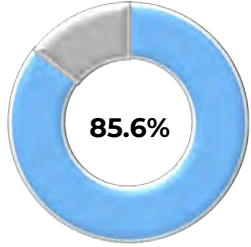
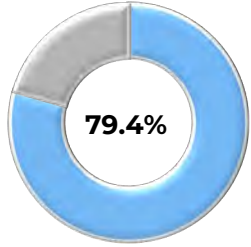


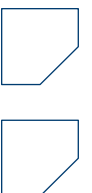
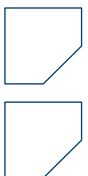
Exhibit 5.5

TOP 5 THERAPY CLASSES			
PRIOR AUTHORIZATION			
 <p>89.1%</p> <p>Prior authorization savings from top 5 therapeutic class interventions</p>	GPI-4 Description	Number of Cases	Plan Paid Savings
	GLP-1 Receptor Agonists	993	\$3,550,291
	Chronic Inflammatory Disease	242	\$3,052,175
	Hereditary Angioedema	1	\$237,246
	Migraine Products	92	\$161,729
	Oncology	38	\$155,904
QUANTITY LIMITS			
 <p>85.6%</p> <p>Quality limits savings from top 5 therapeutic class interventions</p>	GPI-4 Description	Number of Cases	Plan Paid Savings
	Chronic Inflammatory Disease	44	\$735,032
	GLP-1 Receptor Agonists	77	\$433,234
	Migraine Products	702	\$374,246
	Multiple Sclerosis	1	\$83,782
	Estrogens & Combos	52	\$46,729
STEP THERAPY			
 <p>79.4%</p> <p>Step therapy savings from top 5 therapeutic class interventions</p>	GPI-4 Description	Number of Cases	Plan Paid Savings
	Atypical Antipsychotics	67	\$169,571
	Migraine Products	50	\$113,637
	Diabetes Monitoring and Testing Supplies	279	\$52,824
	Macrolides	4	\$36,062
	Antidepressants	32	\$31,250

## NDPERS EGWP: HUMANA

**Exhibit 5.6**

DESCRIPTION	Q3 2023	Q3 2024	CHANGE
Avg. Members per Month	9,058	9,011	-0.5%
Average Member Age	76.8	77.1	0.4%
Members Utilizing Benefit	8,587	8,542	-0.5%
% Members Utilizing Benefit	94.8%	94.8%	0.0%
Total Rx	359,288	364,165	1.4%
Total Rx PMPM	2.56	2.58	0.8%
Generic Fill Rate	90.2%	89.6%	-0.7%
Maintenance 90 Day Utilization (by days supplied)	79.4%	79.8%	0.5%
Retail – Maintenance 90 Day Utilization	77.6%	78.0%	0.5%
Home Delivery – Maintenance 90 Day Utilization	1.8%	1.8%	0.0%
Total Specialty Rx	439	529	20.5%
Specialty % of Plan Paid	23.1%	29.0%	25.5%



## SECTION 6: WELLNESS CONTINUUM

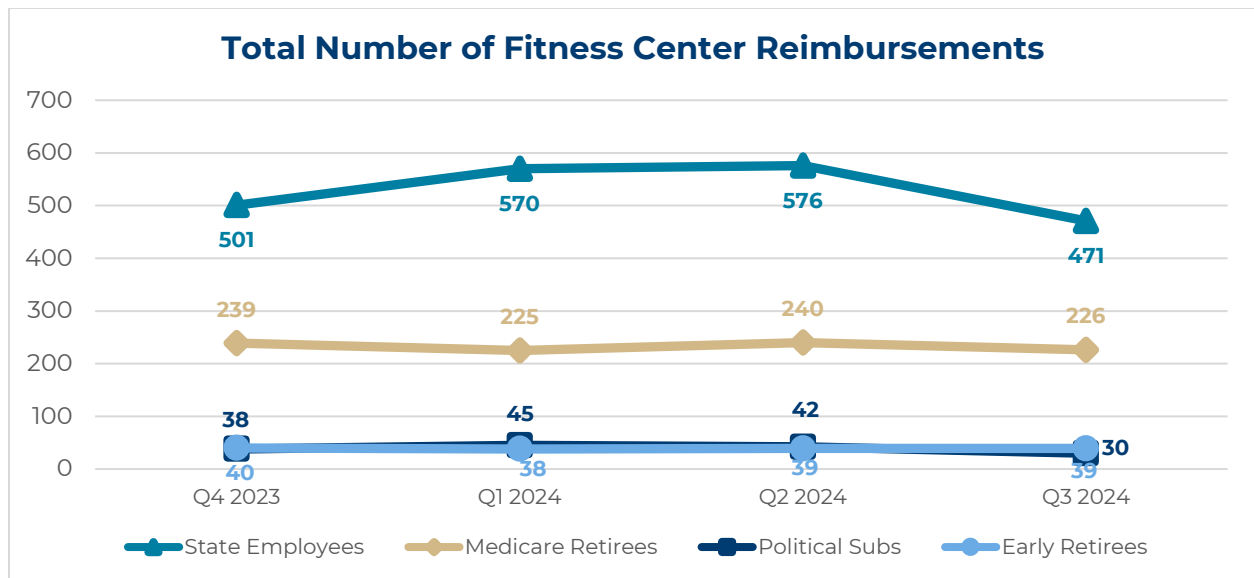
### An integrated approach to health management

**+Wellness** is a family of services that identifies and delivers personalized, whole-person care to members based upon where they are on the wellness continuum. It helps ensure appropriate intervention, diagnoses and treatment plans while navigating members to appropriate resources and high-value specialty care when needed.



### DAKOTA WELLNESS PROGRAM FITNESS CENTER REIMBURSEMENT

Exhibit 6.1



\*Percentages are based on numbers per quarter and are not accumulated.

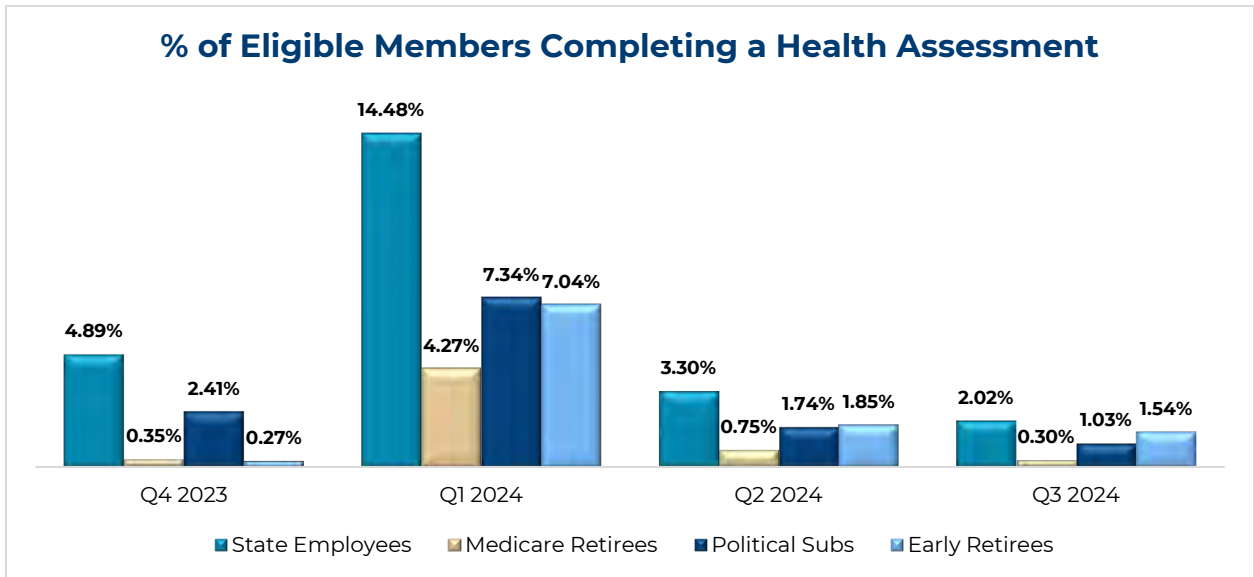


# WELLNESS CONTINUUM

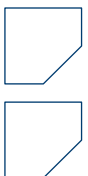


## HEALTH ASSESSMENT

**Exhibit 6.2**



\*Percentages are based on numbers per quarter and are not accumulated.



## MONTHLY WELLNESS THEMES

### Exhibit 6.3

Monthly themes keep the wellness program fresh throughout the year and keeps members engaged in their individual wellness pursuit. Newsletter, e-blasts and worksite posters are used to introduce themes.



**Dakota Wellness Program**

**Revitalize: The Power of Movement for a Vibrant Life**

Physical activity isn't just about staying fit; it's a gateway to a happier, healthier life. It's a natural mood lifter, relieving stress and boosting mental well-being. Regular exercise keeps our bodies strong and functional, preserving mobility and independence as we age.

**Here are a few other benefits of physical movement:**

- Regulates blood pressure, cholesterol, and weight, reducing the likelihood of health complications
- Promotes longevity, granting us more vibrant years to enjoy life to the fullest
- Enhances our mental and emotional resilience, fostering positivity and self-confidence

Learn more in the Dakota Wellness Program Newsletter.



**Dakota Wellness Program**

**Empowering Kids for Lifelong Wellness: Five Rules for a Healthy Lifestyle**

Being fit encompasses more than just physical health; it's about nurturing a balanced lifestyle that fosters overall well-being. It's about feeling energized, strong, and capable of embracing life's challenges with enthusiasm.

**Here are a few ways to empower kids for lifelong wellness:**

- Eating a diverse range of foods ensures that their bodies receive essential nutrients for growth and development
- Hydration with water and milk supports bone health and overall hydration, while minimizing sugary drinks helps prevent excessive calorie intake
- Limiting screen time encourages physical activity and better sleep quality, contributing to overall well-being

Learn more in the Dakota Wellness Program Newsletter.



**Dakota Wellness Program**

**Enhancing Career Well-being: A Pathway to Employee Engagement**

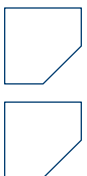
Career wellness entails aligning work with personal values and achieving balance across life domains. Meaningful work goes beyond financial rewards, resonating with core values and offering profound fulfillment. Balancing work, family, relationships, health, and personal interests ensures overall well-being and satisfaction.

**Here are a few ways to enhance career well-being:**

- Recognize and address burnout signs is crucial for maintaining career wellness, safeguarding mental, emotional, and physical health
- Develop a growth mindset fosters resilience and optimism, empowering individuals to navigate challenges and transitions
- Exploring hobbies and personal development outside of work nurtures creativity and growth, contributing to overall well-being

Learn more in the Dakota Wellness Program Newsletter.

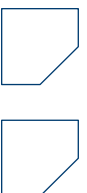
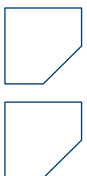


## Q3 QUARTERLY WELLNESS CHALLENGE

### SEIZE THE ZZZZZ'S

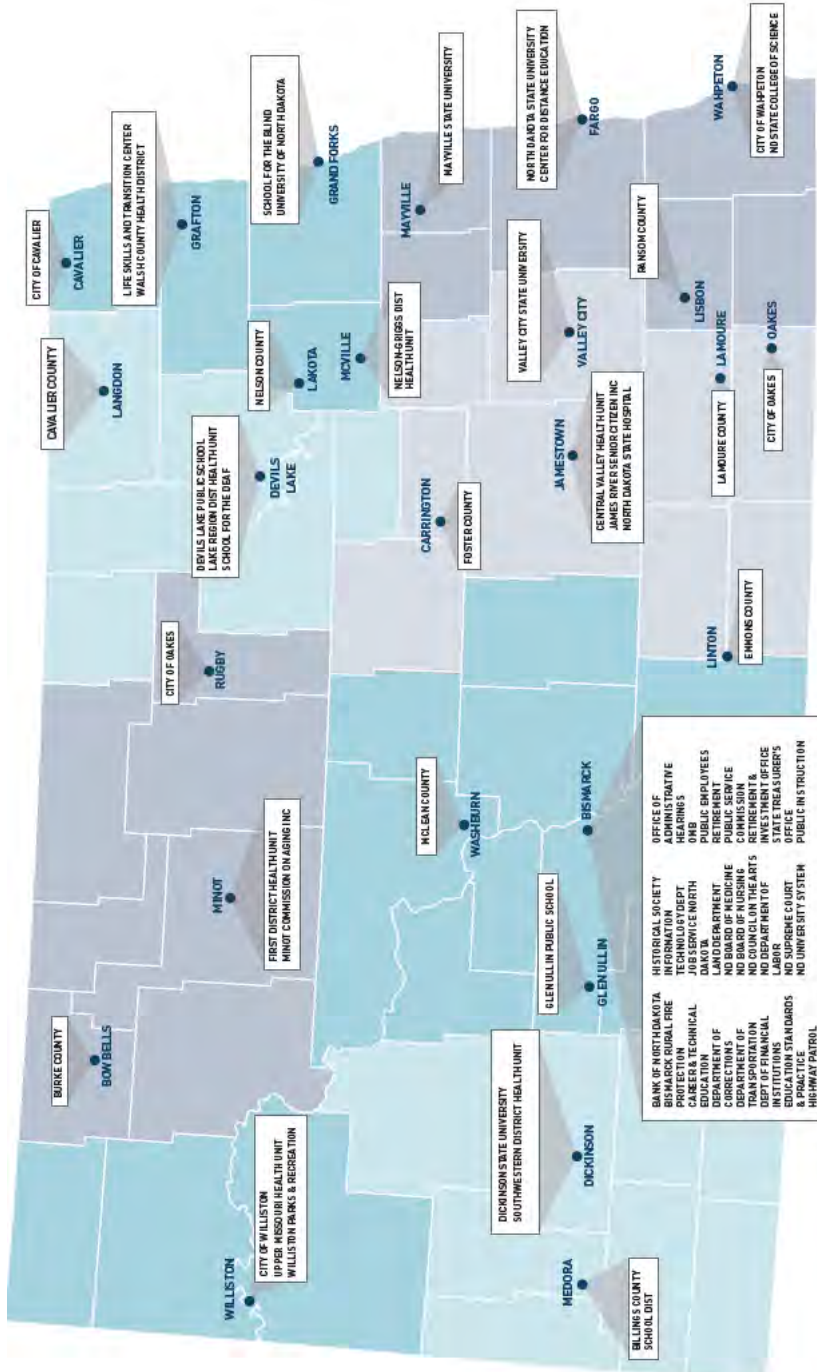
- The Seize the Zzzz challenge ran on the WebMD Wellness portal, available to all Sanford Health Plan NDPERS members/employees and spouses.
- Participants who met the goals/complete the challenge earned 3000 points in the 2024 Dakota Wellness Rewards program.
- To successfully complete the challenge, a participant must register for the challenge, manually track their participation for at least 21 days, and answer "Yes" to getting a good night's sleep for at least 14 of those days.
- **Participation:**
  - **Members Enrolled:** 1,171
  - **Total Visits:** 28,413 visits
  - **Average Visits per Member:** 24

The screenshot shows a digital challenge card titled "Challenge Yourself to Better Wellbeing" with a sub-header "Earn up to 12,000 Points". The main text reads: "Challenge yourself throughout the year with these different topics!". Below this, a specific challenge is highlighted: "Participate in the Seize the Zzzz Challenge, sign up by August 28th!". The goals are listed as: "Goals: Track how well you sleep for 21 days between 8/21-9/17 AND answer 'Yes' to getting a good night's sleep for 14 of those days. Last day to back track entries is Sept. 24th." The challenge expires on 10/1/2024. A reward of "3,000 Points" is shown next to a moon and stars icon.



## EVENT ATTENDANCE BY AGENCY

The Sanford Health Plan NDPERS wellness team continues to engage members across the state, despite pandemic-related in-person restrictions. Wellness educators support agency wellness coordinators and provide worksite education and activities in a virtual format. This map shows where participants are from.



**TOTAL NUMBER OF AGENCIES VISITED (UNDUPLICATED)**  
**80**

### WEBINARS/ PRESENTATIONS/ EVENTS:

- Cancer Prevention
- Make it Happen
- Mindfulness
- Cancer Prevention
- Body Mechanics and Posture

- The Power of Movement for a Vibrant Life
- Enhancing Career Wellbeing
- Empowering Kids for Lifelong Wellness
- Phase Out Fads

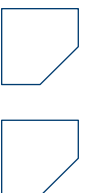
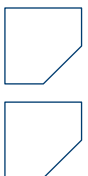
**TOTAL MEMBER ATTENDANCE THIS QUARTER:**  
**2,241**



## Preventive Screening Rates

Exhibit 6.4

MEASURE	GOAL by 6/30/25	OUTCOME DATE	CURRENT
<b>FOCUS AREAS</b>			
Breast cancer screening rates	80%	September 30, 2024	89.3%
Cervical cancer screening rates	85%	September 30, 2024	73.4%
Colorectal cancer screening rates	60%	September 30, 2024	75.4%





## POPULATION HEALTH TARGETED COHORTS

### Exhibit 6.5

## SCREENING CAMPAIGN

### PROGRAM OVERVIEW

- The purpose of the Screening Campaign was to increase screenings to help close gaps in care and increase screening rates.
- Screenings that were highlighted included:
  - Preventive Screenings:
    - Breast Cancer
    - Colorectal Cancer
    - Cervical Cancer
    - Blood Pressure
  - Diabetic Screenings:
    - Hemoglobin A1c
    - Diabetic Eye Exam
- Eligible members received a series of communications through email and SMS with information about preventive screenings that are included in member coverage and encouragement to schedule an appointment.
- Communications included the option to request assistance with scheduling an appointment.

### SCREENING CAMPAIGN PERFORMANCE METRICS: COMMUNICATION

LINE OF BUSINESS	MEMBERS OUTREACHED	MEMBERS OPENED COMMUNICATION	MEMBERS SCHEDULED AN APPOINTMENT	SCHEDULE RATE
NPS	9,538	7,790	1,517	19.5%
NPP	1,486	1,195	189	15.8%
NPR	141	117	30	25.6%
NPM	34	26	0	0%
<b>Total</b>	<b>11,199</b>	<b>9,128</b>	<b>1,736</b>	

### SCREENING CAMPAIGN PERFORMANCE METRICS: ASSISTANCE

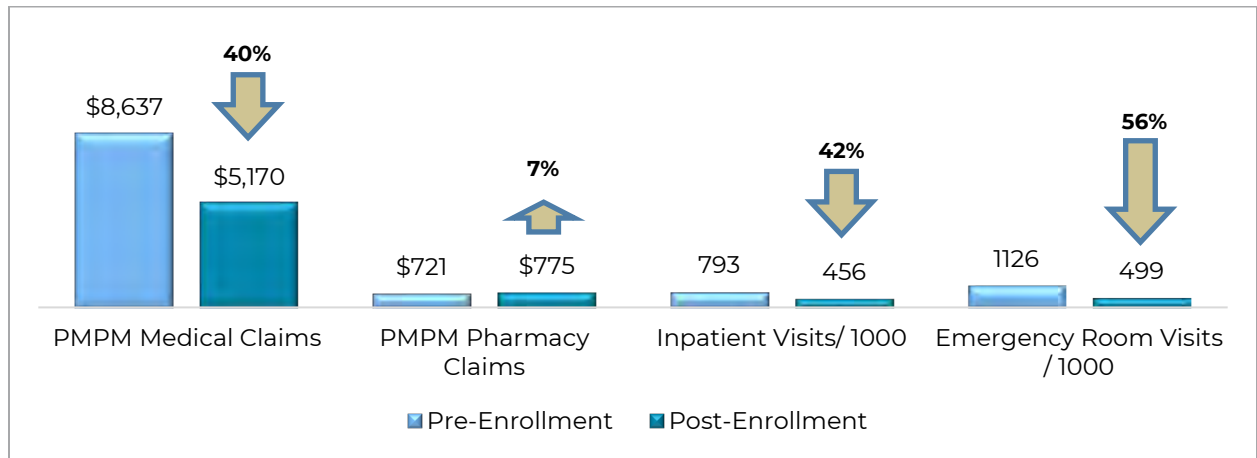
LINE OF BUSINESS	MEMBERS REQUESTED ASSISTANCE	MEMBERS ACCEPTED ASSISTANCE	MEMBER ASSIST RATE	MEMBERS DECLINED ASSISTANCE
NPS	76	42	55%	34
NPP	10	4	40%	6
<b>Total</b>	<b>86</b>	<b>48</b>		<b>40</b>



## CARE MANAGEMENT ENGAGEMENT

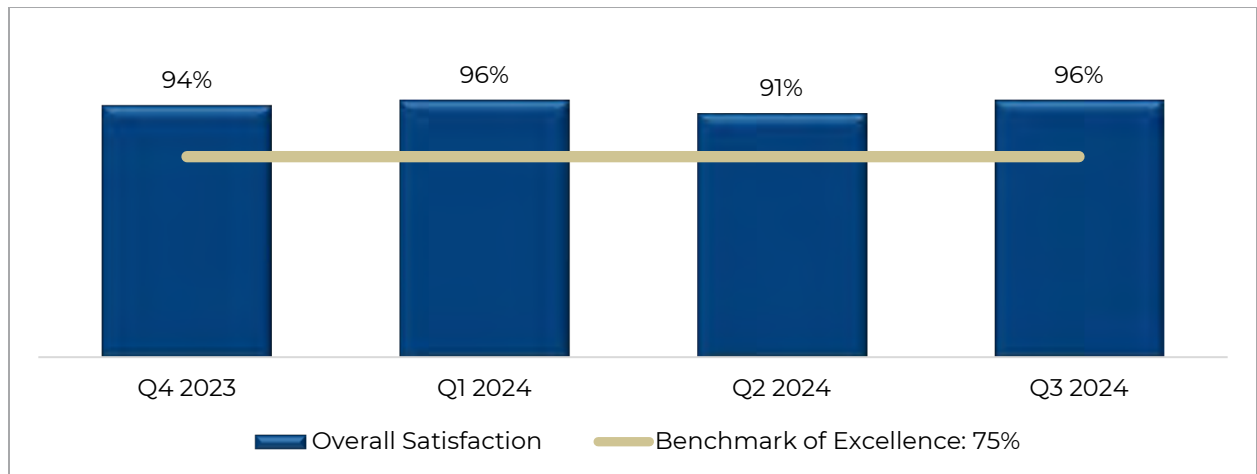
Exhibit 6.6

CARE MANAGEMENT PERFORMANCE METRICS				
October 1, 2023 – September 30, 2024				
OFFERED	RESPONDED		ENGAGED	
2,674	1,413	52.84%	426	30.15%



## SURVEY SCORE

Exhibit 6.7





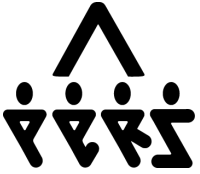
## SECTION 7: PERFORMANCE GUARANTEES

### Exhibit 7.1

MEASURE	GOAL	MEASUREMENT PERIOD	Q2 2024 REPORTING PERIOD	CURRENT
<b>WELLNESS</b>				
Health risk assessment completion	18%	7/1/23 – 6/30/25	7/1/23 – 9/30/24	16.02%
Worksite interventions agency participation	75%	7/1/23 – 6/30/25	7/1/23 – 9/30/24	68%
Fitness reimbursement participation	5%	1/1/24 – 12/31/24	1/1/24 – 9/30/24	3.08%
Wellness redemption center payments	\$850,000	1/1/24 – 12/31/24	1/1/24 – 9/30/24	\$474,588
Wellness redemption center rate	9%	1/1/24 – 12/31/24	1/1/24 – 9/30/24	5.26%
<b>HEALTH OUTCOMES</b>				
Healthy Pregnancy Program	+3%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	17.7%
Diabetes Prevention Program	5%	1/1/24 – 12/31/24	1/1/24 – 9/30/24	7.8%
Breast cancer screening rates	80%	7/1/23– 6/30/25	7/1/23 – 9/30/24	89.3%
Cervical cancer screening rates	85%	7/1/23 – 6/30/25	7/1/23 – 9/30/24	73.4%
Colorectal cancer screening rates	60%	7/1/23 – 6/30/25	7/1/23 – 9/30/24	75.4%
<b>PROVIDER NETWORK / CONTRACTING</b>				
PPO network participation rate	Hospital, MDs & DOs: 92%	7/1/23 – 6/30/25	7/1/23 – 9/30/24	100% Hospital 95% MD/DO
Provider network minimum discount	30%	7/1/23 – 6/30/25	1/1/23 - 9/30/24	44.86%
<b>CUSTOMER SERVICE &amp; CLAIMS</b>				
Claims financial accuracy	99%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	99.81%
Claims payment accuracy	98%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	99.90%
Claim timeliness	95%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	94.24%
Claims processing accuracy	95%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	99.87%
Average speed of answer	30 seconds	7/1/24 – 6/30/25	7/1/24 – 9/30/24	10 Seconds
Call abandoned rate	5% or less	7/1/24 – 6/30/25	7/1/24 – 9/30/24	0.11%
First call resolution	95%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	96.58%
Written inquiry response time	95%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	99.57%
<b>PHARMACY &amp; FINANCIAL</b>				
Prescription drug turnaround times	98%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	100%
Network Pharmacy Access	<5%	7/1/24 – 6/30/25	7/1/24 – 9/30/24	100%
About the Patient program payment	5 days	7/1/24 – 6/30/25	7/1/24 – 9/30/24	100%
Interest Rate determined by PERS/SHP	Quarterly	7/1/24 – 6/30/25	7/1/24 – 9/30/24	100%







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Executive Director  
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# Memorandum

**TO:** NDPERS Board

**FROM:** Rebecca

**DATE:** February 7, 2025

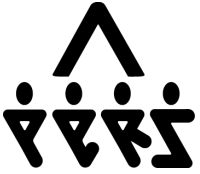
**SUBJECT:** House Bill 1040 Implementation Update

The following activities have occurred for House Bill 1040 implementation since our last Board discussion:

- As of January 30<sup>th</sup>, there have been 267 new employees enrolled in the DC 2025 Plan. Current elections related to the up to 3% additional contribution is:
  - 27 employees elected 0% additional contribution
  - 8 employees elected 1% additional contribution
  - 12 employees elected 2% additional contribution
  - 85 employees elected 3% additional contribution
  - 135 employees have not made an election for additional contribution
    - Employees may still be within their 30 day window to make an election
- Empower has held their first two webinars for new DC 2025 Plan members. These will continue to be conducted twice a month to explain the provisions of the DC 2025 Plan, including the matching opportunities and investment options available.
- 2<sup>nd</sup> presentation held on January 15<sup>th</sup> for state employees eligible for special election window.

- As of January 29<sup>th</sup>, NDPERS has received 35 total elections related to the special election window:
  - 29 employees have elected to transfer to the Defined Contribution Plan.
  - 4 employees have elected to remain in the Defined Benefit Plan.
  - 2 employee election forms were invalid and returned to the employee.
  
- Reviewing reminder notice to employees eligible for special election window. This follow-up mailing will be sent in mid-February to those that have not submitted an election given the window ends March 31, 2025.

This item is informational and does not require any action of the Board.



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# Memorandum

**TO:**                   NDPERS Board

**FROM:**               Lindsay Schaf

**DATE:**               February 7, 2025

**SUBJECT:**           Insurance Updates

This memo is to provide the Board with updates on two efforts conducted this fall in relation to the NDPERS Insurance plans.

## **Flu Vaccination Clinics**

From late September through early November, NDPERS offered seven flu vaccination clinics to members and dependents in the Bismarck/Mandan area who are covered by the NDPERS health insurance plan. As in previous years, the clinics were conducted by the UND Center for Family Medicine, both at their clinic and at the Capitol. Similar to last year, the UND Center for Family Medicine modified their registration process to require online pre-registration. A total of 350 individuals received their flu vaccination through this campaign, which is a decrease from last year (635).

No specific cause to the decrease in utilization, but UND Center for Family Medicine reported that those who called to cancel reported having received the flu shot at their provider's office.

## **Annual Enrollment**

Annual enrollment was conducted from October 14 through November 1, 2024. Members were able to complete their elections by supplying paper forms or by using Member Self Service (MSS).

Additional information regarding specific plan enrollments includes the following:

**FlexComp Plan:**

	<b>2024</b>	<b>2024</b>	<b>2025</b>	<b>2025</b>
	<b>Participants</b>	<b>Total Pledged</b>	<b>Participants</b>	<b>Total Pledged</b>
Medical Spending	2,136	\$4,011,919.44	2,119	\$4,205,355.44
Dependent Care	376	\$1,548,569.92	368	\$1,509,475.92
<b>Total</b>	<b>2,512</b>	<b>\$5,560,489.36</b>	<b>2,487</b>	<b>\$5,714,831.36</b>

**Dental & Vision Plans:**

The following is the change in enrollment for subscriber contracts in the dental and vision plans:

	<b>2024</b>	<b>2025</b>
Dental	14,389	15,110
Vision	14,298	14,934

**High Deductible Health Plan:**

The enrollment change for the High Deductible Health Plan is:

<b>2024</b>	<b>2025</b>
1,023	1,296

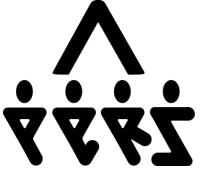
**457(b) Deferred Compensation Plan:**

Although Deferred Compensation is not normally included as part of the annual enrollment elections, based upon direction by the Board, an active choice enrollment option for this benefit was again offered as part of annual enrollment. The purpose was to incentivize members to enroll or increase their 457(b) Deferred Compensation contributions.

The following summary identifies *unique* members modifying their election.

<b>Provider</b>	<b>Total Unique Members that modified their election</b>	<b>New</b>	<b>Increase</b>	<b>Decrease</b>
<b>Empower (Companion Plan)</b>	961	259	693	9
<b>Other 457(b) Deferred Compensation Providers</b>	91	9	79	3

This item is informational only and does not require any action by the Board. We will be available at the meeting to discuss any questions you may have.



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# Memorandum

**TO:**                   NDPERS Board

**FROM:**               Rebecca

**DATE:**               February 7, 2025

**SUBJECT:**           Contracts under \$10,000

Attached is a document that shows the contracts under \$10,000 that have been signed since the last update. Please let me know if you have any questions on any of these contracts.

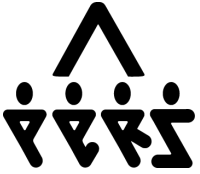
This topic is informational only.



# Attachment

## All Contracts Signed During 2025:

Vendor	Amount	Notes
Empower	\$ -	457 Plan Catch-up Opt Out Forms
Inter Office	\$ 1,176.16	Office Chair
Rolette County Soil Conservation D	\$ -	Joined Deferred Compensation Plan 1/1/25
UHY	\$ -	GASB 68 & 74 Management Rep. Letters
Great Plains Housing Authority	\$ -	Joined Deferred Compensation Plan 7/1/25



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# Memorandum

**TO:** NDPERS Board  
**FROM:** Derrick Hohbein  
**DATE:** February 7, 2024  
**SUBJECT:** Budget Status

Twice a year staff provides the Board with an update on the status of the current budget and answers any questions or concerns the Board may have. The expenses for the biennium through December 31, 2024, as well as our total appropriation, are summarized in the table below:

	2023-2025 Appropriation	Expenditures to Date	Remaining Appropriation	% Remaining
Salaries & Wages	9,068,789	6,638,510	2,430,279	27%
Operating	2,542,712	1,713,949	828,763	33%
Contingency	250,000	-	250,000	100%
DB Closure	372,027	134,934	237,093	64%
Total	12,233,528	8,487,393	3,746,135	31%

We did receive \$4,500 in both funding and appropriation authority for the internship program. There is \$161,673 of salary appropriation available through the Vacant FTE pool that we can access in March 2025, if needed.

The biennium ends June 30, 2025.

Please let me know if you have any questions on the summary.