



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: 501 960 686
Date: **Tuesday, November 12, 2024**
Time: 8:30 A.M. [Click here to join the meeting](#)

I. MINUTES

- A. October 8, 2024
- B. October 29, 2024

II. CONFLICT OF INTEREST DISCLOSURE CONSIDERATION

III. PRESENTATIONS

- A. Ethics Commission – Rebecca Binstock
- B. Sanford Health Plan Executive Summary 2024 Quarter 2

IV. DEFINED CONTRIBUTION PLAN IMPLEMENTATION

- A. In-Plan Annuity Contracts – Derrick (Board Action)
- B. House Bill 1040 Implementation Update – Rebecca (Information)
- C. Special Election Window Eligible Members with a Qualified Domestic Relations Order (QDRO) on File – Shawna (Information)

V. DEFINED BENEFIT

- A. Public Safety Plans Employer Contribution Rates – MaryJo (Board Action)

VI. GROUP INSURANCE / FLEXCOMP

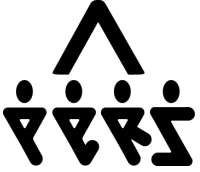
- A. Revised Health Insurance Plan Rates Due to HB 1095 Implementation – Rebecca (Board Action)
- B. Wellness Benefit and Medicare Retirees – Rebecca (Board Action)
- C. Continuation of Coverage for Confined Members – Rebecca (Board Action)

VII. LEGISLATION / ADMINISTRATIVE RULES

- A. Legislation – Rebecca (Board Action)

VIII. OPERATIONS / ADMINISTRATIVE

- A. 2025 Regular Board Meeting Dates – Rebecca (Board Action)
- B. Contracts Under \$10,000 – Rebecca (information)
- C. Next Meeting Date: December 10, 2024



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Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: November 12, 2024

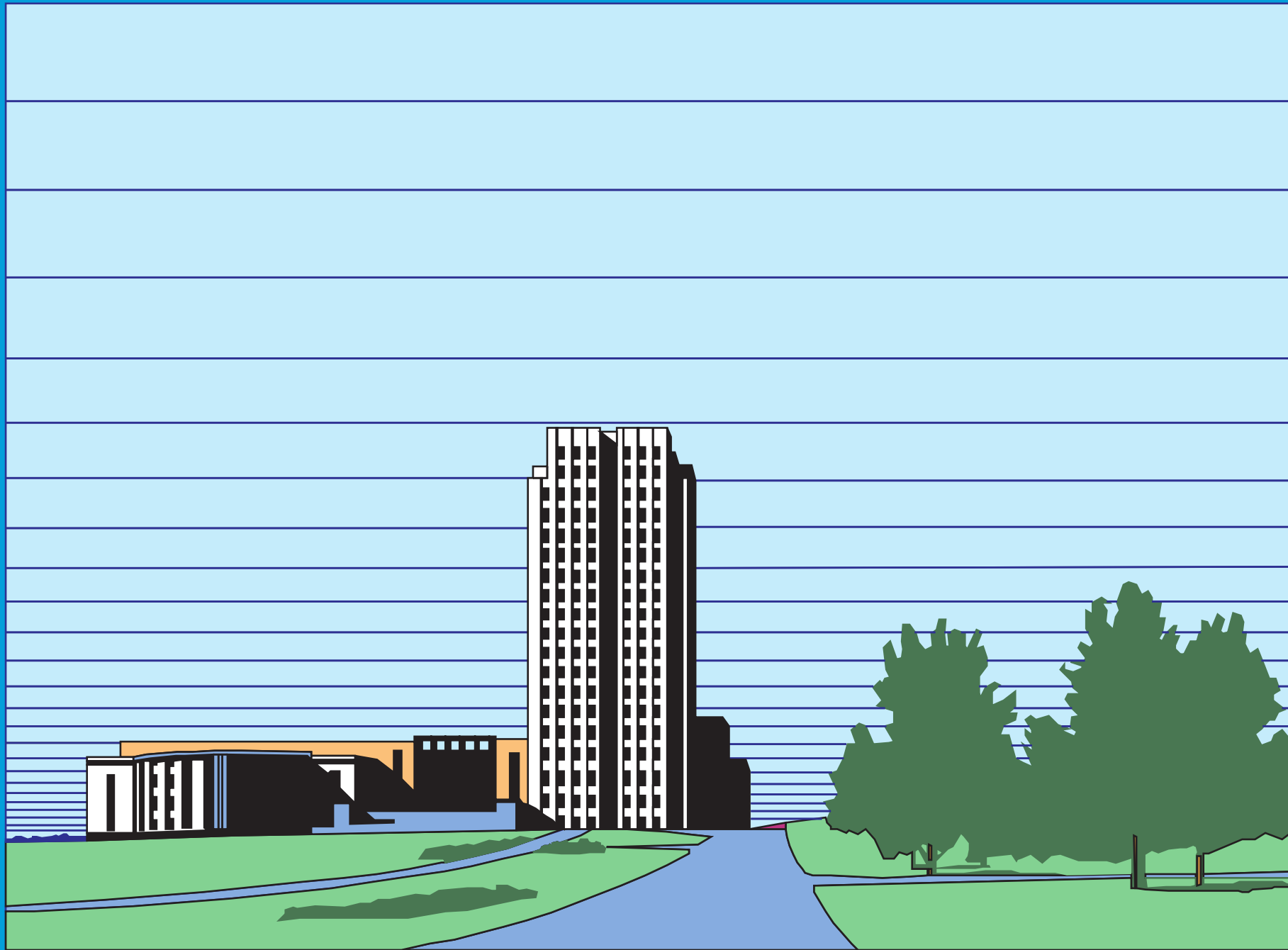
SUBJECT: Ethics Commission Update

Chairman Seminary invited Rebecca Binstock, Executive Director of the ND Ethics Commission, to present information to the Board on the ethics requirements created by the constitutional amendment passed in 2018. The Board last received a presentation from the Ethics Commission in March 2021 and therefore, Ms. Binstock will be providing updates since that presentation.

Review of Ethics Rules: NDPERS Board of Trustees



Agenda



- 01 Article XIV
- 02 Conflict Rules
- 03 Six-Step Process
- 04 Complaint Process

A Constitutional Amendment

2018 General Election

Established state ethics commission in
Article XIV of the North Dakota
Constitution

Commission has authority over
transparency, corruption, elections, and
lobbying



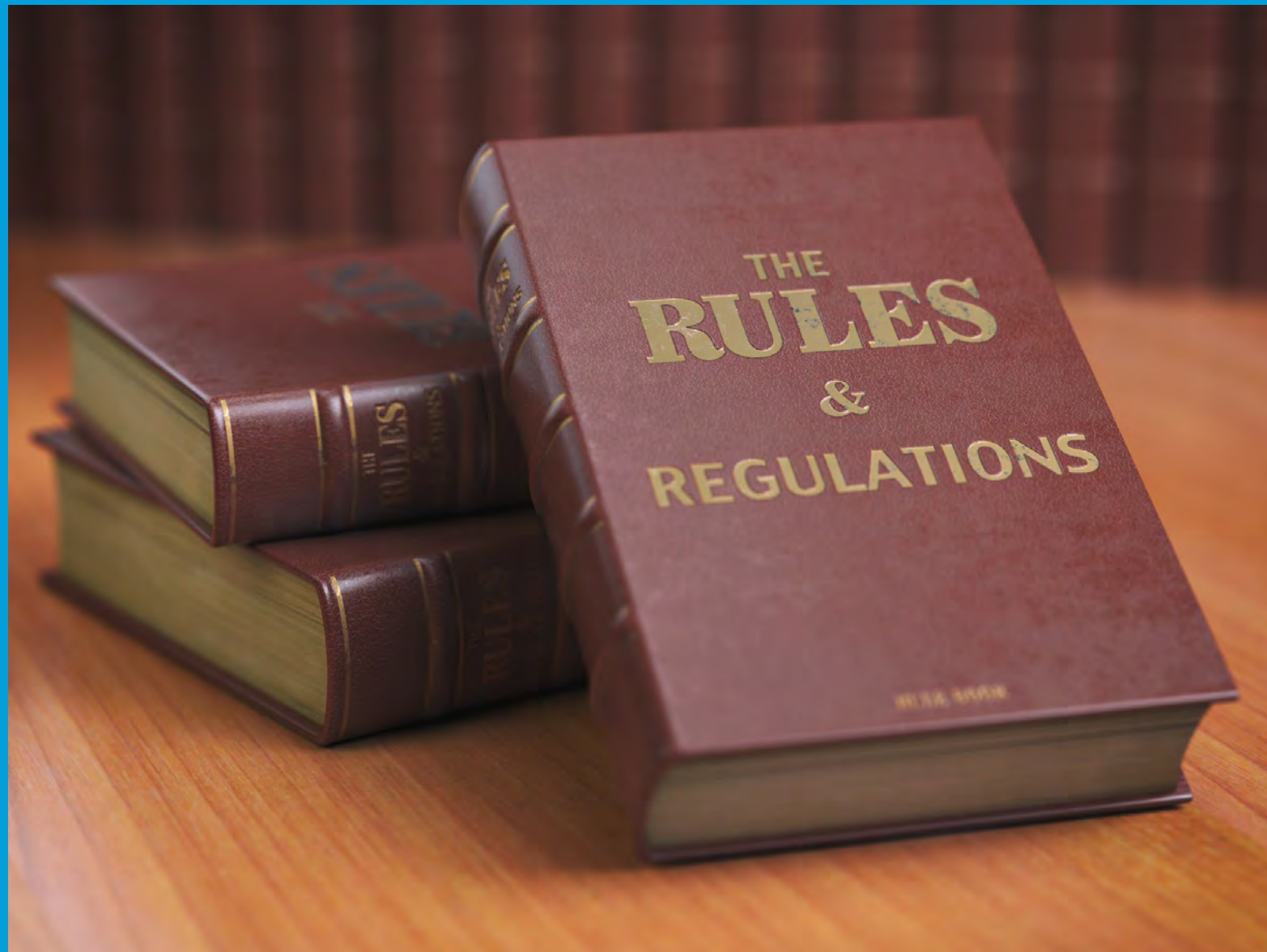
ND
ETHICS
COMMISSION

North Dakota Ethics Commission



- 5 Commission Members: Appointed by consensus agreement of the senate majority leader, senate minority leader, and the governor
- Commission members serve 4-year terms
- Commission staff consists of executive director, general counsel, and operations administrator
- Constitutional mandate for the legislative assembly to adequately fund the Commission to carry out its functions and duties

Commission Authority

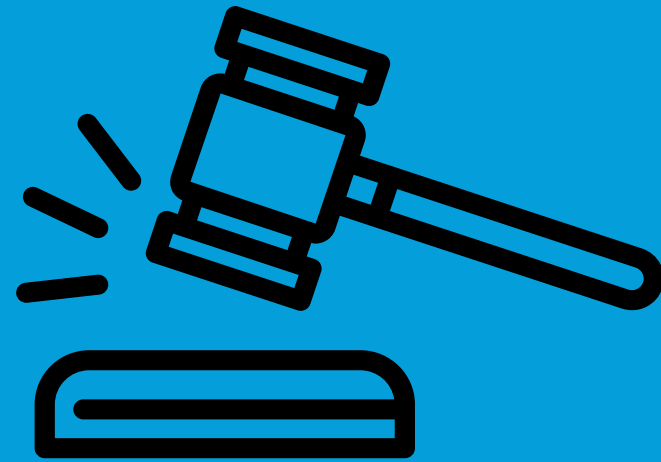
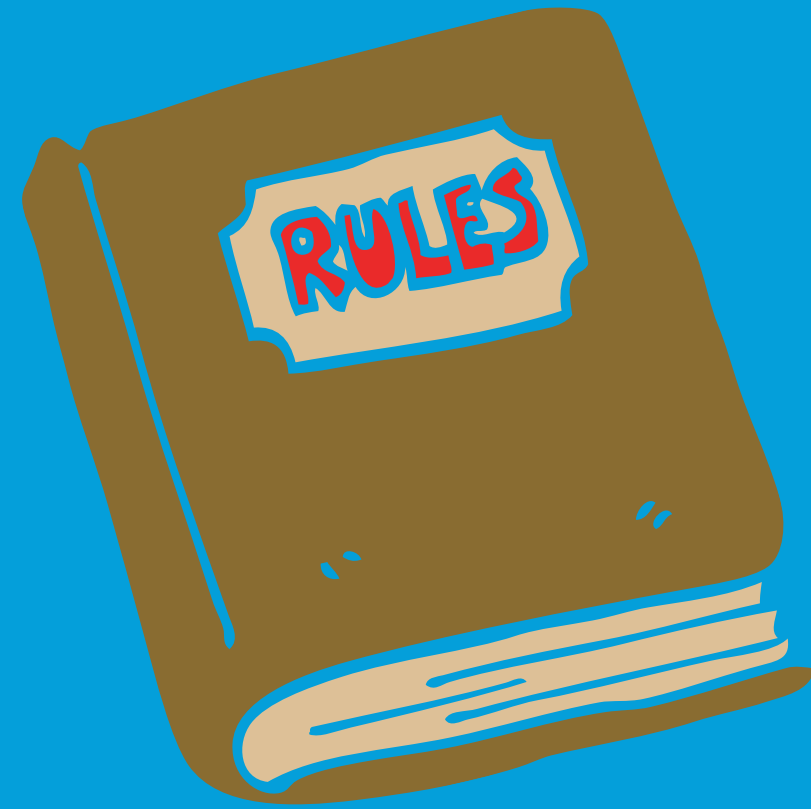


Constitutional authority to adopt rules related to transparency, corruption, elections, and lobbying

Constitutional authority to investigate alleged violations of its rules, Article XIV of ND Constitution, and related state laws.

Ethics Commission shall maintain a confidential whistleblower hotline for individuals to submit information.

Ethics Rules



The Complaint Process

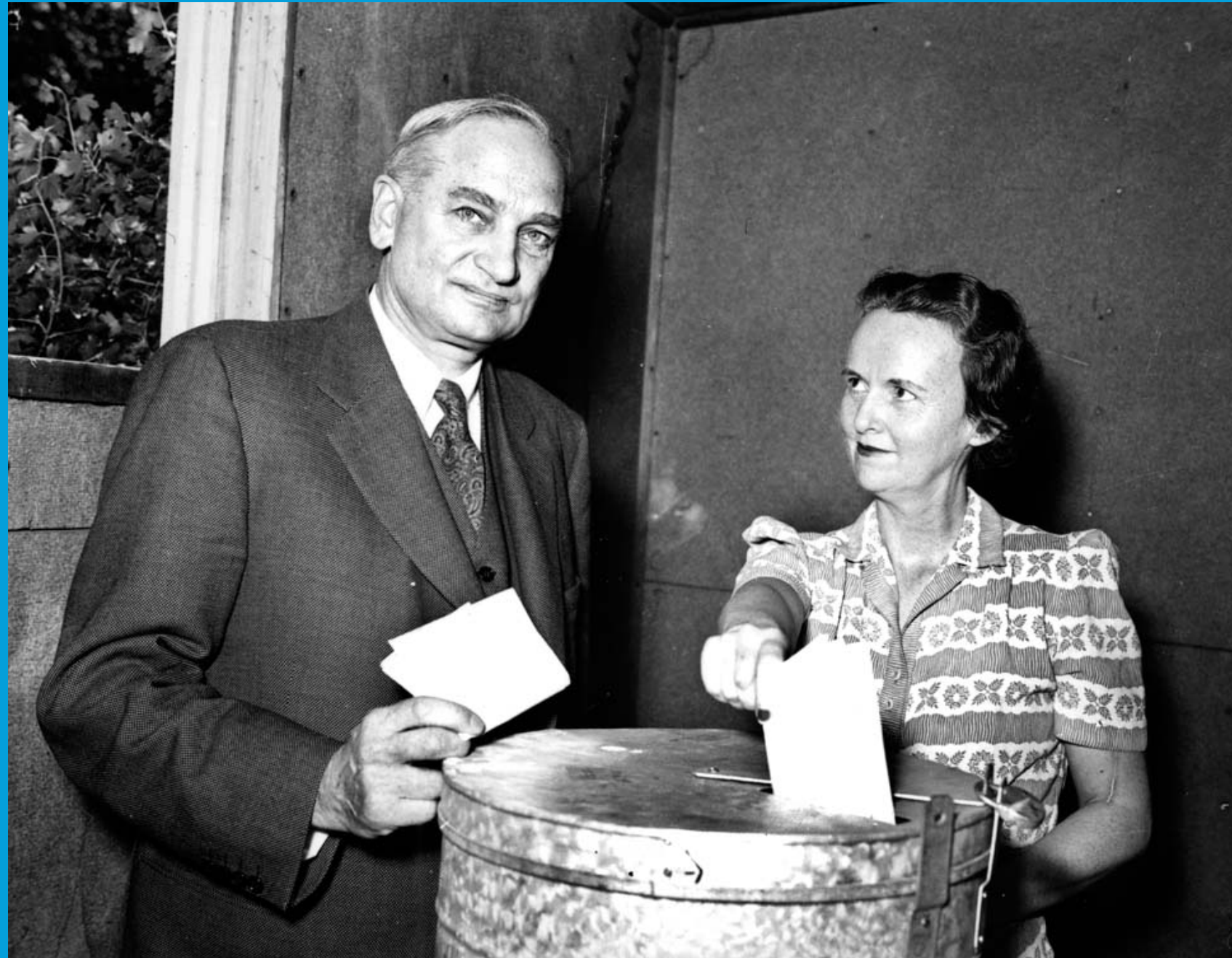
Lobbyist Gifts

Appearance of Bias

Conflicts of Interest

Financial and Travel Disclosure??

Recognizing Conflicts



SHSND 00038

William and Lydia Langer Voting 1934

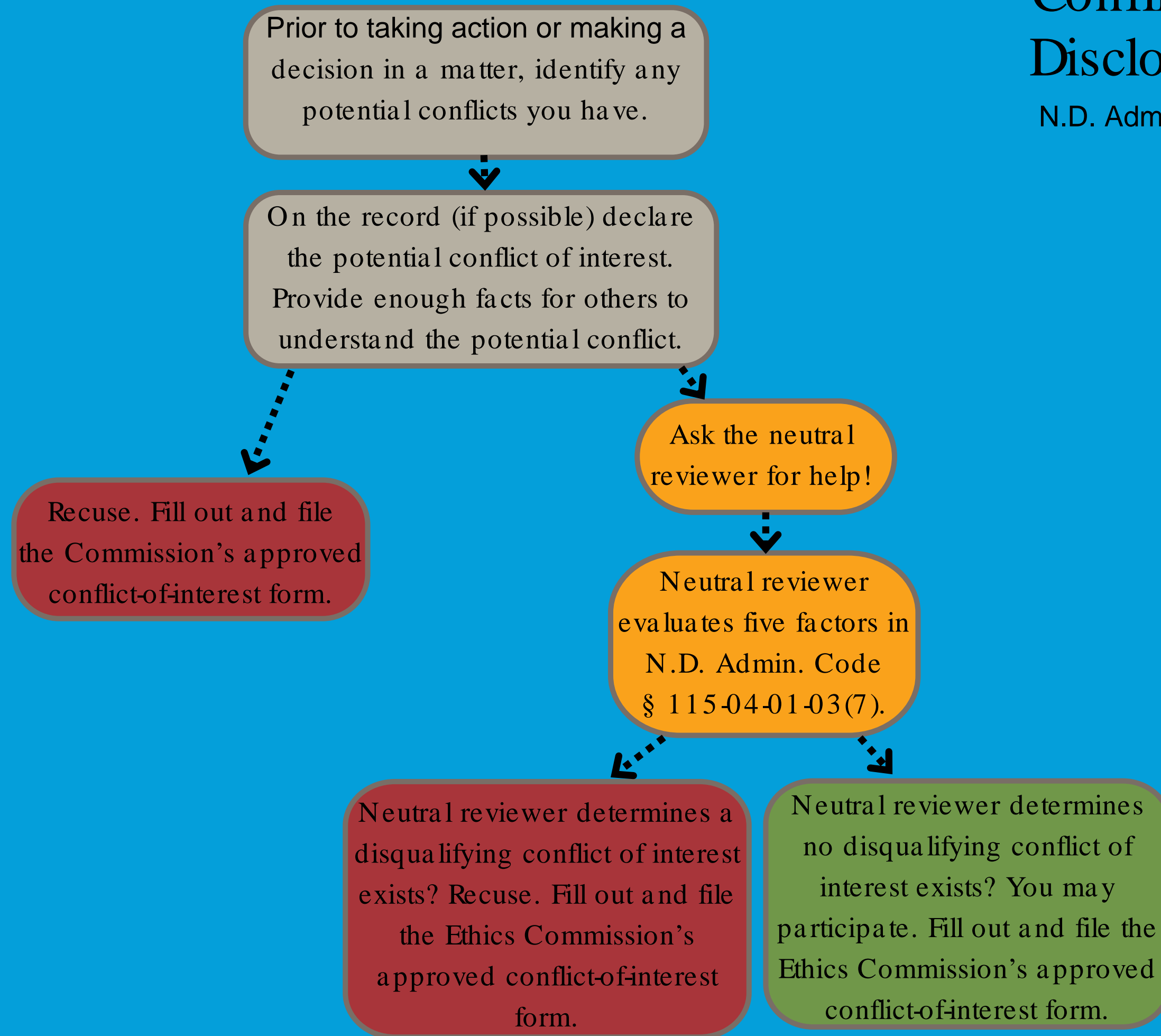
Public Official =

- elected or appointed members of legislative and executive branches
- members of the Ethics Commission
- legislative employees

When do the conflict-of-interest rules apply?
When public officials must make a decision or take action as part of their duties.

Conflict of Interest Disclosure Process

N.D. Admin Code ch. 115-04-01



Six-Step Process

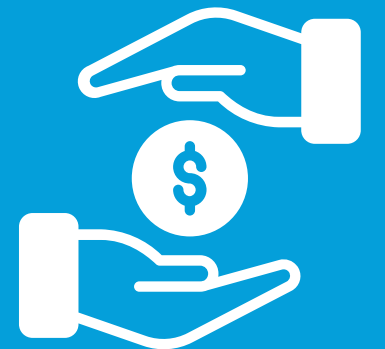
Step 1 - Identify Potential Conflicts

“Potential conflict of interest” means a public official, as part of his or her duties, must make a decision or take action in a matter where the public official has:

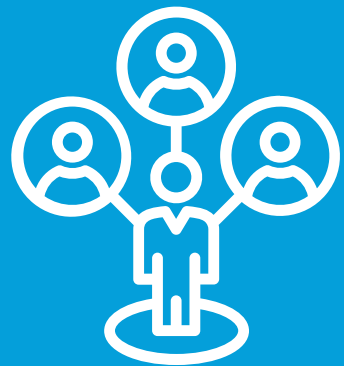


1. received a gift from one of the parties;

2. a significant financial interest in one of the parties or the outcome of the proceeding; or



3. a relationship in a private capacity with one of the parties.



Step 2 - Declare the Potential Conflict



Declare any potential conflict on the record, if possible.

Provide enough facts for others to understand the potential conflict.

You must draw the connection from the potential conflict to the action or decision before you.

Step 3 - Two Options



After disclosure, two options to move forward.

- (1) Recuse and file the form; or
- (2) Ask the neutral reviewer for help.

Who is the neutral reviewer?

Identified by a government body's policy or rule.
If no policy or rule, Ethics Commission rules identify
a default neutral reviewer.

Step 4 - Neutral Reviewer Evaluation

Neutral reviewer must evaluate 5 factors from
N.D. Admin. Code § 115-04-01-03(7).

- (1) Weight and deference to public official to perform duties
- (2) Materially affect the independence of judgment
- (3) Any law that would preclude recusal or abstention
- (4) The size of the personal benefit
- (5) Any guidance from the Ethics Commission



Step 5 - Neutral Reviewer Determination

Neutral reviewer determines whether a potential conflict of interest = a disqualifying conflict of interest.

No disqualifying conflict of interest exists?
The public official may participate.

A disqualifying conflict of interest exists?
The public official must recuse.

No ethics violation if:

- (1) consult and adhere to neutral reviewer;
- (2) public official acts in good faith; and
- (3) the disclosed material facts are substantially the same as any complaint allegations.



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1967 Legislative
Assembly

Six-Step Process

Step 6 - File the Form

Always file the Ethics Commission's approved form with your governing body and the Ethics Commission.

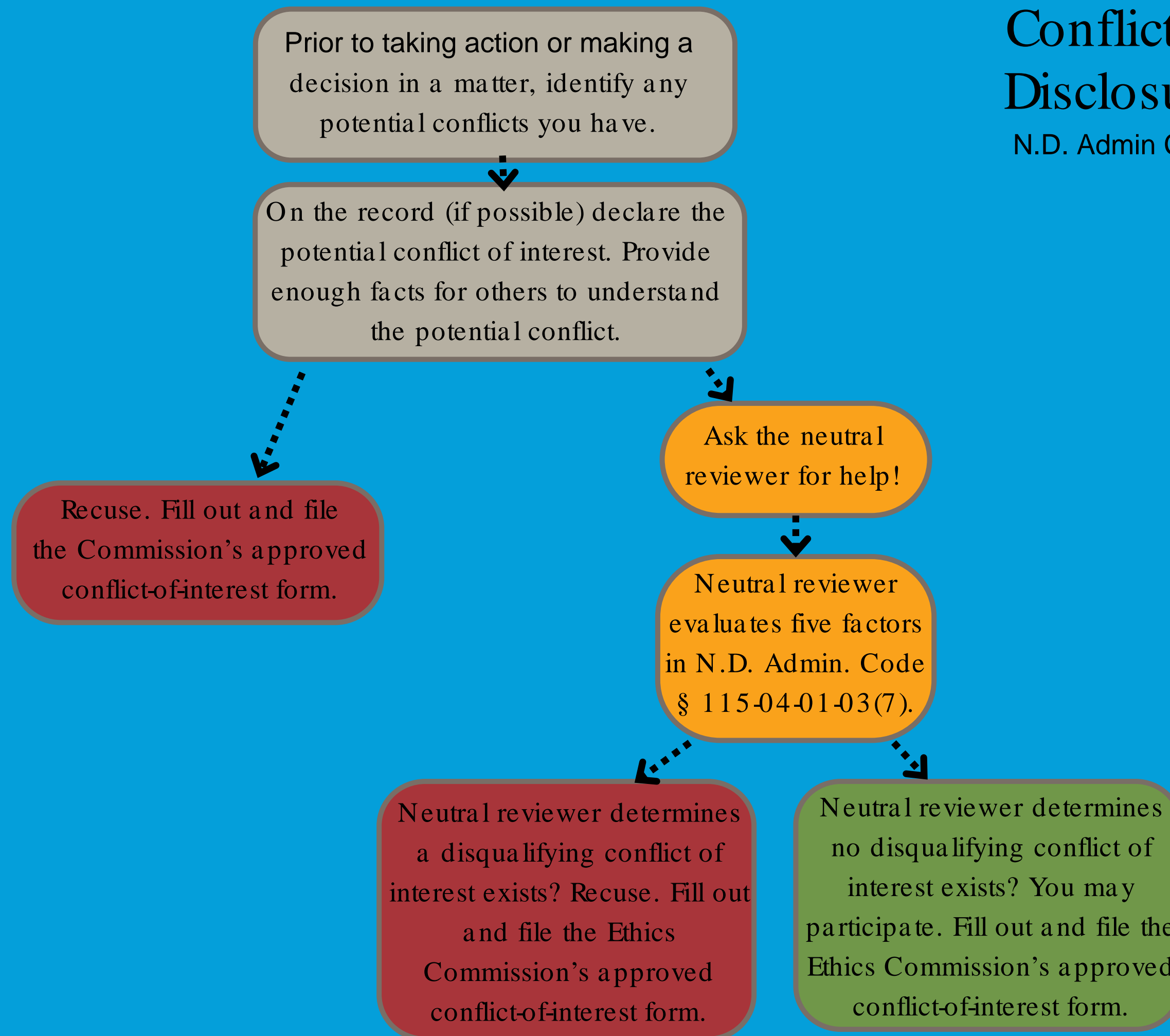
Minutes must document any recusal.

Form requirement does not apply in the legislative process.
See Ethics Commission Advisory Opinion 23-01.



Conflict of Interest Disclosure Process

N.D. Admin Code ch. 115-04-01



Complaint Process



Individuals who file complaints with the Commission can remain confidential

Information related to complaints is confidential until and unless the Commission finds an ethical violation.

3 steps to the process: initial review, informal resolution, and investigation

Questions?





Thank
you!

ethicscommission@nd.gov

or

701.328.5325

ND | ETHICS
COMMISSION



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Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: November 12, 2024

SUBJECT: Sanford Health Plan Executive Summary Quarter 2 2024

Sanford Health Plan (SHP) will be at the meeting to review the attached Executive Summary Quarter 2 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 2 | 2024

Presented November 2024



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Section 7: Performance Guarantees

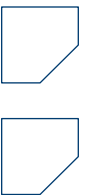
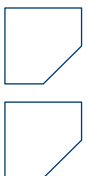
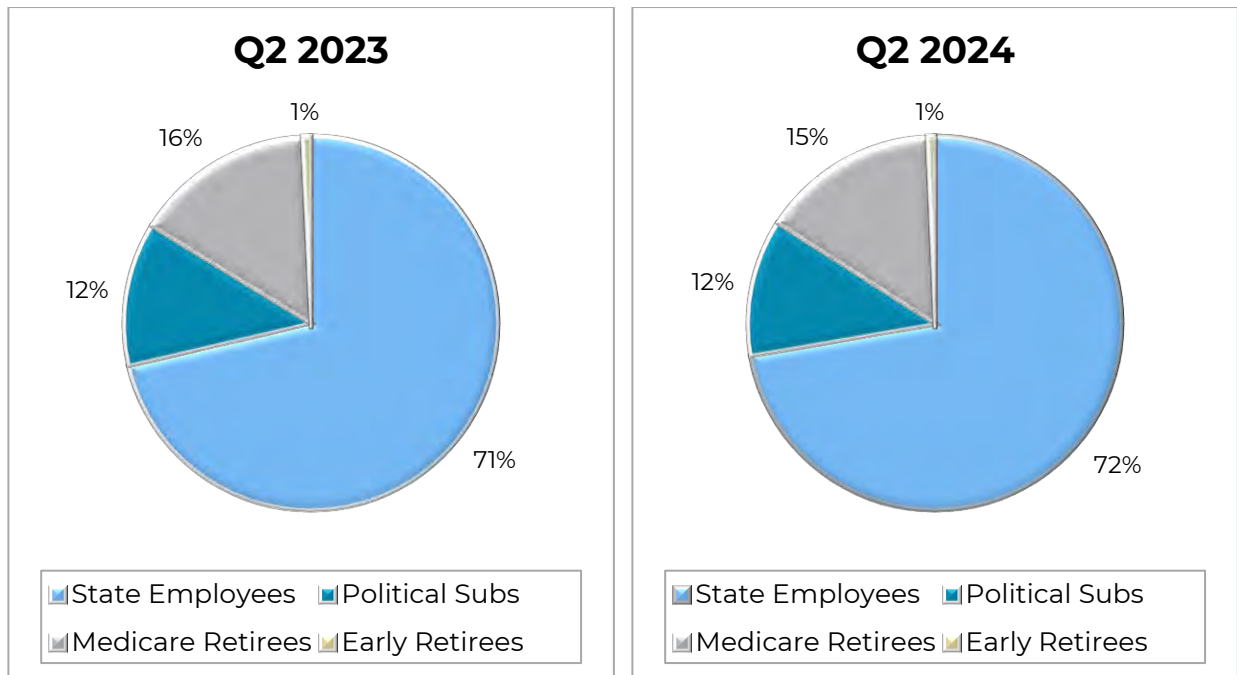
SECTION 1: MEMBERSHIP

ANNUAL MEMBERSHIP SUMMARY

Exhibit 1.1

MEASURE	Q2 2023	Q2 2024	PERCENT CHANGE
State Employees	41,660	42,452	1.9%
Political Subs	7,252	6,904	-4.8%
Medicare Retirees	9,070	9,009	-0.7%
Early Retirees	410	362	-11.7%
TOTAL	58,392	58,727	0.6%

Exhibit 1.2



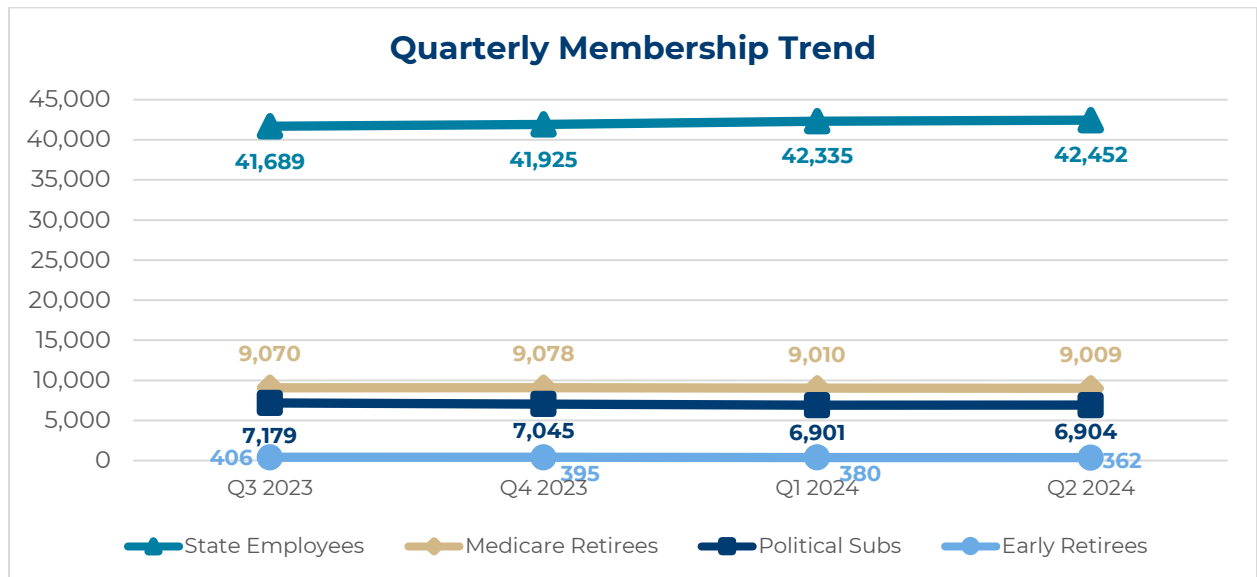
MEMBERSHIP TREND

Exhibit 1.3

MEASURE	Q2 2023	Q2 2024	% CHANGE	BENCHMARK	% VARIANCE
Average Employees	18,589	18,476	-0.6%		
Average Members	49,608	49,437	-0.3%		
Average Contract Size	2.67	2.68	0.3%		
Average Age	33.5	33.4	-0.4%		
% Female	50.9%	50.9%	0%	50.9%	0%
HCCs (% of Members)	0.8%	0.9%	10.6%	0.8%	15.9%

*Includes State Employees, Early Retirees & Political Subs.

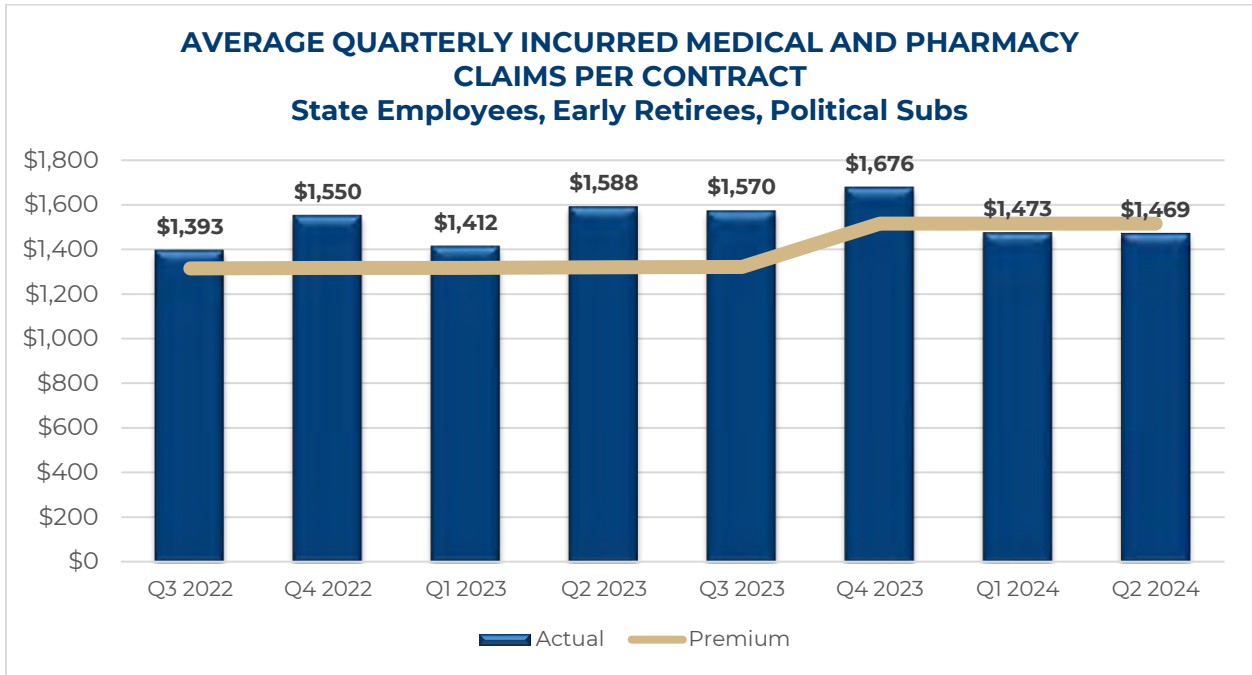
Exhibit 1.4



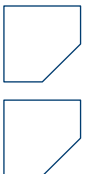
SECTION 2: CLAIMS ANALYSIS

PAID CLAIMS PER CONTRACT PER MONTH

Exhibit 2.1

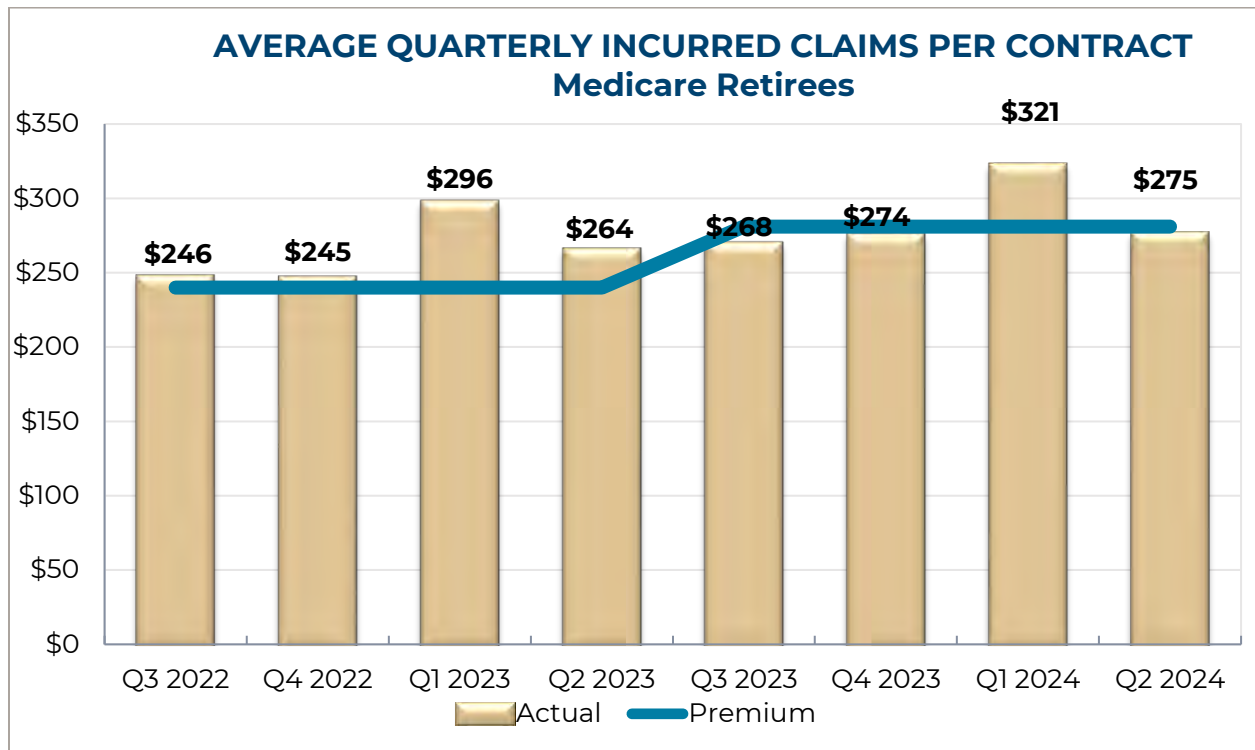


*Incurred between July 1, 2023 and June 30, 2024 with paid date as of September 30, 2024. Final Adjusted Claims.
*NDPERS Active contracts have approximately 2.68 members per contract.
*Includes medical claims and prescriptions without IBNR.
*Additional medical claims may be received.



PAID CLAIMS PER CONTRACT PER MONTH

Exhibit 2.2



* Incurred between July 1, 2023 and June 30, 2024 with paid date as of September 30, 2024. Final Adjusted Claims.

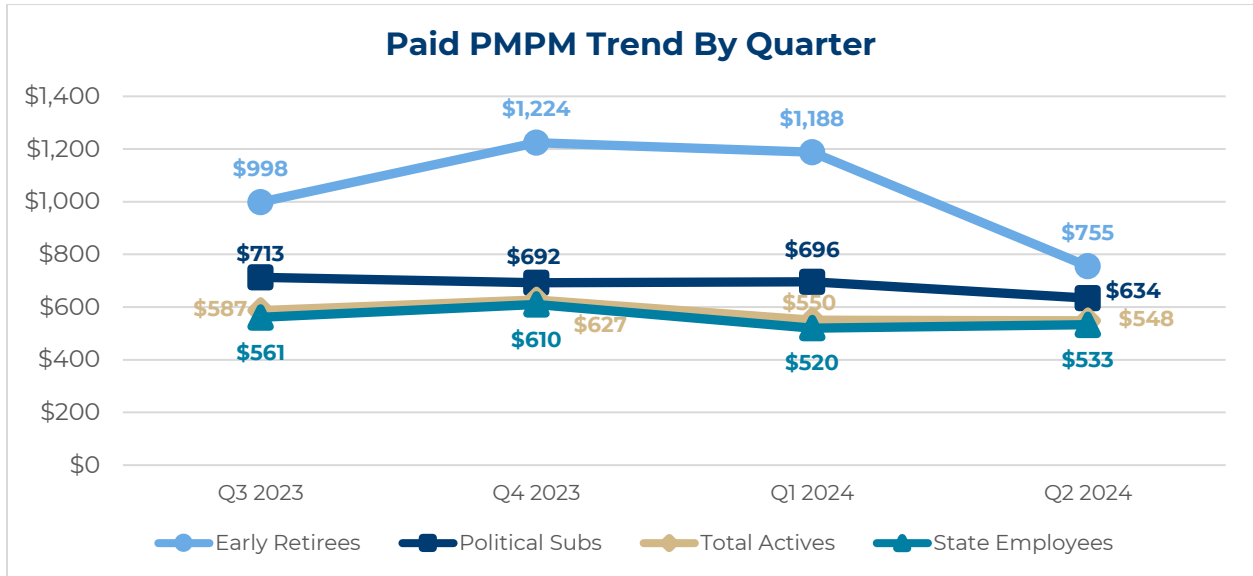
*Includes medical claims only excludes prescription drug coverage (Medicare Part D).

*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 July 1, 2023 and June 30, 2024 with paid date as of September 30, 2024. Final Adjusted Claims.

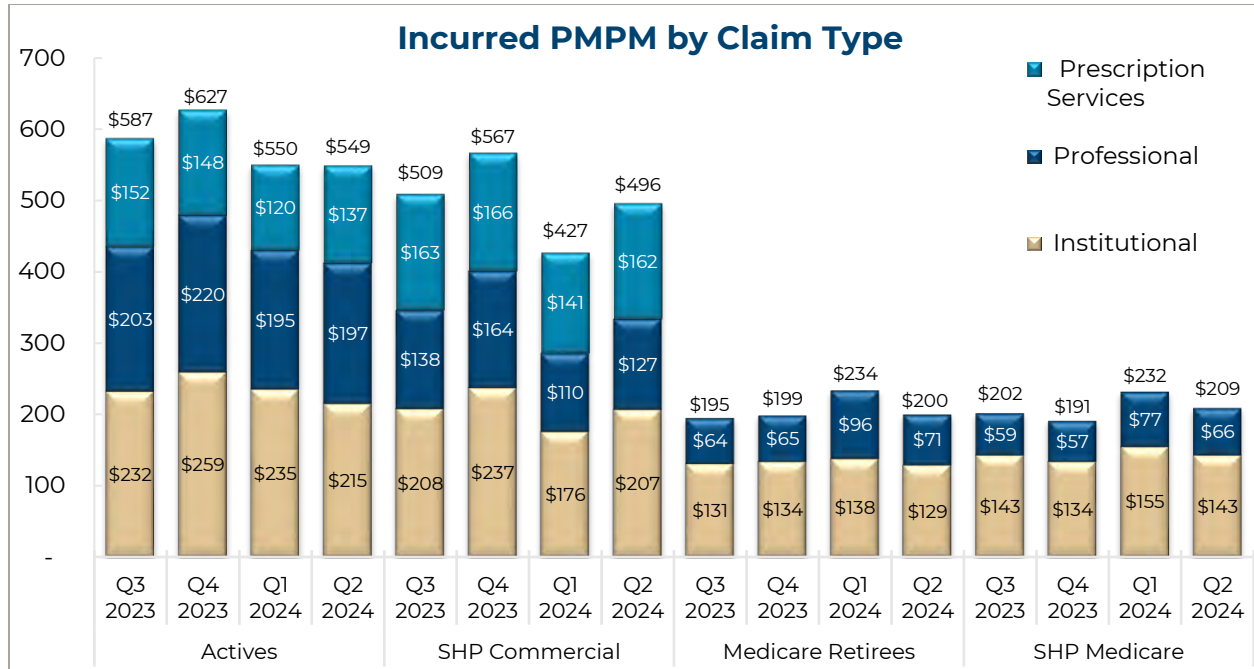
*Total Actives = State Employees + Early Retirees + Political Subs

*Medical claims and Prescription services without IBNR.

*Additional medical claims may be received.

INCURRED PMPM BY CLAIM TYPE

Exhibit 2.4



* Incurred between July 1, 2023 and June 30, 2024 with paid date as of September 30, 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

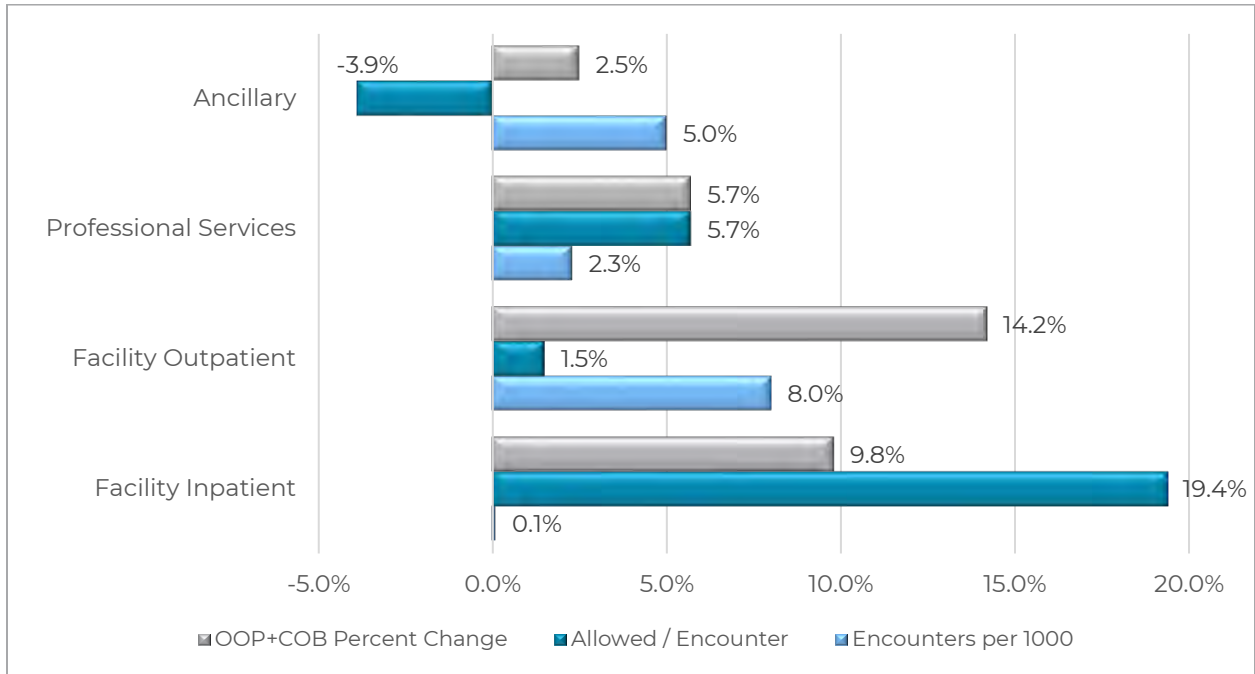


Exhibit 3.2

MEASURE	FACILITY INPATIENT	FACILITY OUTPATIENT	PROFESSIONAL SERVICES	ANCILLARY
Encounters per 1000 Prior Period	49	2,488	12,967	1,669
Encounters per 1000 Current Period	50	2,688	13,261	1,753
% Change	0.1%	8.0%	2.3%	5.0%
Amount Allowed per Encounter Prior Period	\$22,269	\$603	\$176	\$390
Amount Allowed per Encounter Current Period	\$26,592	\$612	\$186	\$375
% Change	19.4%	1.5%	5.7%	-3.9%
OOP+COB PMPM Prior Period	\$0.30	\$15.76	\$36.88	\$3.14
OOP+COB PMPM Current Period	\$0.32	\$18.00	\$38.98	\$3.22
% Change	9.8%	14.2%	5.7%	2.5%

*Prior Period: July 2022- June 2023. Current period: July 2023- June 2024. Paid through September 30, 2024.

SECTION 4: HIGH DOLLAR CASES: ACTIVES

Exhibit 4.1

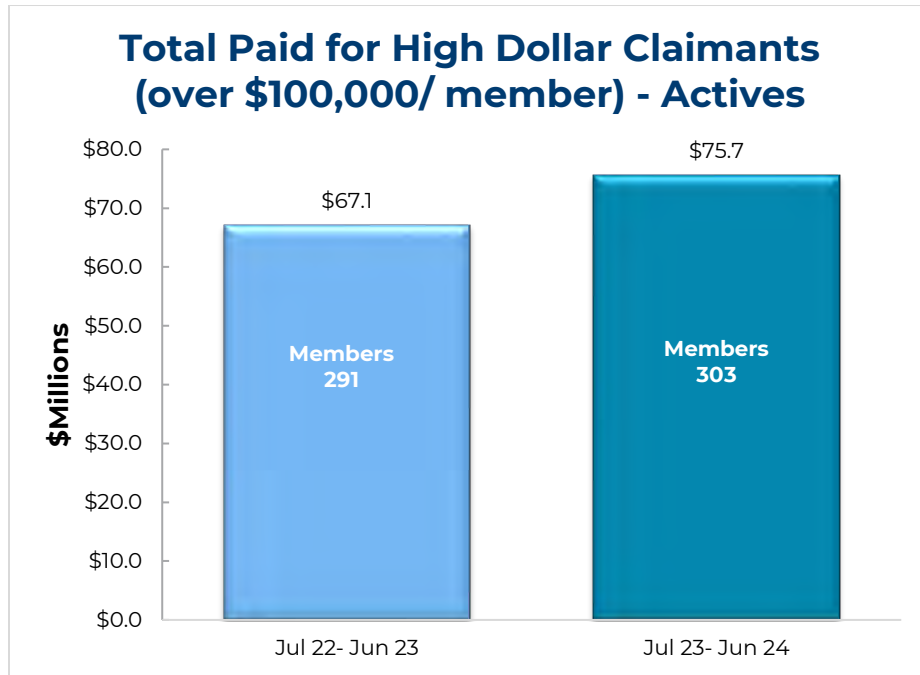
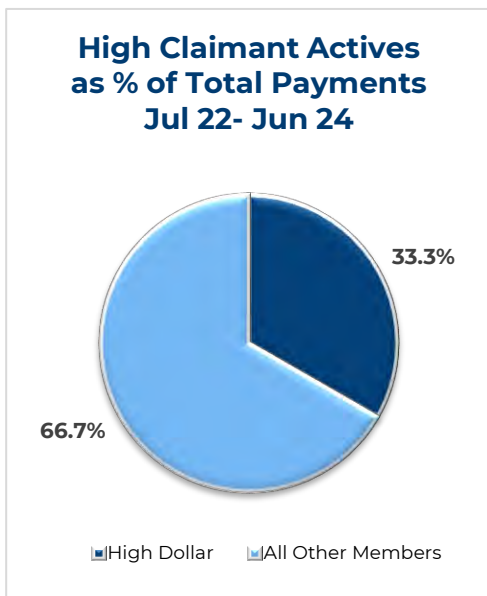


Exhibit 4.2

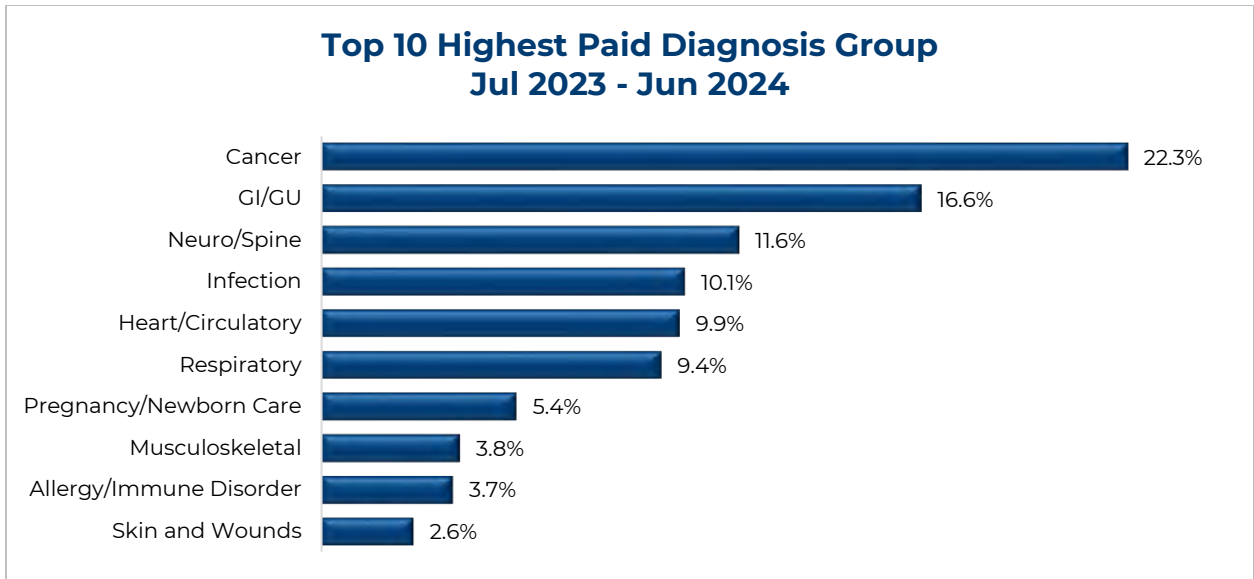


ACTIVE MEMBERS	
Avg. Paid/ Claimant	\$230,670
% of Total Payments	33.3%

*Medical claims only without IBNR.

*Additional medical claims may be received.

Exhibit 4.3



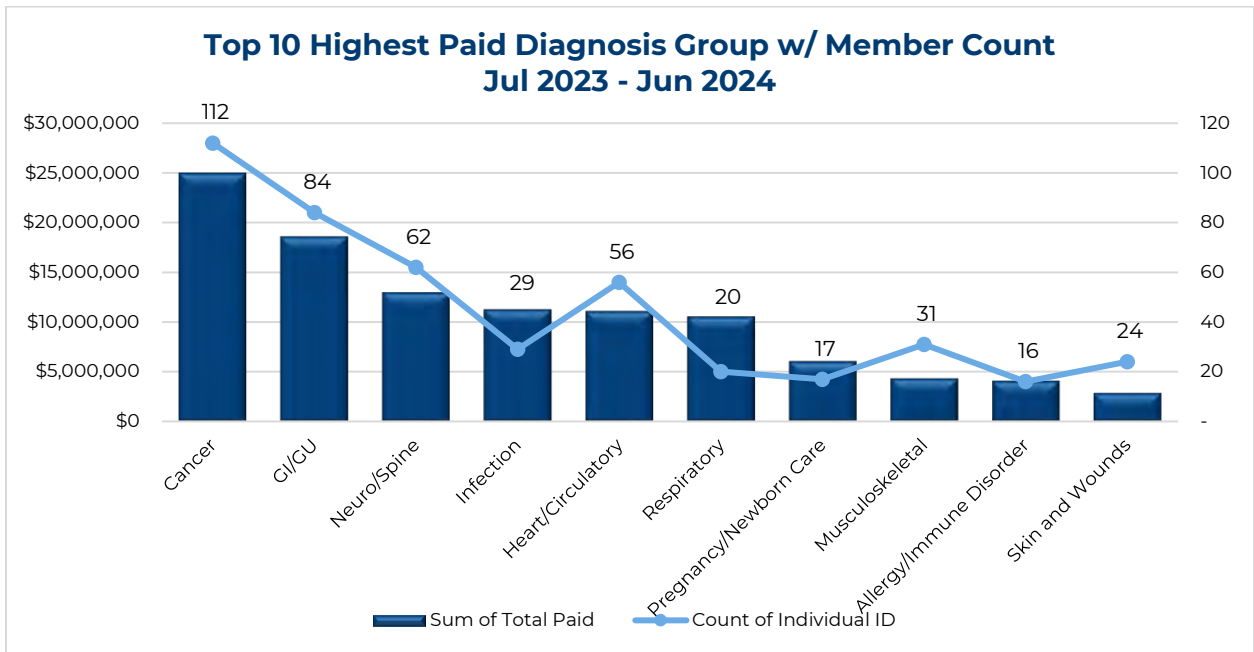
*The remaining 4.6% represent 5 diagnosis groups.

*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 4.6% represent 5 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

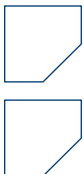
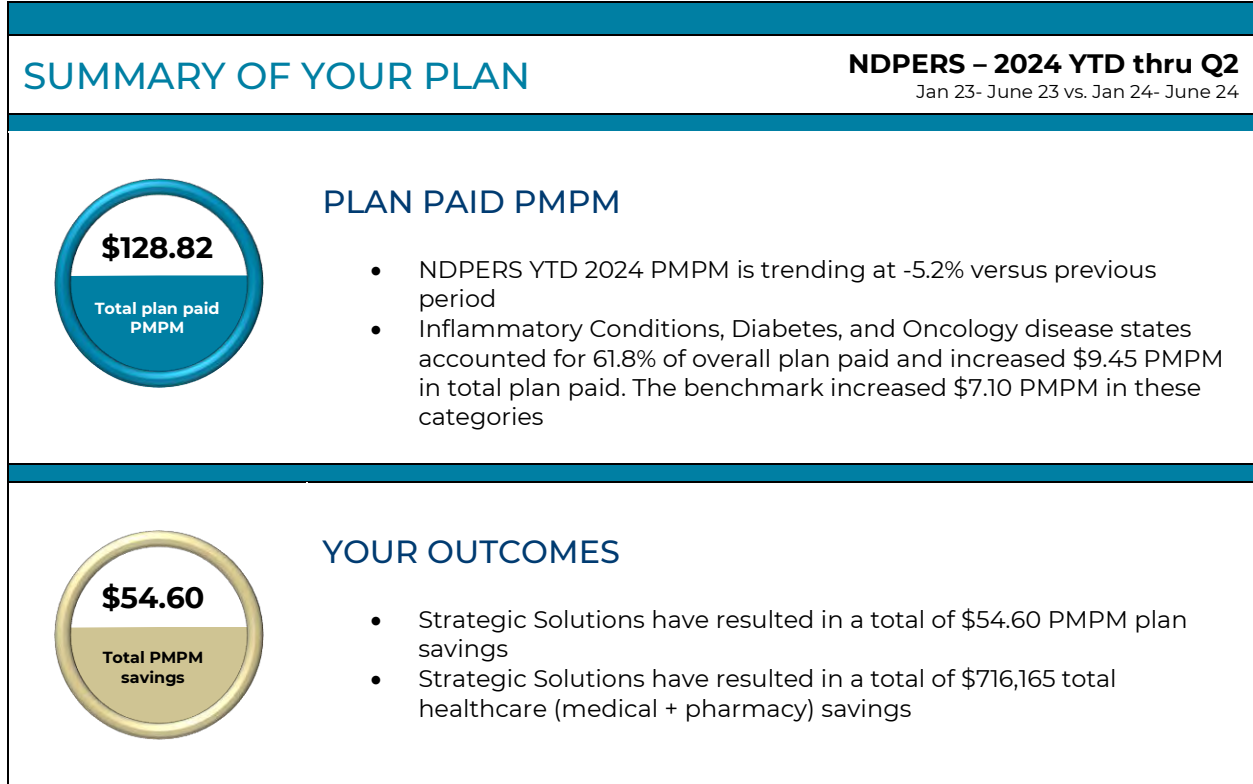


Exhibit 5.2

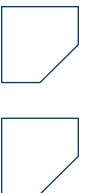
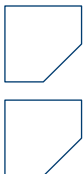
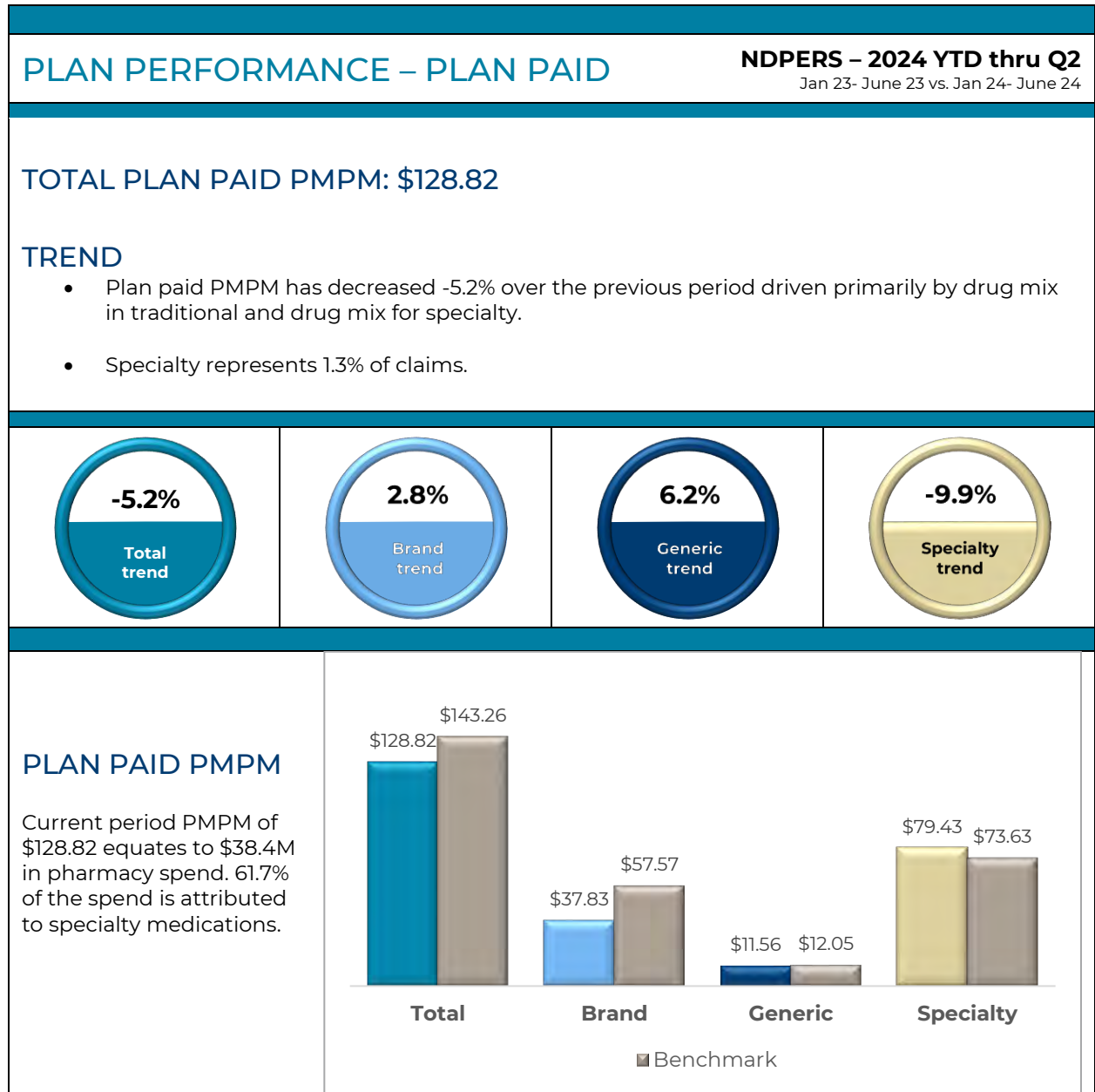


Exhibit 5.3


KEY STATISTICS			NDPERS – 2024 YTD thru Q2 Jan 23- June 23 vs. Jan 24- June 24		
PLAN PAID PMPM: \$128.82					
 <p>49,632 Avg. eligible members</p>		<p>The key metrics here help highlight the changes NDPERS YTD 2024 has experienced period over period.</p> <ul style="list-style-type: none"> • Eligibility has increased by 281. • Number of utilizers has decreased by 401. 			
TOTAL RXS		TOTAL PLAN PAID		UTILIZERS	
CURRENT 226,311		CURRENT \$38,362,477		CURRENT 31,749	
PREVIOUS 221,279		PREVIOUS \$40,233,037		PREVIOUS 31,348	
PREVIOUS CHANGE 2.3%		PREVIOUS CHANGE -4.6%		PREVIOUS CHANGE 1.3%	
KEY STATISTICS	NDPERS			COMMERCIAL BENCHMARK	
	CURRENT	PREVIOUS	% CHANGE	CURRENT	% CHANGE
Average Age	33.2	33.3	-0.3%	36.7	0%
Plan Paid PMPM	\$128.82	\$135.87	-5.2%	\$143.26	9.4%
Plan Paid Per Rx	\$169.51	\$181.82	-6.8%	\$180.19	7.4%
Rx PMPM	0.760	0.747	1.7%	0.795	1.9%
Average Days Supply	45.7	45.6	0.0%	40.4	-0.1%
Days Supply PMPM	34.7	34.1	1.7%	32.1	1.8%
Member Paid Share	15.0%	14.0%	6.6%	11.8%	-3.9%
Member Paid per Rx	\$29.81	\$29.69	0.4%	\$24.13	2.7%
Brand Dispensing Rate	11.8%	12.1%	2.5%	11.9%	
Generic Dispensing Rate (GDR)	88.2%	87.9%	0.3%	88.1%	1.0%
GDR- Without Vaccines	88.4%	88.2%	0.3%	88.7%	1.0%
Home Delivery Rate	0.6%	0.5%	13.4%	6.0%	1.4%
Retail 90 Rate	32.8%	32.9%	-0.2%	19.9%	-0.8%
% of Specialty Plan Paid	61.7%	64.9%	-5.0%	51.4%	3.1%

Exhibit 5.4

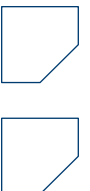
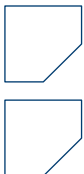
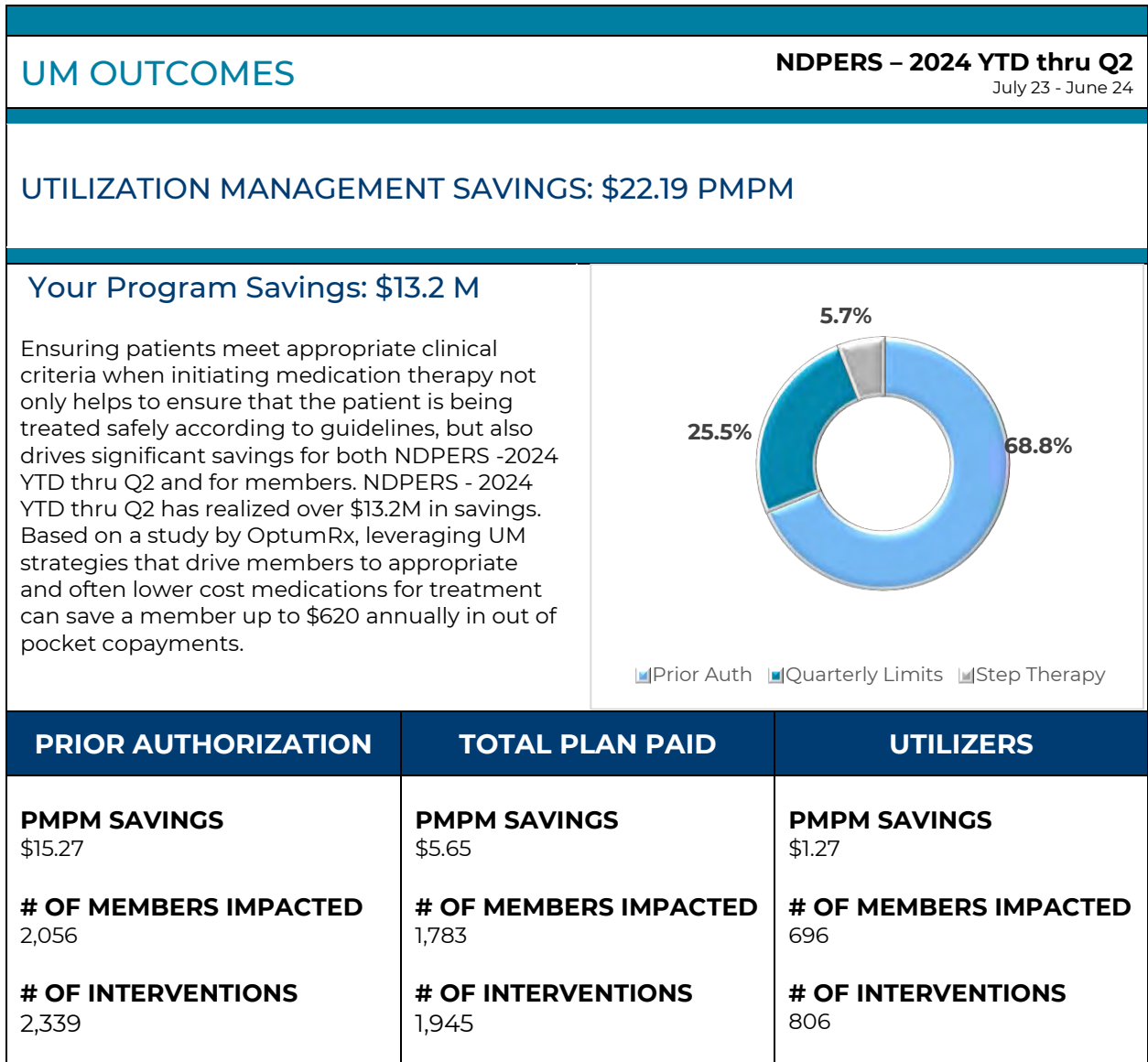
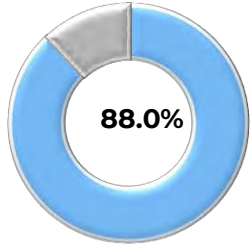
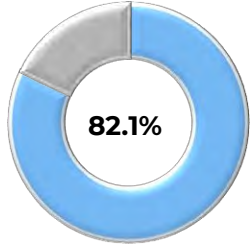
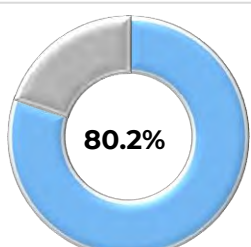


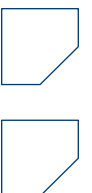
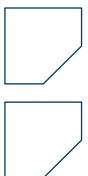
Exhibit 5.5

TOP 5 THERAPY CLASSES			
PRIOR AUTHORIZATION			
 <p>88.0%</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	1,202	\$3,871,262
	Chronic Inflammatory Disease	294	\$3,481,898
	Migraine Products	120	\$242,445
	Hereditary Angioedema	3	\$217,515
	Narcolepsy	4	\$160,468
QUANTITY LIMITS			
 <p>82.1%</p> <p>Quality limits savings from top 5 therapeutic class interventions</p>	GPI-4 Description	Number of Cases	Plan Paid Savings
	Chronic Inflammatory Disease	58	\$1,260,622
	GLP-1 Receptor Agonists	98	\$677,978
	Migraine Products	916	\$512,799
	Multiple Sclerosis	2	\$178,946
	Oncology	1	\$123,855
STEP THERAPY			
 <p>80.2%</p> <p>Step therapy savings from top 5 therapeutic class interventions</p>	GPI-4 Description	Number of Cases	Plan Paid Savings
	Atypical Antipsychotics	90	\$234,151
	Diabetes Monitoring and Testing Supplies	396	\$160,626
	Migraine Products	58	\$129,373
	Urinary Antispasmodics & OAB Drugs	29	\$43,805
	Antidepressants	42	\$37,953

NDPERS EGWP: HUMANA

Exhibit 5.6

DESCRIPTION	Q2 2023	Q2 2024	CHANGE
Avg. Members per Month	9,055	9,002	-0.6%
Average Member Age	76.8	77.0	0.3%
Members Utilizing Benefit	8,487	8,471	-0.2%
% Members Utilizing Benefit	93.7%	94.1%	0.4%
Total Rx (30 day adjusted)	238,523	240,942	1.0%
Total Rx PMPM (30 day adjusted)	4.39	4.46	1.6%
Generic Fill Rate	90.5%	89.9%	-0.7%
Maintenance 90 Day Utilization	79.2%	79.7%	0.6%
Retail – Maintenance 90 Day Utilization	77.5%	77.8%	0.4%
Home Delivery – Maintenance 90 Day Utilization	1.8%	1.9%	5.6%
Total Specialty Rx	510	631	23.7%
Specialty % of Plan Paid	26.9%	36.3%	34.9%



SECTION 6: WELLNESS CONTINUUM

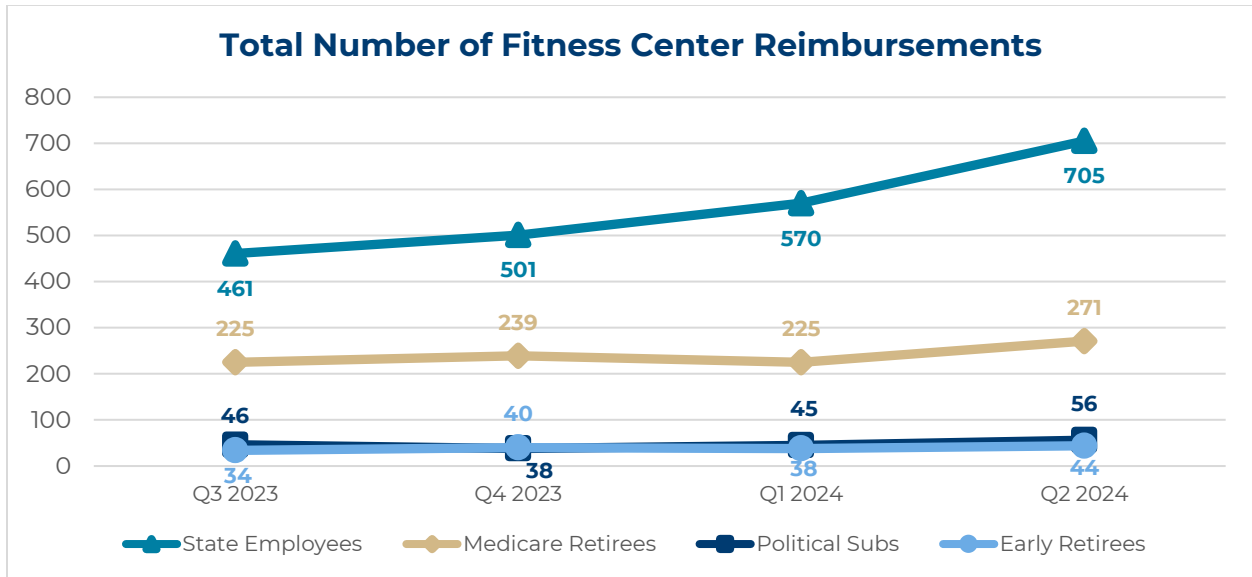
An integrated approach to health management

+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



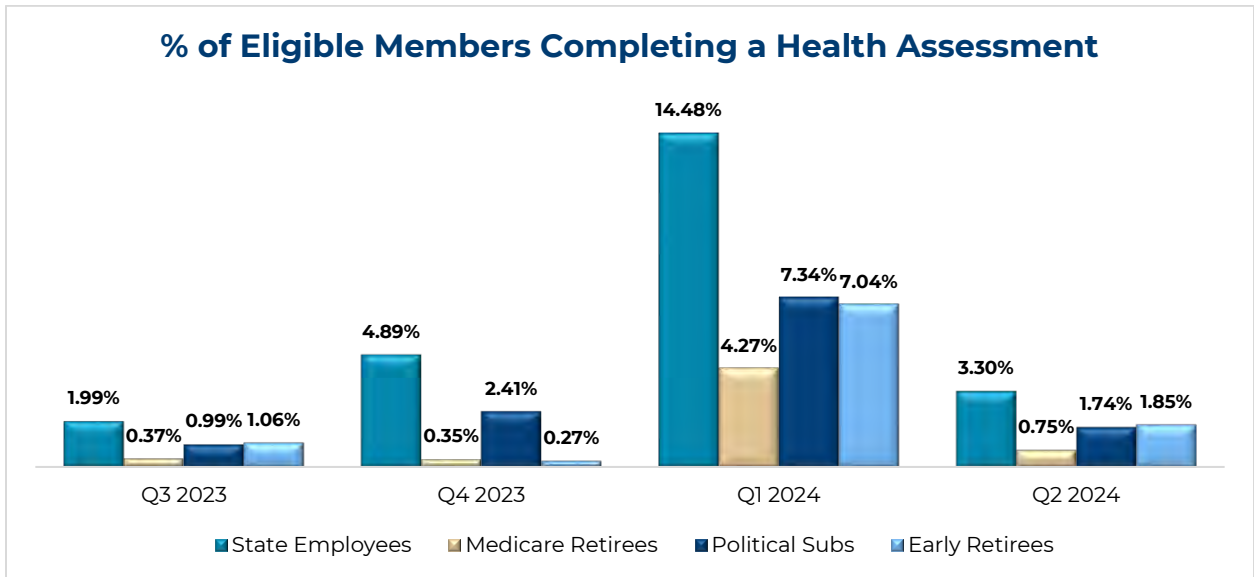
*Percentages are based on numbers per quarter and are not accumulated.

WELLNESS CONTINUUM

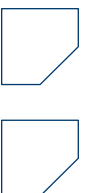
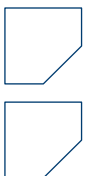


HEALTH ASSESSMENT

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

Nurturing Community Well-being Through Volunteerism

In a thriving community, the threads of volunteerism weave a pattern of compassion, unity and shared responsibility. Volunteerism is the cornerstone of community well-being, fostering a sense of connection and resilience among its members.

Examples of how volunteerism nurtures community well-being:

-  As individuals come together to contribute their time, skills and resources for the greater good, the community not only benefits from tangible outcomes but also experiences a profound sense of solidarity.
-  Volunteerism plays a pivotal role in addressing societal challenges and promoting positive change.
-  Research indicates that individuals who engage in volunteer activities experience lower levels of stress and increased life satisfaction.

Learn more in the Dakota Wellness Program Newsletter.



Dakota Wellness Program

Prioritizing Men's Health: A Holistic Approach to Well-being

Prioritizing men's health is crucial for enhancing overall quality of life and preventing various health issues. A holistic approach to men's health, covering physical, mental and preventive aspects, fosters well-being, enhances quality of life and prevents health issues proactively.

-  **Physical:** Engaging in regular physical activity not only promotes cardiovascular health but also helps maintain a healthy weight and reduces the risk of chronic diseases such as heart disease and diabetes.
-  **Mental:** Stress management techniques, mindfulness practices and maintaining strong social connections play pivotal roles in fostering mental well-being.
-  **Prevention:** Regular check-ups, screenings and vaccinations detect issues early for timely intervention as well as making healthy lifestyle choices.

Learn more in the Dakota Wellness Program Newsletter.



Dakota Wellness Program

Women's Health: A Holistic Approach to Wellness

Unlocking a vibrant, empowered version of yourself isn't a distant dream, it begins with simple yet potent lifestyle shifts. These shifts, encompassing diet, exercise, stress management and regular check-ups, lay the foundation for a life bursting with vitality and resilience.

Here are a few:

-  **Revolutionize Your Diet:** Dive into a world of flavor and nourishment with a heart-healthy diet rich in vibrant fruits, crisp veggies, hearty whole grains and protein-packed lean meats.
-  **Ignite Your Inner Fire with Exercise:** Transform mundane moments into invigorating bursts of energy. Dance through life with purposeful movement, sculpting your body and spirit with each step.
-  **Champion Your Health:** Regular doctor visits help monitor health and catch issues early. Keep communication open with your health care provider.

Learn more in the Dakota Wellness Program Newsletter.



Q2 QUARTERLY WELLNESS CHALLENGE

MARATHON IN A MONTH

- The Marathon in a Month challenge goal was for to walk or run a marathon—26.2 miles—during the month of May.
- During the challenge members logged their mileage and steps into the wellness portal. Members received emails with instructions for registration and completion of the challenge.
- Over 396 million steps were recorded in the challenge.
- **Participation:**
 - **Members Enrolled:** 2,149
 - **Total Visits:** 43,548 visits
 - **Average Visits per Member:** 20



Marathon in a Month

Are you up for the challenge?

The goal of this challenge is to walk or run a marathon -- 26.2 miles -- during the month of May.

Starting May 1, 2024, log into your wellness portal to join the challenge and earn points toward your wellness benefit.

All NDPERS members and State of North Dakota employees are encouraged to participate!

FYI: You'll receive emails from WebMD with instructions for registration and completion of Marathon in a Month.

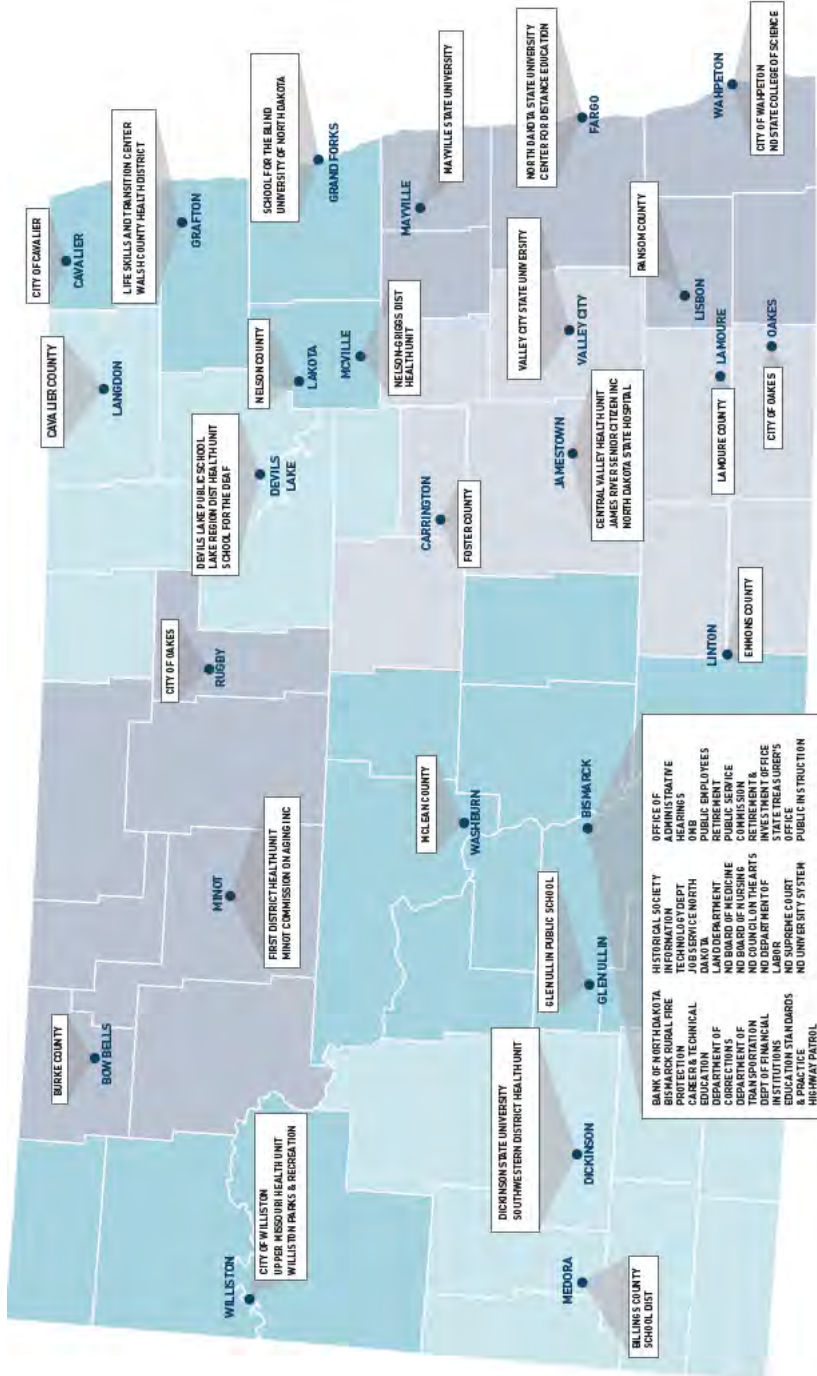
Good luck!

Sincerely,
NDPERS Dakota Wellness Team



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)
51

WEBINARS/ PRESENTATIONS/ EVENTS:

- Body Mechanics and Posture
- Get Moving at Work
- Overcoming Stress
- Love Your Job

- Walk at Work
- Mindful Eating
- Overcoming Stress
- Phase Out Fads
- Promoting Healthy Behaviors with Positivity

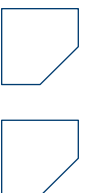
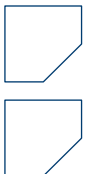
TOTAL MEMBER ATTENDANCE THIS QUARTER:
3,283



Preventive Screening Rates

Exhibit 6.4

MEASURE	GOAL by 6/30/24	OUTCOME DATE	CURRENT
FOCUS AREAS			
Breast cancer screening rates	80%	June 30, 2024	81.2%
Cervical cancer screening rates	85%	June 30, 2024	78.8%
Colorectal cancer screening rates	60%	June 30, 2024	65%





POPULATION HEALTH TARGETED COHORTS

Exhibit 6.5

BENEFITS CAMPAIGN

PROGRAM OVERVIEW

- The purpose of the Benefit Campaign was to educate members on the following benefit programs and encourage subsequent enrollment where they are eligible:
 - WebMD Wellness Portal
 - Change Your Weigh (Diabetes Prevention Program)
 - Exercise is Medicine
 - Health Coaching
 - Positively Me
 - Teladoc Health® (formerly Livongo)
- Eligible members received a series of communications through email and SMS with information about the benefits and perks of each program they are eligible for.
- Information was included on how to enroll into the program(s) of their choosing.

BENEFITS CAMPAIGN PERFORMANCE METRICS

April 1, 2024 – June 30, 2024

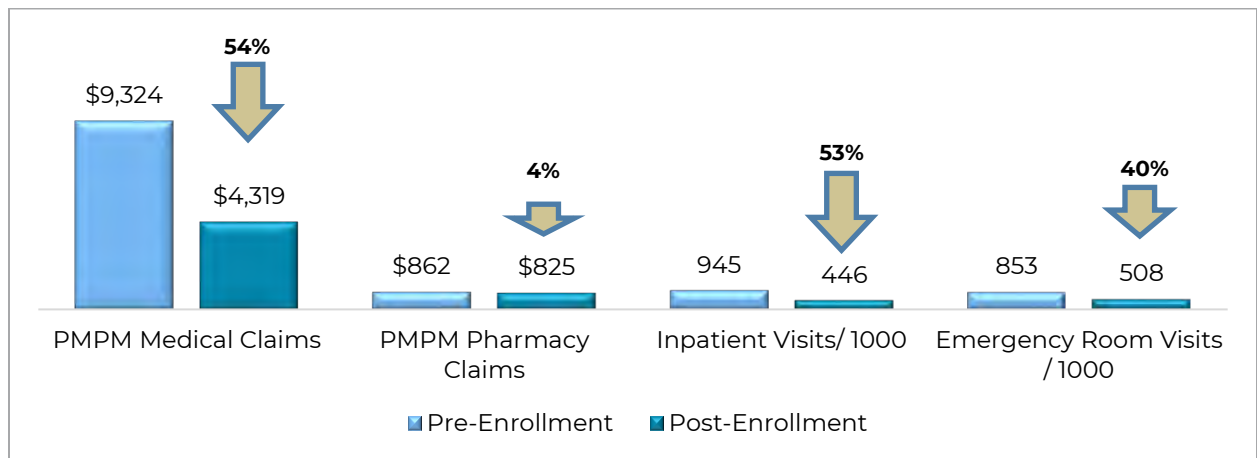
TOUCHPOINT	MEMBERS OUTREACHED	MEMBERS OPENED COMMUNICATION	COMMUNICATION OPEN RATE
Touchpoint 1 – Email	25,102	11,653	46.4%
Touchpoint 1 – SMS	12,613	12,613	100%
Touchpoint 2 – Email	24,967	11,670	46.7%
Touchpoint 3 – Email	24,264	10,145	41.8%



CARE MANAGEMENT ENGAGEMENT

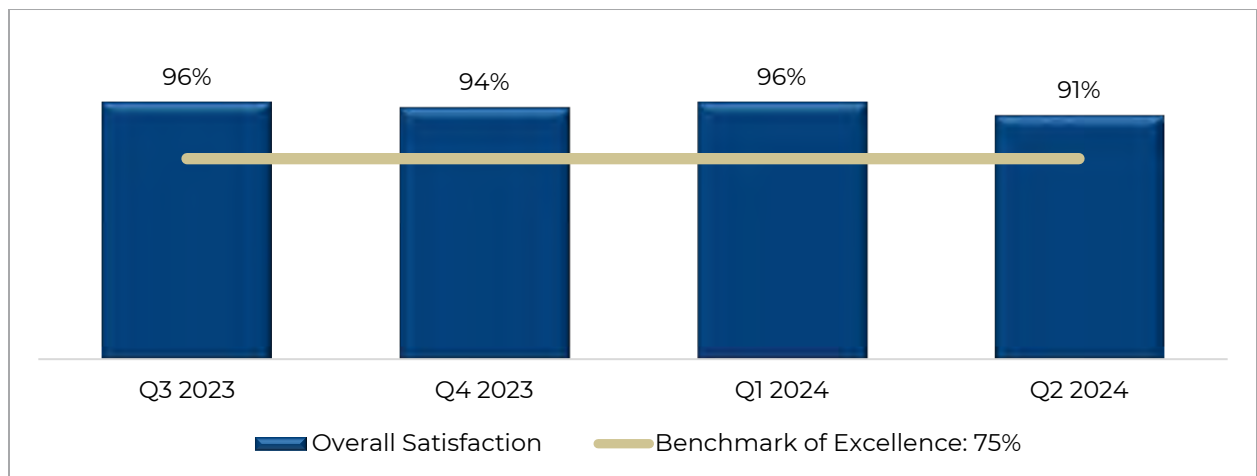
Exhibit 6.6

CARE MANAGEMENT PERFORMANCE METRICS				
July 1, 2023 – June 30, 2024				
OFFERED	RESPONDED		ENGAGED	
2,817	1,429	50.73%	405	28.34%



SURVEY SCORE

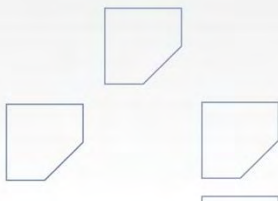
Exhibit 6.7



SECTION 7: PERFORMANCE GUARANTEES

Exhibit 7.1

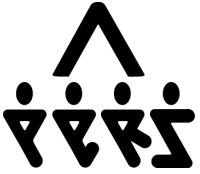
MEASURE	GOAL	MEASUREMENT PERIOD	Q2 2024 REPORTING PERIOD	CURRENT
WELLNESS				
Health risk assessment completion	18%	7/1/23 – 6/30/25	7/1/23 – 6/30/24	15.44%
Worksite interventions agency participation	75%	7/1/23 – 6/30/25	7/1/23 – 6/30/24	64%
Fitness reimbursement participation	5%	1/1/24 – 12/31/24	1/1/24 – 6/30/24	2.68%
Wellness redemption center payments	\$850,000	1/1/24 – 12/31/24	1/1/24 – 6/30/24	\$322,594
Wellness redemption center rate	9%	1/1/24 – 12/31/24	1/1/24 – 6/30/24	3.87%
HEALTH OUTCOMES				
Healthy Pregnancy Program	+3%	7/1/23 – 6/30/24	7/1/23 – 6/30/24	43.1% (+14.3%)
Diabetes Prevention Program	5%	1/1/24 – 12/31/24	1/1/24 – 6/30/24	7.5%
Breast cancer screening rates	80%	7/1/23 – 6/30/25	7/1/23 – 6/30/24	81.2%
Cervical cancer screening rates	85%	7/1/23 – 6/30/25	7/1/23 – 6/30/24	78.8%
Colorectal cancer screening rates	60%	7/1/23 – 6/30/25	7/1/23 – 6/30/24	65%
PROVIDER NETWORK / CONTRACTING				
PPO network participation rate	Hospital, MDs & DOs: 92%	7/1/23 – 6/30/25	7/1/23 – 6/30/24	100% Hospital 97% MD/DO
Provider network minimum discount	30%	7/1/23 – 6/30/25	1/1/23 – 6/30/24	44.90%
CUSTOMER SERVICE & CLAIMS				
Claims financial accuracy	99%	7/1/23 – 6/30/24	7/1/23 – 6/30/24	99.94%
Claims payment accuracy	98%	7/1/23 – 6/30/24	7/1/23 – 6/30/24	99.61%
Claim timeliness	99%	7/1/23 – 6/30/24	7/1/23 – 6/30/24	97.29%
Claims procedural accuracy	95%	7/1/23 – 6/30/24	7/1/23 – 6/30/24	99.59%
Average speed of answer	30 seconds	7/1/23 – 6/30/24	7/1/23 – 6/30/24	28 seconds
Call abandoned rate	5% or less	7/1/23 – 6/30/24	7/1/23 – 6/30/24	0.74%
First call resolution	95%	7/1/23 – 6/30/24	7/1/23 – 6/30/24	96.57%
Written inquiry response time	95%	7/1/23 – 6/30/24	7/1/23 – 6/30/24	99.38%
PHARMACY & FINANCIAL				
Prescription drug turnaround times	98%	7/1/23 – 6/30/25	7/1/23 – 6/30/24	100%
Network Pharmacy Access	<5%	7/1/23 – 6/30/24	7/1/23 – 6/30/24	100%
About the Patient program payment	5 days	7/1/23 – 6/30/24	7/1/23 – 6/30/24	100%
Interest Rate determined by PERS/SHP	Quarterly	7/1/23 – 6/30/25	7/1/23 – 6/30/24	100%



**DEFINED CONTRIBUTION PLAN
IMPLEMENTATION**

In-Plan Annuity contracts

**Note: the information will be provided
prior to the board meeting.**



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Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: November 12, 2024

SUBJECT: House Bill 1040 Implementation Update

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

- Received notice from the Treasurer's Office that the full \$65M filled in October with the Oil & Gas distribution. Therefore, these funds have been transferred as of October 28 to the Retirement Trust managed by RIO.
- Ice Miller has prepared the required documents for submission to the IRS to request the Defined Contribution Plan Letter of Determination and Deferred Compensation Plan Private Letter Ruling.
- Weekly meetings are continuing with both the Enrollment and Accounting Divisions to test the modifications made to our business system relating to HB 1040. On a weekly basis, updates continue to be submitted to Sagitec, our business system vendor, for additional modifications that need to be made based on user acceptance testing.
- Have discussions with Sagitec as vendor has questions.
- Distributed third "short clip". Topics included:
 - Years of Service and Tier
 - Special Election and Transfer Incentive
- Programmatic updates and testing continued within the State's Central Payroll reporting platform (PeopleSoft). The payroll files for both retirement and deferred compensation have been successfully tested. The deposit files still remain.
- Planning meetings held focused on special election window for eligible state employees, including updating the packet being sent to eligible state employees. A sample of the final packet will be shared with the Board at the next meeting.

- Bi-weekly meetings held with Empower to discuss collaboration for special election window education, fund transfer files and ongoing member education for new hires as of 1/1/2025 and after.
- Member handbooks for the Defined Contribution and Deferred Compensation Plans have been finalized for 1/1/2025. Other outward facing communication pieces being reviewed and updated include new hire and termination guides, employer guide, as well as, website updates.
- Presented to the Association of Counties on October 22.
- Presented to the School Business Managers Conference on October 25.
- Presented to the OMB Essentials (Managers) group on November 6 at the invitation of HRMS.
- Finalizing presentation to be given on November 20 to the Team ND Human Resources (HR) group at the invitation of HRMS.
- Finalizing presentation to be given on November 21 to the political subdivisions participating in the retirement plan regarding HR issues.
- Preparing presentation to be given on December 11 for state employees eligible for special election window.
- Preparing presentation to be given on December 12 to all participating employers in the retirement plan regarding payroll reporting and plan highlights.
- Planning a 2nd presentation to be held in January for state employees eligible for special election window.

Attachment 1 and Attachment 2 are included as an overview of work efforts and timelines identified.

House Bill 1040 Administrative Implementation

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HB 1040 Administrative Implementation												
Marketing intern recruitment	★											
1% employer contribution increase launched	★											
Inventory the PERSLink correspondence updates			★									
Targeted communications to subs in main but not public safety				★								
Targeted communications to subs in main but not deferred comp				★								
Recordkeeper transition						★						★
PERSLink correspondence updates						★				★		
PERSLink correspondence testing						★				★		
Form updates						★				★		
Plan document updates										★		
Plan handbook updates										★		
Special election window education for eligible employees											★	
Administrative rule making promulgation												★
Employer training												★
Website updates												★
Revise new hire, transfer, termination guides												★
Staff training												★
Biweekly internal administrative implementation meetings												★
Communication team biweekly meetings												★
Education on new plan provision to members					★			★			★	★
Education on new plan provision to employers			★			★			★			★

KEY

★ Deadline

Task Completed

Work Effort

Deadline Missed

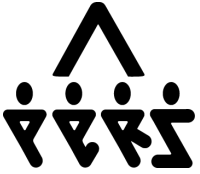
House Bill 1040 Programming Implementation Timeline

	2023						2024											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HB 1040 Programming Implementation																		
Funding for development effective	★																	
HB 1040 section-by-section analysis to determine system enhancements		★																
Meet with GRS to discuss the incentive, and get programming parameters		★																
NDPERS updates file layout documentation for employers											★							
NDPERS develops sample file layouts for employers											★							
Biweekly meetings to discuss section-by-section coding																★		
NDPERS user acceptance testing of enhancements																★		
State PeopleSoft development																	★	
Higher Ed PeopleSoft development																	★	
Political sub development																	★	
Employer file testing																		★

KEY

★ Deadline

Task Completed
Work Effort
Deadline Missed



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Memorandum

TO: NDPERS Board

FROM: Shawna Piatz

DATE: November 12, 2024

SUBJECT: Special Election Window Eligible Members with a Defined Benefit Qualified Domestic Relations Order On File

HB 1040 does not disqualify a member who is otherwise eligible for the special election transfer and has a Qualified Domestic Relations Order (QDRO) on file from making the special election. The current QDRO model language also does not prohibit the member from transferring; however, because the QDRO is a valid court order which requires the alternate payee to receive the specified defined benefit, it cannot be modified without court intervention.

There is currently one QDRO on file for a member who is eligible for the special election window. Current NDPERS system configuration is to maintain one account in the defined benefit plan under only the member for monthly interest accrual and account adjustments until either one or both parties are setup for payment at which time the account is split and a record is set up for the alternate payee. In order to permit a defined benefit plan member with QDRO or other court order on their account to be eligible for the special election window, and if a transfer were elected, the member account balance would need to be divided at the time of the transfer and NDPERS would need to setup a process to maintain one account only in the alternate payee's name in the defined benefit plan and another account in the member's name in the defined contribution plan. Reconfiguring PERSLink to accommodate this one account would take extensive system programming with a large cost and time commitment for the currently one eligible member.

Given this, legal counsel has advised that while an election to transfer could be made, in order for the PERS staff to actually effectuate the election, the eligible employee would need to provide staff with an amended divorce Judgment and a completed new QDRO under the DC plan. If the eligible employee is unable to provide the new QDRO prior to

March 31, 2025, then, because the QDRO is a valid court order which requires the alternate payee to receive the specified defined benefit, the election would be ineffective and the eligible employee would remain in the Defined Benefit plan.

Given there is only one individual impacted by having a QDRO on file, staff will provide additional outreach to the member to notify them of their eligibility for the special election window, but will also explain what is necessary related to the QDRO if they wish to move forward with a transfer to the defined contribution plan.

This is for information only and does not require any action of the Board.



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Memorandum

TO: NDPERS Board

FROM: MaryJo

DATE: November 12, 2024

SUBJECT: Public Safety Plans Employer Contribution Rates

Most of the retirement plan contribution rates are set in statute by the Legislative Assembly. The exceptions to that general rule are the Political Subdivision Public Safety Plans (which is split into two plans, one for members with prior PERS service and one for members without), State Public Safety Plan, Bureau of Criminal Investigation, and National Guard Public Safety plan. The employer contribution amounts for those plans is set by the Board at “an amount determined by the board to be actuarially required to support the level of benefits specified in section 54-52-17.” NDCC sections 54-52-06.3 (Political Subdivision Public Safety) and 54-52-06.4 (State Public Safety Plan/BCI/National Guard Public Safety).

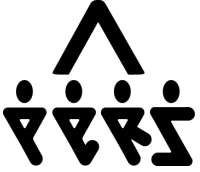
The current Public Safety Plan employer contribution amounts were either set by the Board in October 2022 with a January 1, 2024 effective date after our last actuarial valuation review or through 2023 legislative session changes. Based on previous cost impact analyses and the Actuarially Determined Employer Contribution (ADEC) calculation in the most recent July 1, 2024 valuation, our actuary, Gabriel, Roeder, Smith & Company (GRS), recommends the following employer contribution rates:

Plan	Current	Proposed	Change
Public Safety With Prior Service	11.40%	12.63%	+ 1.23%
National Guard	11.40%	12.63%	+ 1.23%
Public Safety Without Prior Service	9.16%	8.81%	- 0.35%
BCI	22.26%	23.49%	+ 1.23%
State Public Safety	14.34%	15.57%	+ 1.23%

In summary, GRS is proposing the employer contribution for each of the Public Safety Plans that include Prior Service to be increased by 1.23%. The current statutory employer contribution rate of 9.16% for the Public Safety Plan without prior service has a recommended ADEC of 8.81%, which allows for a surplus of 0.35%.

Section 71-02-06-07 of the North Dakota Administrative Code provides guidance on the timeline for the Board to set these contributions: "The board shall set the employer's contribution rate on a biennial basis, but may adjust that rate if it is actuarially necessary to maintain appropriate funding levels." The Attorney General's office and other impacted State agencies will need to obtain the budgetary authority to pay these increased contributions for BCI agents, National Guard, and State Public Safety participants. As such, the earliest we could make the increase effective is July 1, 2025. However, because of Federal restrictions on contributions, it would be preferable to have any increase effective on January 1, 2026.

Board Action Requested: Affirm or deny the proposed increases for the Public Safety Plans that include Prior Service effective January 1, 2026.



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Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: November 12, 2024

SUBJECT: Revised Health Insurance Plan Rates Due to House Bill (HB) 1095 Implementation

During the 68th Legislative Session, HB 1095 was passed requiring insurers to have a medication management program in place as of January 1, 2025. Attachment 1 is the bill. As you can see, there was not an appropriation for the bill and therefore, the expense of the program, if any, will be required to be paid from reserves as it applies to the NDPERS health plans.

At the time the current biennium premiums were developed and approved by the Board, the Board was informed that there may be a future rate change necessary due to the implementation of HB 1095 and that staff would bring forward the rates, if needed, prior to January 1, 2025.

Sanford Health Plan (SHP) has been working on implementing the required program and has determined that in order to meet the bill requirements, an outside vendor would need to be retained. Given this need, there will be an additional cost to the NDPERS health plans. Please see Attachment 2, which is a memorandum from SHP regarding this implementation that indicates the additional expense results in an increase of .36% above current premium.

Attachment 3 provides the rate structure table that has been updated to include the new premiums that will apply to NDPERS due to HB 1095 and will be effective January 1, 2025.

Board Action Requested:

Approve the additional .36% premium, reflected on the updated rate structure table, due to the implementation of HB 1095 effective January 1, 2025. In addition, approve the use of reserves to pay for the enhanced services required by HB 1095.

Sixty-eighth Legislative Assembly of North Dakota In Regular Session Commencing Tuesday, January 3, 2023

HOUSE BILL NO. 1095
(Representative Weisz)

AN ACT to create and enact chapter 26.1-36.11 of the North Dakota Century Code, relating to the inclusion of comprehensive medication management services in health benefit plans.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Chapter 26.1-36.11 of the North Dakota Century Code is created and enacted as follows:

26.1-36.11-01. Definitions.

For the purposes of this chapter, unless the context otherwise requires:

1. a. "Comprehensive medication management" means medication management pursuant to a standard of care that ensures each enrollee's medications, both prescription and nonprescription, are individually assessed to determine each medication is appropriate for the enrollee, effective for the medical condition, and safe, given the comorbidities and other medications being taken and able to be taken by the enrollee as intended. Services provided in comprehensive medication management are, as follows:
 - (1) Performing or obtaining necessary assessments of the enrollee's health status;
 - (2) Formulating a medication treatment plan;
 - (3) Monitoring and evaluating the enrollee's response to therapy, including safety and effectiveness;
 - (4) Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events;
 - (5) Providing verbal or written, or both, counseling, education, and training designed to enhance enrollee understanding and appropriate use of the enrollee's medications;
 - (6) Providing information, support services, and resources designed to enhance enrollee adherence with the enrollee's therapeutic regimens;
 - (7) Coordinating and integrating medication therapy management services within the broader health care management services being provided to the enrollee;
 - (8) Initiating or modifying drug therapy under a collaborative agreement with a practitioner in accordance with section 43-15-31.4;
 - (9) Prescribing medications pursuant to protocols approved by the state board of pharmacy in accordance with subsection 24 of section 43-15-10;
 - (10) Administering medications in accordance with requirements in section 43-15-31.5; and
 - (11) Ordering, performing, and interpreting laboratory tests authorized by section 43-15-25.3 and North Dakota Administrative Code section 61-04-10-06.
- b. This subsection may not be construed to expand or modify pharmacist scope of practice.

2. "Enrollee" means an individual covered under a health benefit plan.
3. "Health benefit plan" has the same meaning as provided in section 26.1-36.3-01, whether offered on a group or individual basis.
4. "Health carrier" or "carrier" has the same meaning as provided in section 26.1-36.3-01.

26.1-36.11-02. Required coverage for comprehensive medication management services.

1. A health carrier shall provide coverage for licensed pharmacists to provide comprehensive medication management to eligible enrollees who elect to participate in a comprehensive medication management program.
2. At least annually, the health carrier shall provide, in print, or electronically under the provisions of section 26.1-02-32, notice of an enrollee's eligibility to receive comprehensive medication management services from a pharmacist, delivered to the eligible enrollee and the enrollee's designated primary care provider, if applicable, and if at least one of the following criteria are met:
 - a. The enrollee is taking five or more chronic medications;
 - b. The enrollee was admitted to a hospital with one of the following diagnoses:
 - (1) Heart failure;
 - (2) Pneumonia;
 - (3) Myocardial infarction;
 - (4) Mood disorder; or
 - (5) Chronic obstructive pulmonary disorder; or
 - c. The enrollee has active diagnosis of comorbid diabetes and:
 - (1) Hypertension; or
 - (2) Hyperlipemia.
3. Comprehensive medication management services may be provided via telehealth as defined in section 26.1-36-09.15 and may be delivered into an enrollee's residence.
4. The health carrier shall include an adequate number of pharmacists in the carrier's network of participating pharmacy providers.
 - a. The participation of pharmacists and pharmacies in the health carrier network's or health carrier's affiliate network's drug benefit does not satisfy the requirement that health benefit plans include pharmacists in the health benefit plan's networks of participating pharmacy providers.
 - b. For health benefit plans issued or renewed after December 31, 2024, health carriers that delegate credentialing agreements to contracted health care facilities shall accept credentialing for pharmacists employed or contracted by those facilities. Health carriers shall reimburse facilities for covered services provided by network pharmacists within the pharmacists' scope of practice per negotiations with the facility.
5. The health carrier shall post electronically a current and accurate directory of pharmacists who are participating pharmacy providers and eligible to provide comprehensive medication management.

- a. In making the directory available electronically, the health carrier shall ensure the general public is able to view all of the current providers for a plan through a clearly identifiable link or tab and without creating or accessing an account or entering a policy or contract.
 - b. The health carrier shall ensure that one hundred percent of provider directory entries are audited annually for accuracy and retain documentation of the audit to be made available to the commissioner upon request.
 - c. The health carrier shall provide a print copy of current electronic directory information upon request of an enrollee or a prospective enrollee.
 - d. The electronically posted directory must include search functionality that enables electronic searches by each of the following:
 - (1) Name;
 - (2) Participating location;
 - (3) Participating facility affiliations, if applicable;
 - (4) Languages spoken other than English, if applicable; and
 - (5) Whether accepting new enrollees.
6. The requirements of this section apply to all health benefit plans issued or renewed after December 31, 2024.

26.1-36.11-03. Comprehensive medication management advisory committee.

1. The commissioner shall establish and facilitate an advisory committee to implement the provisions of this chapter. The advisory committee shall develop best practice recommendations for the implementation of comprehensive medication management and on standards to ensure pharmacists are adequately included and appropriately utilized in participating provider networks of health benefit plans. In developing these standards, the committee also shall discuss topics as they relate to implementation, including program quality measures, pharmacist training and credentialing, provider directories, care coordination, health benefit plan data reporting requirements, billing standards, and potential cost-savings and cost increases to consumers.
2. The commissioner or the commissioner's designee shall create an advisory committee, including representatives of the following stakeholders:
 - a. The commissioner or designee;
 - b. The state health officer or designee;
 - c. An organization representing pharmacists;
 - d. An organization representing physicians;
 - e. An organization representing hospitals;
 - f. A community pharmacy with pharmacists providing medical services;
 - g. The two largest health carriers in the state based upon enrollment;
 - h. The North Dakota state university school of pharmacy;
 - i. An employer as a health benefit plan sponsor;

- j. An enrollee;
 - k. An organization representing advanced practice registered nurses; and
 - l. Other representatives appointed by the insurance commissioner.
3. No later than June 30, 2024, the advisory committee shall present initial best practice recommendations to the insurance commissioner and the department of health and human services. The commissioner or department of health and human services may adopt rules to implement the standards developed by the advisory committee. The advisory committee shall remain intact to assist the insurance commissioner or department of health and human services in rulemaking. Upon completion of the rulemaking process, the committee is dissolved.

26.1-36.11-04. Rulemaking authority.

The commissioner may adopt reasonable rules for the implementation and administration of the provisions of this chapter.

Speaker of the House

President of the Senate

Chief Clerk of the House

Secretary of the Senate

This certifies that the within bill originated in the House of Representatives of the Sixty-eighth Legislative Assembly of North Dakota and is known on the records of that body as House Bill No. 1095.

House Vote: Yeas 90 Nays 0 Absent 4

Senate Vote: Yeas 39 Nays 7 Absent 1

Chief Clerk of the House

Received by the Governor at _____ M. on _____, 2023.

Approved at _____ M. on _____, 2023.

Governor

Filed in this office this _____ day of _____, 2023,

at _____ o'clock _____ M.

Secretary of State

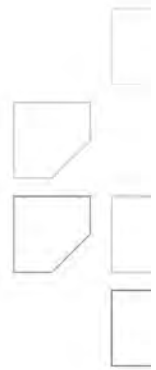
Memo

To: Rebecca Fricke

From: Kim Haug

Date: Nov 12, 2024

Re: HB 1095 Comprehensive Medication Management eff 1/1/2025

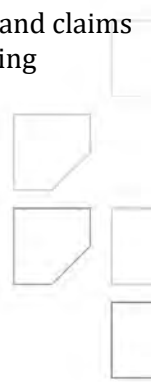


House Bill 1095 passed during the 2023 ND Legislative session requiring coverage for Comprehensive Medication Management Services by health carriers. As some may recall during the 2023 legislative session, the premise of HB1095 was to empower local pharmacists to perform existing medication management reviews and to equip patients/members with additional information on their medications. The NDPERS plans will start covering these mandated services on 1/1/2025 pursuant the legislation. Sanford Health Plan has contracted with a vendor, OutcomesMTM, to help implement this new benefit. There are approximately 4,700 NDPERS members that would currently qualify for this new service which will cost the plan \$90.10 per medication review. The prescribed requirements of coverage, eligibility, and additional plan requirements can be found in HB1095 – a copy of which is attached to this memo. OutcomesMTM will provide the following services to NDPERS eligible members based on the criteria of the ND legislation:

- **Comprehensive Medication Review (CMR):** The Medication Therapy Management (MTM) provider conducts a real-time, interactive discussion with the member or member representative to review the entire medication profile–inclusive of prescription and non-prescription drugs, herbal products and nutritional supplements–to detect any conflicts, duplications or cost-saving opportunities. In follow-up, the MTM provider delivers a Patient Takeaway, which includes a current Medication List and Action Plan.
- **Medication Assessment:** The MTM provider consults with the member to assess potential adverse events from the use of a medication with a heightened risk of causing significant harm. The pharmacist determines if the member is experiencing adverse events, assesses if the relevant disease state is controlled and educates on options to address any concerns identified.
- **Prescriber Consultation:** A consultation between an Approved Provider and a Member’s Prescriber to identify, resolve, and/or prevent the occurrence of one or more Medication-related Problem(s) in which the Prescriber agrees to change the Member's pharmaceutical regimen as a direct result of the consultation. Such consultation must be provided and documented in accordance with the Outcomes System. Subject to Rx Validation, in accordance with the Outcomes System.

Sanford Health Plan estimates a premium increase of 0.36% as a result of the new Comprehensive Medication Management benefit. Attached you will find the updated Rate tables effective 1/1/2025 reflecting the enhanced benefit.

As this is a new mandated covered benefit in the North Dakota market, utilization, eligibility, and claims experience may fluctuate throughout the first plan year. The provided estimate reflects existing membership but will remain to be seen as to how eligible members will participate and what subsequent uptake looks like for participating pharmacists.



Attachment 3

January 2025 NDPERS Health Rates
Rate Structure A
For Anyone Enrolled Prior to July 1, 2023
Rates for January 1, 2025 - June 30, 2025

Code	Struct	Description	(1) Total Health Premiums	(2) Medicare Part D Premiums	(1) Total Premiums	(2) Less NDPERS Retention	(3) (1)-(2) Jul 23 Prem Paid to SHP	(4) Total Prem Paid to Humana	(7) (3)+(5)+(6) Total Paid to SHP	(8) NDPERS Retention	(9) (7)+(8) NDPERS Billing Rate
Medicare Retiree											
41	11	1 Medicare only	\$217.36	\$69.72	\$287.08	\$2.80	\$214.56	\$69.72	\$214.56	\$2.80	\$287.08
42	11	2 Medicare only	\$431.86	\$139.44	\$571.30	\$2.80	\$429.06	\$139.44	\$429.06	\$2.80	\$571.30
50	11	3 Medicare only	\$646.08	\$209.16	\$855.24	\$2.80	\$643.28	\$209.16	\$643.28	\$2.80	\$855.24
51	11	4 Medicare only	\$860.60	\$278.88	\$1,139.48	\$2.80	\$857.80	\$278.88	\$857.80	\$2.80	\$1,139.48
43	11	1 Medicare+Others	\$792.44	\$69.72	\$862.16	\$2.80	\$789.64	\$69.72	\$789.64	\$2.80	\$862.16
49	11	2 Medicare+Others	\$1,007.04	\$139.44	\$1,146.48	\$2.80	\$1,004.24	\$139.44	\$1,004.24	\$2.80	\$1,146.48
55	11	3 Medicare+Others	\$1,221.24	\$209.16	\$1,430.40	\$2.80	\$1,218.44	\$209.16	\$1,218.44	\$2.80	\$1,430.40
58	11	4 Medicare+Others	\$1,435.76	\$278.88	\$1,714.64	\$2.80	\$1,432.96	\$278.88	\$1,432.96	\$2.80	\$1,714.64
44	11	Part A Single	\$546.04	\$69.72	\$615.76	\$2.80	\$543.24	\$69.72	\$543.24	\$2.80	\$615.76

Grandfathered Rates

42	14	2 Medicare only	\$431.56	\$139.44	\$571.00	\$2.80	\$428.76	\$139.44	\$428.76	\$2.80	\$571.00
50	14	3 Medicare only	\$457.90	\$209.16	\$667.06	\$2.80	\$455.10	\$209.16	\$455.10	\$2.80	\$667.06
51	14	4 Medicare only	\$280.04	\$278.88	\$558.92	\$2.80	\$277.24	\$278.88	\$277.24	\$2.80	\$558.92

Medicare Retirees COBRA (for Non-Medicare dependents of Medicare Retirees)

30	11	Single	\$580.04		\$580.04	\$2.80	\$577.24		\$577.24	\$11.54	\$588.78
31	11	Family	\$818.47		\$818.47	\$2.80	\$815.67		\$815.67	\$16.11	\$831.78

Non-Medicare Retiree

21	11	Single			\$1,194.24	\$2.80	\$1,191.44		\$1,191.44	\$2.80	\$1,194.24
22	11	Family			\$2,385.22	\$2.80	\$2,382.42		\$2,382.42	\$2.80	\$2,385.22
23	11	Family (3+)			\$2,980.72	\$2.80	\$2,977.92		\$2,977.92	\$2.80	\$2,980.72
COBRA											
24	11	Single			\$1,194.24	\$2.80	\$1,191.44		\$1,191.44	\$26.70	\$1,218.14
25	11	Family			\$2,385.22	\$2.80	\$2,382.42		\$2,382.42	\$50.50	\$2,432.92
26	11	Family (3+)			\$2,980.72	\$2.80	\$2,977.92		\$2,977.92	\$62.42	\$3,040.34

State Contracts with Wellness Program

Active			(Flat Single/Family Rate)								
1-3	2	S/F/Dual			\$1,656.42	\$2.80	\$1,653.62		\$1,653.62	\$2.80	\$1,656.42
COBRA											
4	2	Single			\$797.24	\$2.80	\$794.44		\$794.44	\$18.74	\$813.18
5	2	Family			\$1,922.62	\$2.80	\$1,919.82		\$1,919.82	\$41.24	\$1,961.06
Part-Time/Temporary/LOA											
6	2	Single			\$797.24	\$2.80	\$794.44		\$794.44	\$2.80	\$797.24
7	2	Family			\$1,922.62	\$2.80	\$1,919.82		\$1,919.82	\$2.80	\$1,922.62
Active HDHP											
1-3	17	S/F/Dual			\$1,446.02	\$2.80	\$1,443.22		\$1,443.22	\$208.24	\$1,651.46
COBRA HDHP											
4	17	Single			\$692.60	\$2.80	\$689.80		\$689.80	\$16.66	\$706.46
5	17	Family			\$1,669.46	\$2.80	\$1,666.66		\$1,666.66	\$36.16	\$1,702.82
LOA HDHP											
6	17	Single			\$692.60	\$2.80	\$689.80		\$689.80	\$2.80	\$692.60
7	17	Family			\$1,669.46	\$2.80	\$1,666.66		\$1,666.66	\$2.80	\$1,669.46

State Contracts w/o Wellness Program

			(Flat Single/Family Rate)					
Active								
1-3	1	S/F/Dual	\$1,656.42	\$2.80	\$1,653.62	\$1,653.62	\$19.36	\$1,672.98
COBRA								
4	1	Single	\$797.24	\$2.80	\$794.44	\$794.44	\$18.74	\$813.18
5	1	Family	\$1,922.62	\$2.80	\$1,919.82	\$1,919.82	\$41.24	\$1,961.06
Part-Time/Temporary/LOA								
6	1	Single	\$797.24	\$2.80	\$794.44	\$794.44	\$10.78	\$805.22
7	1	Family	\$1,922.62	\$2.80	\$1,919.82	\$1,919.82	\$22.02	\$1,941.84
Active HDHP								
1-3	16	S/F/Dual	\$1,446.02	\$2.80	\$1,443.22	\$1,443.22	\$224.76	\$1,667.98
COBRA HDHP								
4	16	Single	\$692.60	\$2.80	\$689.80	\$689.80	\$16.66	\$706.46
5	16	Family	\$1,669.46	\$2.80	\$1,666.66	\$1,666.66	\$36.16	\$1,702.82
LOA HDHP								
6	16	Single	\$692.60	\$2.80	\$689.80	\$689.80	\$9.72	\$699.52
7	16	Family	\$1,669.46	\$2.80	\$1,666.66	\$1,666.66	\$19.48	\$1,686.14

Political Subdivision Rates with Wellness Program

Active								
1	4	Single	\$851.82	\$2.80	\$849.02	\$849.02	\$2.80	\$851.82
2	4	Family	\$2,059.12	\$2.80	\$2,056.32	\$2,056.32	\$2.80	\$2,059.12
COBRA								
4	4	Single	\$851.82	\$2.80	\$849.02	\$849.02	\$19.80	\$868.82
5	4	Family	\$2,059.12	\$2.80	\$2,056.32	\$2,056.32	\$43.96	\$2,100.28
Temps								
6	4	Single	\$851.82	\$2.80	\$849.02	\$849.02	\$2.80	\$851.82
7	4	Family	\$2,059.12	\$2.80	\$2,056.32	\$2,056.32	\$2.80	\$2,059.12

Political Subdivision Rates w/o Wellness Program

Active								
1	3	Single	\$851.82	\$2.80	\$849.02	\$849.02	\$11.30	\$860.32
2	3	Family	\$2,059.12	\$2.80	\$2,056.32	\$2,056.32	\$23.38	\$2,079.70
COBRA								
4	3	Single	\$851.82	\$2.80	\$849.02	\$849.02	\$19.80	\$868.82
5	3	Family	\$2,059.12	\$2.80	\$2,056.32	\$2,056.32	\$43.96	\$2,100.28
Temps								
6	3	Single	\$851.82	\$2.80	\$849.02	\$849.02	\$11.30	\$860.32
7	3	Family	\$2,059.12	\$2.80	\$2,056.32	\$2,056.32	\$23.38	\$2,079.70

NGF Political Subdivision Rates with Wellness Program

Active								
1	24	Single	\$862.16	\$2.80	\$859.36	\$859.36	\$2.80	\$862.16
2	24	Family	\$2,084.20	\$2.80	\$2,081.40	\$2,081.40	\$2.80	\$2,084.20
COBRA								
4	24	Single	\$862.16	\$2.80	\$859.36	\$859.36	\$20.04	\$879.40
5	24	Family	\$2,084.20	\$2.80	\$2,081.40	\$2,081.40	\$44.48	\$2,125.88
Temps								
6	24	Single	\$862.16	\$2.80	\$859.36	\$859.36	\$2.80	\$862.16
7	24	Family	\$2,084.20	\$2.80	\$2,081.40	\$2,081.40	\$2.80	\$2,084.20
Active HDHP								
1	26	Single	\$760.98	\$2.80	\$758.18	\$758.18	\$2.80	\$760.98
2	26	Family	\$1,839.70	\$2.80	\$1,836.90	\$1,836.90	\$2.80	\$1,839.70
COBRA HDHP								
4	26	Single	\$760.98	\$2.80	\$758.18	\$758.18	\$18.00	\$776.18
5	26	Family	\$1,839.70	\$2.80	\$1,836.90	\$1,836.90	\$39.58	\$1,876.48
Temps HDHP								
6	26	Single	\$760.98	\$2.80	\$758.18	\$758.18	\$2.80	\$760.98
7	26	Family	\$1,839.70	\$2.80	\$1,836.90	\$1,836.90	\$2.80	\$1,839.70

NGF Political Subdivision Rates w/o Wellness Program

Active								
1	23	Single	\$862.16	\$2.80	\$859.36	\$859.36	\$11.40	\$870.76
2	23	Family	\$2,084.20	\$2.80	\$2,081.40	\$2,081.40	\$23.62	\$2,105.02
COBRA								
4	23	Single	\$862.16	\$2.80	\$859.36	\$859.36	\$20.04	\$879.40
5	23	Family	\$2,084.20	\$2.80	\$2,081.40	\$2,081.40	\$44.48	\$2,125.88
Temps								
6	23	Single	\$862.16	\$2.80	\$859.36	\$859.36	\$11.40	\$870.76
7	23	Family	\$2,084.20	\$2.80	\$2,081.40	\$2,081.40	\$23.62	\$2,105.02
Active HDHP								
1	25	Single	\$760.98	\$2.80	\$758.18	\$758.18	\$10.40	\$768.58
2	25	Family	\$1,839.70	\$2.80	\$1,836.90	\$1,836.90	\$21.22	\$1,858.12
COBRA HDHP								
4	25	Single	\$760.98	\$2.80	\$758.18	\$758.18	\$18.00	\$776.18
5	25	Family	\$1,839.70	\$2.80	\$1,836.90	\$1,836.90	\$39.58	\$1,876.48
Temps HDHP								
6	25	Single	\$760.98	\$2.80	\$758.18	\$758.18	\$10.40	\$768.58
7	25	Family	\$1,839.70	\$2.80	\$1,836.90	\$1,836.90	\$21.22	\$1,858.12

Health, RX & HMO Insurance Plans:

Medicare Retiree (NonMedicare Split Rate)

98	11	Single NM Dependents with GF Status									\$577.24
99	11	Family NM Dependents with GF Status									\$577.24

Pre-Medicare

98	14	Single NM Dependents with GF Status									\$246.84
99	14	Family NM Dependents with GF Status									\$246.84

GAP Coverage

61	11	GAP Single			\$1,194.24	\$2.80	\$1,191.44		\$1,191.44	\$2.80	\$1,194.24
62	11	GAP Family			\$2,385.22	\$2.80	\$2,382.42		\$2,382.42	\$2.80	\$2,385.22
63	11	GAP Family (3+)			\$2,980.72	\$2.80	\$2,977.92		\$2,977.92	\$2.80	\$2,980.72
64	11	GAP 1 Medicare + Others	\$792.44	\$69.72	\$862.16	\$2.80	\$789.64	\$69.72	\$789.64	\$2.80	\$862.16
65	11	GAP 2 Medicare + Others	\$1,007.04	\$139.44	\$1,146.48	\$2.80	\$1,004.24	\$139.44	\$1,004.24	\$2.80	\$1,146.48
66	11	GAP 3 Medicare + Others	\$1,221.24	\$209.16	\$1,430.40	\$2.80	\$1,218.44	\$209.16	\$1,218.44	\$2.80	\$1,430.40
67	11	GAP 4 Medicare + Others	\$1,435.76	\$278.88	\$1,714.64	\$2.80	\$1,432.96	\$278.88	\$1,432.96	\$2.80	\$1,714.64

January 2025 NDPERS Health Rates

Rate Structure B

New Subscribers or Groups as of July 1, 2023 and After

Rates for January 1, 2025 - June 30, 2025

*Not used in first year

Code	Struct	Description	(1) Total Health Premiums	(2) Medicare Part D Premiums	(3) Total Premiums	(4) Less NDPERS Retention	(5) Total Prem Paid to SHP In Struct A	(6) Total Prem Paid to Humana	(7) Change From Structure A	(8) Total Paid to SHP	(9) NDPERS Retention	(10) (6)+(7)+(4) NDPERS Billing Rate
Medicare Retiree												
41	12	1 Medicare only	\$220.14	\$69.72	\$289.86	\$2.80	\$214.56	\$69.72	\$2.78	\$217.34	\$2.80	\$289.86
42	12	2 Medicare only	\$437.44	\$139.44	\$576.88	\$2.80	\$429.06	\$139.44	\$5.58	\$434.64	\$2.80	\$576.88
50	12	3 Medicare only	\$654.44	\$209.16	\$863.60	\$2.80	\$643.28	\$209.16	\$8.36	\$651.64	\$2.80	\$863.60
51	12	4 Medicare only	\$871.74	\$278.88	\$1,150.62	\$2.80	\$857.80	\$278.88	\$11.14	\$868.94	\$2.80	\$1,150.62
43	12	1 Medicare+Others	\$810.22	\$69.72	\$879.94	\$2.80	\$789.64	\$69.72	\$17.78	\$807.42	\$2.80	\$879.94
49	12	2 Medicare+Others	\$1,027.62	\$139.44	\$1,167.06	\$2.80	\$1,004.24	\$139.44	\$20.58	\$1,024.82	\$2.80	\$1,167.06
55	12	3 Medicare+Others	\$1,244.60	\$209.16	\$1,453.76	\$2.80	\$1,218.44	\$209.16	\$23.36	\$1,241.80	\$2.80	\$1,453.76
58	12	4 Medicare+Others	\$1,461.90	\$278.88	\$1,740.78	\$2.80	\$1,432.96	\$278.88	\$26.14	\$1,459.10	\$2.80	\$1,740.78
Medicare Retirees COBRA (for Non-Medicare dependents of Medicare Retirees)												
30	12	Single			\$595.04	\$2.80	\$577.24		\$15.00	\$592.24	\$11.54	\$603.78
31	12	Family			\$839.67	\$2.80	\$815.67		\$21.20	\$836.87	\$16.11	\$852.98
21	12	Single			\$1,194.24	\$2.80	\$1,191.44			\$1,191.44	\$2.80	\$1,194.24
22	12	Family			\$2,385.22	\$2.80	\$2,382.42			\$2,382.42	\$2.80	\$2,385.22
23	12	Family (3+)			\$2,980.72	\$2.80	\$2,977.92			\$2,977.92	\$2.80	\$2,980.72
COBRA												
24	12	Single			\$1,194.24	\$2.80	\$1,191.44			\$1,191.44	\$26.70	\$1,218.14
25	12	Family			\$2,385.22	\$2.80	\$2,382.42			\$2,382.42	\$50.50	\$2,432.92
26	12	Family (3+)			\$2,980.72	\$2.80	\$2,977.92			\$2,977.92	\$62.42	\$3,040.34

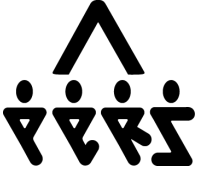
			Total	Less	Total Prem	Total Prem	Change	Total	NDPERS		
			Premiums	NDPERS	Paid to SHP	Paid to	From	Paid to	NDPERS	Billing	
				Retention	In Struct A	Humana	Structure A	SHP	Retention	Rate	
Political Subdivision Rates with Wellness Program											
Active											
1	8	Single	\$873.88	\$2.80	\$849.02			\$22.06	\$871.08	\$2.80	\$873.88
2	8	Family	\$2,113.58	\$3.80	\$2,056.32			\$53.46	\$2,109.78	\$2.80	\$2,112.58
COBRA											
4	8	Single	\$873.88	\$2.80	\$849.02			\$22.06	\$871.08	\$20.24	\$891.32
5	8	Family	\$2,112.58	\$2.80	\$2,056.32			\$53.46	\$2,109.78	\$45.02	\$2,154.80
Temps											
6	8	Single	\$873.88	\$2.80	\$849.02			\$22.06	\$871.08	\$2.80	\$873.88
7	8	Family	\$2,112.58	\$2.80	\$2,056.32			\$53.46	\$2,109.78	\$2.80	\$2,112.58
Political Subdivision Rates w/o Wellness Program											
Active											
1	7	Single	\$873.88	\$2.80	\$849.02			\$22.06	\$871.08	\$11.50	\$882.58
2	7	Family	\$2,112.58	\$2.80	\$2,056.32			\$53.46	\$2,109.78	\$23.90	\$2,133.68
COBRA											
4	7	Single	\$873.88	\$2.80	\$849.02			\$22.06	\$871.08	\$20.24	\$891.32
5	7	Family	\$2,112.58	\$2.80	\$2,056.32			\$53.46	\$2,109.78	\$45.02	\$2,154.80
Temps											
6	7	Single	\$873.88	\$2.80	\$849.02			\$22.06	\$871.08	\$11.50	\$882.58
7	7	Family	\$2,112.58	\$2.80	\$2,056.32			\$53.46	\$2,109.78	\$23.90	\$2,133.68

NGF Political Subdivision Rates with Wellness Program

Active									
1	28	Single	\$884.50	\$2.80	\$859.36	\$22.34	\$881.70	\$2.80	\$884.50
2	28	Family	\$2,138.32	\$2.80	\$2,081.40	\$54.12	\$2,135.52	\$2.80	\$2,138.32
COBRA									
4	28	Single	\$884.50	\$2.80	\$859.36	\$22.34	\$881.70	\$20.50	\$902.20
5	28	Family	\$2,138.32	\$2.80	\$2,081.40	\$54.12	\$2,135.52	\$45.54	\$2,181.06
Temps									
6	28	Single	\$884.50	\$2.80	\$859.36	\$22.34	\$881.70	\$2.80	\$884.50
7	28	Family	\$2,138.32	\$2.80	\$2,081.40	\$54.12	\$2,135.52	\$2.80	\$2,138.32
Active HDHP									
1	30	Single	\$780.68	\$2.80	\$758.18	\$19.70	\$777.88	\$2.80	\$780.68
2	30	Family	\$1,887.42	\$2.80	\$1,836.90	\$47.72	\$1,884.62	\$2.80	\$1,887.42
COBRA HDHP									
4	30	Single	\$780.68	\$2.80	\$758.18	\$19.70	\$777.88	\$18.42	\$796.30
5	30	Family	\$1,887.42	\$2.80	\$1,836.90	\$47.72	\$1,884.62	\$40.54	\$1,925.16
Temps HDHP									
6	30	Single	\$780.68	\$2.80	\$758.18	\$19.70	\$777.88	\$2.80	\$780.68
7	30	Family	\$1,887.42	\$2.80	\$1,836.90	\$47.72	\$1,884.62	\$2.80	\$1,887.42

NGF Political Subdivision Rates w/o Wellness Program

Active									
1	27	Single	\$884.50	\$2.80	\$859.36	\$22.34	\$881.70	\$11.62	\$893.32
2	27	Family	\$2,138.32	\$2.80	\$2,081.40	\$54.12	\$2,135.52	\$24.16	\$2,159.68
COBRA									
4	27	Single	\$884.50	\$2.80	\$859.36	\$22.34	\$881.70	\$20.50	\$902.20
5	27	Family	\$2,138.32	\$2.80	\$2,081.40	\$54.12	\$2,135.52	\$45.54	\$2,181.06
Temps									
6	27	Single	\$884.50	\$2.80	\$859.36	\$22.34	\$881.70	\$11.62	\$893.32
7	27	Family	\$2,138.32	\$2.80	\$2,081.40	\$54.12	\$2,135.52	\$24.16	\$2,159.68
Active HDHP									
1	29	Single	\$780.68	\$2.80	\$758.18	\$19.70	\$777.88	\$10.60	\$788.48
2	29	Family	\$1,887.42	\$2.80	\$1,836.90	\$47.72	\$1,884.62	\$21.70	\$1,906.32
COBRA HDHP									
4	29	Single	\$780.68	\$2.80	\$758.18	\$19.70	\$777.88	\$18.42	\$796.30
5	29	Family	\$1,887.42	\$2.80	\$1,836.90	\$47.72	\$1,884.62	\$40.56	\$1,925.18
Temps HDHP									
6	29	Single	\$780.68	\$2.80	\$758.18	\$19.70	\$777.88	\$10.60	\$788.48
7	29	Family	\$1,887.42	\$2.80	\$1,836.90	\$47.72	\$1,884.62	\$21.70	\$1,906.32



North Dakota
Public Employees Retirement System
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Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: November 12, 2024

SUBJECT: Wellness Benefit and Medicare Retirees

You may recall that as part of the renewal offered by Sanford Health Plan (SHP) for the upcoming 2025-2027 biennium, a new product will be offered to our Medicare retiree population called Silver & Fit. Sanford has provided the attached information regarding the product, along with information regarding the current wellness offerings under the Dakota Wellness Program.

SHP needs direction from the Board regarding whether this population of members who will now be eligible for this program will continue to be eligible for the Fitness Center Reimbursement that is currently part of the \$250 Dakota Wellness Program. SHP has indicated they do not have the ability to exclude members enrolled in Silver & Fit from receiving Fitness Center Reimbursements. Therefore, there is the possibility members may collect \$20/month for a Silver & Fit membership that costs the member \$0.

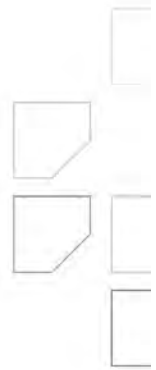
Representatives from SHP will be available to answer any questions you may have.

Board Action Requested:

Provide direction regarding whether the Medicare retiree population on the Dakota Retiree Plan will continue to be eligible for the Fitness Center Reimbursement after Silver & Fit is launched.

Memo

To: Rebecca Fricke
From: Kim Haug
Date: Nov 12, 2024
Re: Medicare Supplement Fitness Center Benefit Options



As a result of the 2024 Member Survey, Sanford Health Plan will be adding a no cost Silver & Fit wellness membership option to the NDPERS Medicare Supplement Plan.

Current Wellness Opportunities:

Since July 1, 2015, Medicare Supplement members have had access to wellness benefits similar to those available to the NDPERS Active population, including:

- **Fitness Center Membership Reimbursement:**
 - Up to \$20 per month
 - Approximatey 3% of the Medicare Supplement members have utilized this reimbursement
- **Dakota Wellness Program Points:**
 - Eligible for up to \$250/year in combined fitness center reimbursement &/or gift cards by accumulating wellness portal points

New Offerings Starting July 1, 2025:

Beginning July 1, 2025, Medicare Supplement members will have the opportunity to join a Silver & Fit participating standard fitness center at no cost and have access to digital and virtual programing. Additional options for premium fitness centers and 1:1 training will be available at discounted rates.

Action Required*:

SHP is requesting the NDPERS Board make a decision regarding the availability of both fitness center options for Medicare Supplement members starting July 1, 2025. The options are:

1. Continue both the Silver & Fit program and the Fitness Center Reimbursement program.
 - ✓ There is a possibility a member could enroll in both programs so NDPERS would be reimbursing more than anticipated for that member causing increased wellness costs.
2. Eliminate the Fitness Center Reimbursement program in favor of the Silver & Fit option.
 - ✓ Not all the fitness centers participating with Fitness Center Reimbursement network are also in the Silver & Fit Network.

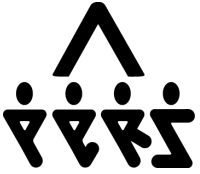
*Additional considerations are on page 2

We appreciate your attention to this matter and look forward to your guidance on the next steps.

Considerations:

Silver & Fit network varies from Fitness Center Reimbursement (NICHA) network based on the location:

- **Silver & Fit Network:** Approximately **70** gyms in North Dakota
 - Silver & Fit provides a national network of gyms along with a range of digital and virtual offerings at no-cost.
 - All YMCA's are included in Silver & Fit standard network
 - There are **53** participating gyms in Fargo, Bismarck, Grand Forks & Minot area
 - Additional gyms can be nominated to Silver & Fit for contract negotiations
 - Additional wellness opportunities are available to members:
 - These include personalized workout plans, on-demand workout videos, access to The Well-Being Club featuring exclusive articles and virtual classes, and one-on-one Well-Being coaching sessions via phone, video, or chat to support members in achieving their fitness, nutrition, and lifestyle goals.
 - They can get up to 8 live virtual personal training sessions per benefit year with a participating certified FitnessCoach™ personal trainer for a \$30 per session fee
- **NICHA Network used for Fitness Center Reimbursement:** Approximately **100** gyms
 - NICHA network provides a national network of gyms
 - There are **55** participating gyms in Fargo, Bismarck, Grand Forks & Minot area
 - Additional gyms can be nominated to NICHA for contract negotiations
- Sanford Health Plan will pay a per-member-per-month fee to Silver & Fit for the NDPERS Medicare Supplement membership. However, member-level reporting is not available through Silver & Fit, which means SHP will be unable to track whether members are utilizing both the Fitness Center Reimbursement and attending a Silver & Fit participating fitness center.
- Members will have the flexibility to change their enrollment monthly within the Silver & Fit network.
- Dakota Wellness Program Points will continue to be available to earn up to \$250 in gift cards.
- Marketing materials will need to be updated for Medicare Supplement population.



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Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: November 12, 2024

SUBJECT: Continuation of Coverage for Confined Members

Sanford Health Plan (SHP) has notified NDPERS that they are making changes to their 2025 commercial lines of business related to continuation of coverage for confined members. Specifically, they are changing to only cover services during active coverage. Therefore, coverage will be ended upon a termination of active coverage regardless of whether the individual continues to be confined.

Currently, the NDPERS health plan provides coverage for inpatient hospital stays through discharge if the covered individual was admitted prior to their termination of coverage, regardless of their length of stay. The NDPERS Certificate of Insurance (COI) indicates:

“Any Member who is an inpatient in a Hospital or other Facility on the date of coverage termination under this Benefit Plan will be covered in accordance with the terms of this Certificate until they are discharged from such Hospital or other Facility. Applicable charges for coverage that was in effect prior to termination of this Certificate will apply.”

SHP is seeking direction from the Board regarding if the Board would like to have the NDPERS plan change this coverage for the upcoming 2025-2027 biennium to align with the changes they are making to their commercial lines of business. Please see the attached memorandum provided by SHP for additional details.

Representatives from SHP will be available to answer any questions you may have.

Board Action Requested:

Provide direction regarding modifying the NDPERS health insurance plans to indicate that benefits end upon termination of coverage, regardless of whether the individual continues to be confined effective for the 2025-2027 biennium.

Memo

To: Rebecca Fricke

From: Kim Haug

Date: Nov 12, 2024

Re: COI changes for consideration by NDPERS Board of Directors

Sanford Health Plan (SHP) is updating the Commercial Fully Insured (non-NDPERS) Certificates of Insurance (COI) on 1/1/2025 to align with industry standards and increase processing efficiencies. The updates will clarify that benefits are not available after coverage terminates during inpatient hospital stays. SHP is recommending that NDPERS consider making similar changes in their COIs for the biennium starting 7/1/2025. The tentative wording changes are on page 2 in red.

In the past 12 months, there were 5 members that were inpatient when their coverage with NDPERS termed. Processing the claims was manual and created challenges since the member's coverage was inactive at the end of the hospital stay. The termed member typically has new insurance coverage when discharged which should be billed for their portion of the hospital stay. The health insurance industry generally does not allow for benefits after the termination of coverage so this COI change would align NDPERS with SHP's Commercial block of business and the industry norm.

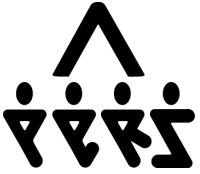
If the NDPERS Board agrees to changing the COIs, SHP will work with NDPERS legal team to finalize the documents for 7/1/2025.

Current Commercial & NDPERS Certificate Of Insurance (COI) Policy language
With tentative 1/1/2025 Commercial COI changes in red

- **2.14 ONGOING (CONCURRENT) PREAUTHORIZATION REQUESTS (CERTIFICATION) OF HEALTH CARE SERVICES**
 - Prior Authorization (Certification) of Inpatient health care stays will terminate on the date the Member is to be discharged from the Hospital or Facility (as ordered by the attending Physician), *or when the Member's coverage is terminated*. Hospital/Facility days accumulated beyond ordered discharge date will not be certified unless the continued stay criteria continue to be met. Charges by Practitioner and/or Providers associated with these non-certified days will be considered non-covered.

- **3.1 HEALTH CARE SERVICES PROVIDED BY PRACTITIONERS AND PROVIDERS**
 - **Here are some important things you should keep in mind about these benefits:**
 - *All benefits for authorized services are subject to the definitions, limitations, and exclusions in this Certificate of Insurance and are payable only when we determine they are Medically Necessary.*
 - *Benefits will be denied if the Member is not eligible for coverage under this benefit plan on the date services are provided.*
 - *Be sure to read Section 2, How you get care, for valuable information about conditions for coverage.*
 - *For a list of Limited and Non-Covered Services, see Section 4; Limited and Non-Covered Services*
 - *Your Practitioner and/or Provider must get Certification of some services in this Section. Receipt of Certification (Prior Authorization) does not guarantee payment of benefits. The benefit description will say "Certification is required for certain services. Failure to get Certification will result in a reduction or denial of benefits (See Services requiring Certification in Section 2.)."*

- **8.6 CONTINUATION OF COVERAGE FOR CONFINED MEMBERS**
 - Any Member who is an inpatient in a Hospital or other Facility on the date of coverage termination under this Benefit Plan will be covered in accordance with the terms of this Certificate until they are discharged from such Hospital or other Facility. Applicable charges for coverage that was in effect prior to termination of this Certificate will apply.
 - **Commercial COI will be removing this language effective 1/1/2025**



Memorandum

TO: NDPERs Board

FROM: Rebecca

DATE: November 12, 2024

SUBJECT: Legislation

During the October 29th Board meeting, the Board asked staff to request from GRS updated cost information related to bill draft 120, the Highway Patrol Cash Infusion bill draft, based upon the July 1, 2024 valuation. GRS has indicated that the cash infusion amount needed based upon the updated valuation is \$36.9 million if the cash infusion is received on January 1, 2026 and \$35.7 million if the cash infusion is received on July 1, 2025.

As a reminder, the deadline for executive branch agencies to pre-file bills is December 5, 2024. Therefore, staff request direction on submitting bill draft 120 and the amount to request.

In addition, staff request that the Board advise of the position to take on those bills that were considered by the Employee Benefits Programs Committee (EBPC) during the interim that were not submitted by NDPERs. The following is the list of bill drafts:

Bill #	Link to Bill Draft	Summary/Description of Bill	Sponsor	EBPC Recommendation
40	Interim Committee Bill Draft - LC Number 25.0040.01000	Public Safety – expands participation to include correctional officers of governmental unit	Representative Porter	Favorable
41	Interim Committee Bill Draft - LC Number 25.0041.01000	Public Safety – revises correctional officer definition and expands eligibility to include dispatchers and medical services personnel	Representative Porter	Unfavorable

45	Interim Committee Bill Draft - LC Number 25.0045.01000	Public Safety – expands participation to include correctional officers of governmental unit	Representative Porter	No Recommendation
68	Interim Committee Bill Draft - LC Number 25.0068.01000	Out-of-pocket maximums – Prescription Drugs	Representative Karls	Favorable
69	Interim Committee Bill Draft - LC Number 25.0069.02000	Fertility Treatment	Representative Brandenburg	Favorable
70	Interim Committee Bill Draft - LC Number 25.0070.03000	Fertility Preservation Services	Representative Brandenburg	Favorable
75	Interim Committee Bill Draft - LC Number 25.0075.02000	Coverage for Diagnostic or Supplemental Breast Exams	Representative Karls	Favorable
115	Interim Committee Bill Draft - LC Number 25.0115.01000	Public Safety – revises definition of firefighter	ND State Forester	Favorable
124	Interim Committee Bill Draft - LC Number 25.0124.01000	Step Therapy for Metastatic Cancer	Representative Mock	Favorable
134	Interim Committee Bill Draft - LC Number 25.0134.01000	Public Safety – revises definition of correctional officer (not completed course)	Representative Porter	Favorable
138	Interim Committee Bill Draft - LC Number 25.0138.01000	Step Therapy Exceptions	Senator Barta	Favorable
142	nd1.lc_bd_47	PERS Health – ACA large employer group coverage mandated for state and pre-Medicare groups	Senator Davison	Favorable

439	nd1.lc bd 47	Public Safety – Enhanced Benefits for Political Subdivisions	Representative Stemen	
454	nd1.lc bd 47	Public Safety – Enhanced Benefits for State (not BCI)	Representative Stemen	

Bill drafts 439 and 454 do not have recommendations of the committee as the EBPC took jurisdiction of them at their October 31 meeting.

The attached provides the presentations given to the EBPC during the interim regarding the consultant’s cost and technical analysis for each bill.

Board Action Requested:

Staff request the following board action:

- 1) Approve the pre-filing of bill draft 120, including direction on the amount to request within the bill.
- 2) Advise staff of the position to take on each of the bills.

Proposed Legislation Consultant Analysis

June 17, 2024

Rebecca Fricke, Executive Director



Bill 40 – Expands participation in Public Safety Plan to include correctional officers employed by a governmental unit

- Expands definition for eligibility to participate in the Public Safety Plan to include correctional officers employed by a governmental unit
 - Political subdivision correctional officers already eligible
 - Therefore, expands eligibility to include state correctional officers
- Possible correction:
 - Page 1, line 16, should refer to subsection 14 instead of subsection 13
- Sets contribution rates, normal/early retirement dates and benefit calculation to mirror state (non-BCI) public safety participation
- Impacts same section of Century Code as other draft bills



Bill 40 - Continued

- Consultant notes (GRS):
 - Actuarial impact will depend specifically on the number and age of new members who enter the Public Safety Plan, and the amount of liabilities and assets (if any) that would transfer from Main to Public Safety
 - Transfers result in an actuarial gain to the Main Plan of approximately \$12.2M and an actuarial loss to the Public Safety Plan of approximately \$17.4M
 - Based upon July 1, 2023 actuarial valuation and data provided by NDPERS:
 - Membership would increase from 181 to 515 in the Public Safety Plan, reducing Main Plan by 334 members
 - Did not include potential employees provided by NDPERS that were not in the July 1, 2023 actuarial valuation data
 - Assumed all service credit would transfer with an asset transfer
 - Estimated impact on the Public Safety with Prior Service Plan is an increase of .12% of pay
 - More favorable retirement provisions than Main Plan
 - Increases benefits competitiveness for correction officers
- Consultant notes (Ice Miller):
 - Does not disqualify the plan
 - Adds complexity on administration of plan due to tax reporting implications for distributions

Bill 40 - Continued

<u>Bill No.</u>	<u>Code § 72(t)</u>	<u>NRA</u>	<u>Code § 415(b) Reduction</u>	<u>Code § 101(h)</u>
25.0040.01000 Amends the Public Safety Plan to State Correctional Officers.	<ul style="list-style-type: none"> • Satisfies the definition of a “qualified public safety officer” • No 10% early distribution penalty for monthly benefits commenced after age 50 and separation from service 	<ul style="list-style-type: none"> • Satisfies the definition of a “qualified public safety officer” • Satisfies the NRA Safe Harbor for Qualified Public Safety Officer 	<ul style="list-style-type: none"> • Do not satisfy the definition of “qualified participant” and will not be eligible for the unreduced Code section 415(b) limit. 	<ul style="list-style-type: none"> • Do not satisfy the definition “public safety officer” and the survivor will not be eligible for the tax-free annuity under Code Section 101(h).

Bill 134 – Revises the definition of correctional officer for Public Safety Plan

- Allows correctional officers to be enrolled in the Public Safety Plan upon employment regardless of completion of training
- Employers would be responsible for notifying NDPERS of employee's eligibility and ineligibility if the employee does not obtain required certification within 12-month window
 - After 1/1/2025, ineligible employee will be a member of the new Defined Contribution Plan tier unless they had deferred Main account
- Consultant notes (GRS):
 - Neutral impact on benefits for most members
 - May result in a small minority of members enrolled in the Public Safety Plan that do not complete required training or certification. Eligibility should be monitored with a process on how to handle
 - Small, but likely immaterial financial impact on the Systems and the actuarial valuation results
- Consultant notes (Ice Miller):
 - Does not disqualify the plan
 - Adds complexity on administration of plan due to tax reporting implications for distributions

Bill 134 - Continued

<u>Bill No.</u>	<u>Code § 72(t)</u>	<u>NRA</u>	<u>Code § 415(b) Reduction</u>	<u>Code § 101(h)</u>
<p>25.0134.01000</p> <p>Amending definition of a “correctional officer” to include an individual employed by a correctional facility who is enrolled in but not yet completed a correctional officer course.</p>	<ul style="list-style-type: none"> If the individuals are in a correctional officer role and performing as a correctional officer, then we think the members would satisfy the definition of a “Qualified Public Safety Officer.” However, if the individuals are employed with a correctional facility but not serving as a correctional officer until the individual has completed the correctional officer course, then the individual would not qualify as a “Qualified Public Safety Officer.” 	<ul style="list-style-type: none"> Same 	<ul style="list-style-type: none"> Do not satisfy the definition of “qualified participant” and will not be eligible for the unreduced Code section 415(b) limit. 	<ul style="list-style-type: none"> Do not satisfy the definition “public safety officer” and the survivor will not be eligible for the tax-free annuity under Code Section 101(h).

Bill 68 – Out-of-pocket maximums for prescription drugs

- Requires when calculating an enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement for a prescription drug under a health benefit plan, that it must include any amount paid by the enrollee on behalf of the enrollee or another person
- The plan may not vary the out-of-pocket maximum or cost-sharing requirement, or otherwise design benefits in a manner that considers the availability of a cost-sharing assistance program for a prescription drug
- Stipulates that high-deductible health plans that qualify for health savings account are exempt from this cost-share limit until a member reaches their minimum deductible
- Note that to the extent this creates a mandate, the bill does not comply with the statutory requirement in NDCC section 54-03-28(3) that health insurance plan mandates first apply to NDPERS
- Consider excluding Medicare Part D plan



Bill 68 - Continued

- Consultant notes (Deloitte):
 - Estimated to have a financial impact on the NDPERS Plan
 - 1.1% increase in premium or \$8,697,000 in the 2025-2027 biennium
 - Current GF PPO/Basic - Copayments do not go towards meeting out-of-pocket maximum
 - This bill would require copayments to apply towards meeting out-of-pocket maximum

Bill 75 – Diagnostic or supplemental breast exam services

- Adds new section under NDCC 54-52.1 related to diagnostic and supplemental breast exam coverage, including a cost-share restriction
- Restricts imposing a deductible, copayment or any other cost-sharing requirement that forces a member to pay an out-of-pocket cost for diagnostic breast exams or supplemental breast exams
- Stipulates that high-deductible health plans that qualify for health savings account are exempt from this cost-share limit until a member reaches their minimum deductible
- Applies to NDPERS health insurance plan for pilot program per NDCC 54-03-28
- Consultant notes (Deloitte):
 - Estimated to have a financial impact on the NDPERS Plan
 - .5% increase in premium or \$4,070,000 in the 2025-2027 biennium based upon current utilization
 - Currently:
 - Initial mammogram is covered as preventative benefit
 - Cost-sharing applies on supplemental breast exams



Bill 84 – Medical assistance benefits

- Requires medical assistance coverage must include payment for “applied behavioral analysis to provide coverage to both assess and treat common behavioral problems across the lifespan of individuals with a variety of psychological and medical diagnoses”
- Legal analysis:
 - This bill modifies Chapter 50, which is a Department of Health and Human Services chapter
 - Does not apply to NDPERS and therefore, does not impact NDPERS health insurance or retiree health insurance coverage; therefore, further analysis is not needed.



Bill 69- Fertility treatment

- Adds definitions for fertility health care
- Requires coverage for diagnosis of infertility and fertility treatment services if recommended and medically necessary
- Requires the NDPERS health plan to expand its coverage of fertility treatment, removing the current lifetime maximum of \$20,000 and lifetime deductible of \$500, replacing these maximums with required coverage for specific services
- Requires coverage of third-party reproductive services, which may include gestational carriers
 - Currently only enrolled members or eligible dependents of the health plan are eligible for coverage
- Cannot apply exclusions on coverage of fertility medication different from those imposed on other prescriptions



Bill 69- Continued

- Coverage cannot be limited on certain areas, such as benefit maximums; may contradict other provisions of the bill that place limitations on coverage
 - Example of certain number of intrauterine insemination or completed oocyte retrievals
 - Does not clarify if limitations are per plan year or lifetime
- Coverage must be available to those who obtain coverage during special enrollment windows or open enrollment
 - Effective date of coverage varies for special enrollment windows and open enrollment
 - Example – Open enrollment window in fall with coverage effective January 1
- Applies to NDPERS health insurance plan for pilot program per NDCC 54-03-28
- Consider excluding Medicare Part D plan
- Consultant notes (Deloitte):
 - Estimated to have a financial impact on the NDPERS Plan
 - .05% increase in premium or \$385,000 in the 2025-2027 biennium based upon current utilization
 - Transitions coverage from a dollar limit to a service limit
 - Cover a fixed number of medically necessary infertility services
 - Includes medical and pharmacy benefit designs
 - May reduce predictability of cost estimation for fertility services, but may allow greater flexibility in coverage

Bill 70 – Fertility preservation services

- Adds definitions for “medically necessary” and “standard fertility preservation services”
- Board required to provide coverage for standard fertility preservation services, if recommended and medically necessary, for covered individual that has a diagnosed medical condition or genetic condition that may cause impairment of fertility affecting the reproductive organs or processes
- Sets specific coverage requirements
- Currently, NDPERS health insurance plan does not provide cryopreservation services, so this would be an enhancement in coverage
- Restricts benefits for fertility preservation from having a separate copayment, deductible, coinsurance or other benefit maximum that is separate from other benefits provided in the plan
- Coverage cannot be limited on certain areas, such as benefit maximums; may contradict other provisions of the bill that place limitations on coverage
 - May contradict other provisions of the bill that place limitations on coverage
 - Example of certain number of intrauterine insemination or completed oocyte retrievals
 - Does not clarify if limitations are per plan year or lifetime



Bill 70 – Continued

- Coverage must be available to those who obtain coverage during special enrollment windows or open enrollment
 - Effective date of coverage varies for special enrollment windows and open enrollment
 - Example – Open enrollment window in fall with coverage effective January 1
- Applies to NDPERS health insurance plan for pilot program per NDCC 54-03-28
- Consider excluding Medicare Part D plan
- Consultant notes (Deloitte):
 - Estimated to have a financial impact on the NDPERS Plan
 - .04% increase in premium or \$345,000 in the 2025-2027 biennium
 - Assumes cost of four cycles of cryopreservation per utilizer

Bill 115 – Revises definition of firefighter

- Expands definition of “firefighter” for Public Safety Plan eligibility to include “state” firefighters
- Possible corrections:
 - Page 1, row 8 should refer to subsection 14 instead of subsection 13
 - Page 7, could remove 54-52-17(4)d as incorporated under “all retirees” in subsection (4)a
- Requires same contribution rates, normal/early retirement eligibility, and benefit calculations for state firefighters as currently applies for state peace officers
- Not certain how retroactive component (8/1/2023) would be administered
- Impacts same section of Century Code as other draft bills



Bill 115 - Continued

- Consultant notes (GRS):
 - Transfers result in an actuarial gain to the Main Plan of approximately \$39,000 and an actuarial loss to the Public Safety Plan of approximately \$71,000
 - Based upon July 1, 2023 actuarial valuation and data provided by NDPERS:
 - Membership would increase from 181 to 185 in the Public Safety Plan, reducing Main Plan by 4 members
 - Did not include potential employee(s) provided by NDPERS that were not in the July 1, 2023 actuarial valuation data
 - Assumed all service credit would transfer with an asset transfer
 - Immaterial impact to the ADEC contribution rate being charged to employers
- Consultant notes (Ice Miller):
 - Does not disqualify the plan
 - Adds complexity on administration of plan due to tax reporting implications for distributions

Bill 115 - Continued

<u>Bill No.</u>	<u>Code § 72(t)</u>	<u>NRA</u>	<u>Code § 415(b) Reduction</u>	<u>Code § 101(h)</u>
25.0115.01000 Adding Firefighters employed by the State	<ul style="list-style-type: none"> • Satisfies the definition of a “qualified public safety officer” • No 10% early distribution penalty for monthly benefits commenced after age 50 and separation from service” 	<ul style="list-style-type: none"> • Satisfies the definition of a “qualified public safety officer” • Satisfies the NRA Safe Harbor for Qualified Public Safety Officer” 	<ul style="list-style-type: none"> • Satisfies the definition of “qualified participants” and eligible for the unreduced Code section 415(b) limit. 	<ul style="list-style-type: none"> • Satisfies the definition of “public safety officers” and the survivor will be eligible for the tax-free annuity under Code Section 101(h).

Bill 116 – Deferred compensation plan administrative fees

- Gives the Board the authority to charge reasonable administrative expenses for Deferred Compensation Plan and deduct them from participant accounts, like it does now with the Defined Contribution Plan
- Similar statutory language used in bill draft as currently in DC Plan section of code
- This becomes even more important given administrative expenses are currently being pulled from the Defined Benefit Plan, which is a closed plan
- Consultant notes (GRS):
 - No impact

Bill 117 – Final average salary calculation

- Removes the previous Final Average Salary (FAS) calculation, which leaves the updated FAS calculation approved during 2019 Session going forward
- Consultant notes (GRS):
 - Immaterial financial impact on the Systems
 - No impact to the actuarial valuation results

Bill 118 – Insulin drugs & diabetic supplies

- SB 2140 passed during the 68th Legislative Session requires NDPERS to submit a bill for consideration to roll the coverage out to the commercial insurance market
- Defines insulin drug, medical supplies for insulin dosing and administration and pharmacy or distributor
- Provides a \$25/month cap on insulin drugs and medical supplies for dosing and administration
 - Note: Stand-alone GLP-1s are not covered under provision of bill
- Stipulates that high-deductible health plans that qualify for health savings account are exempt from this cost-share limit until a member reaches their minimum deductible
- NDPERS Board required to bring forward a report on cost and benefit analysis for the Committee's consideration, along with a recommendation on this draft bill
 - Board will be reviewing throughout summer once 1 year of data available
 - Anticipate bringing report and recommendation forward at fall EBPC meeting
- Consultant notes (Deloitte):
 - Estimated to have a financial impact on the NDPERS Plan
 - .12% increase in premium or \$1,000,000 in the 2025-2027 biennium

Bill 119 – Disability benefits

- Clarifies that a member cannot apply for a disability retirement benefit if they have reached their normal retirement age or date
- Per federal tax consultant, this change makes NDPERS consistent with industry standards, including many other public pension plans across nation
- Consultant notes (GRS):
 - Immaterial financial impact on the Systems
 - Immaterial impact to the actuarial valuation results
 - Expected to have a neutral or positive impact for benefits for PERS members who have reached normal retirement age or date. However, for a small minority of members, benefits could potentially be reduced since the disability benefit formula could produce a larger benefit.

Bill 120 – Highway Patrol Plan cash infusion

- Provides for a cash infusion for the Highway Patrol (HP) Retirement Plan
- Consultant notes (GRS):
 - Assumptions:
 - Includes January 2024 and January 2025 employee/employer contribution increases
 - Assumes a \$34.3 million cash infusion on July 1, 2025
 - No changes to benefit provisions
 - No gains or losses and all actuarial assumptions from the 2023 valuation are realized
 - Positive financial impact on the System
 - Positive impact to the actuarial valuation results

= 90% funding ratio of HP Retirement Plan as of January 1, 2026

=100% funding ratio of HP Retirement Plan in 2055

Bill 121 – Technical corrections

- Section 1: Clarifies temporary employee participation
- Section 2: Updates early retirement eligibility for BCI due to vesting schedule change (HB 1309)
- Section 3: Clarifies that judge’s disability retirement benefits are reduced by any social security and workforce safety & insurance benefit
- Section 4: Adopts language related to Required Minimum Distributions due to federal law changes
- Section 5: Clarifies eligibility for district health units to participate in the health plan due to ACA compliance
- Section 6: Adds language specific to ROTH contributions in 457 plan due to federal law changes
- Section 7: Clarifies that bonuses do not need to be annualized in the defined contribution plan
- Section 8: Corrects an erroneous section of code passed in HB 1040

- Consultant notes (GRS):
 - Changes in Sections 1, 2, 4, 7 & 8 are minor with no actuarial impact
 - Change in Section 6 related to 457 plan has no actuarial impact
 - Change in Section 3 has no actuarial impact

- Consultant notes (Deloitte):
 - Change in Section 5 has no financial impact

Bill 124 – Step therapy protocol limitations for metastatic cancer

- Adds definition of “associated condition” for step therapy protocols, along with limitations
- May not require a step therapy protocol for coverage of a recommended prescription drug if approved by the US FDA if prescribed to treat the individual’s diagnosis of metastatic cancer or an associated condition
 - Expands previous language which prohibited step therapy solely to the treatment of metastatic cancer
- Note that to the extent this creates a mandate, the bill does not comply with the statutory requirement in NDCC section 54-03-28(3) that health insurance plan mandates first apply to NDPERS
- Consider exception for Medicare Part D plan
- Consultant notes (Deloitte):
 - Estimated to have no impact on the NDPERS plan
 - Currently the plan does not have any step therapy protocols in place that require members to use a certain formulary before moving to a provider’s recommendation

Bill 138 – Step therapy protocol exceptions

- Adds new section to NDCC 19-02.1 for “step therapy protocol” and “step therapy protocol exceptions”
- Sets criteria & timeframe for review/approval of a request for a step therapy protocol exception
- Note that to the extent this creates a mandate, the bill does not comply with the statutory requirement in NDCC section 54-03-28(3) that health insurance plan mandates first apply to NDPERS
- Consider excluding Medicare Part D plan
- Consultant notes (Deloitte):
 - Estimated to have no financial impact on the NDPERS plan

Questions?



Email rfricke@nd.gov

Call (701) 328-3978



Proposed Legislation Consultant Analysis

September 12, 2024

Rebecca Fricke, Executive Director



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Bill 41 – Revises definition of correctional officer and expands eligibility for the Public Safety Plan to include dispatchers and medical services professionals

- Defines “Dispatcher” and “Emergency medical services personnel”
- Allows state radio dispatchers to be included in the State Public Safety Plan
- Allows political subdivisions to offer the Public Safety Plan to dispatchers and emergency personnel
- Sets contribution rates, normal/early retirement dates and benefit calculation to mirror political subdivision and state (non-BCI) public safety participation
- Impacts same section of Century Code as other draft bills

Bill 41 - Continued

- Consultant notes (GRS):
 - Actuarial impact will depend specifically on the number and age of new members who enter the Public Safety Plan, and the amount of liabilities and assets (if any) that would transfer from Main to Public Safety
 - Transfers result in an actuarial gain to the Main Plan of approximately \$577K and an actuarial loss to the Public Safety Plan of approximately \$891K
 - Based upon July 1, 2023 actuarial valuation and data provided by NDPERS:
 - There were 460 members identified by the various political subdivisions as potentially eligible, but individual information was not provided for valuation purposes as political subdivisions in Public Safety may opt to offer plan to expanded group
 - There were 22 members identified within the State. Therefore, membership would increase from 181 to 203 in the State Public Safety Plan, reducing the Main Plan by these 22 members
 - Did not include potential employees provided by NDPERS that were not in the July 1, 2023 actuarial valuation data
 - Assumed all service credit would transfer with an asset transfer
 - Estimated impact on the State Public Safety Plan is a decrease of .07% of pay
 - Impact on Public Safety with Prior Service Plan would be determined based upon political subdivisions opting to offer to newly eligible group and identifying eligible population

Bill 41 - Continued

- Consultant notes (GRS) continued:
 - More favorable retirement provisions than Main Plan
 - May increase benefits competitiveness for dispatchers and emergency medical services personnel who become members of Public Safety Plan
- Consultant notes (Ice Miller):
 - Does not disqualify the plan
 - Tax reporting implications upon taking a distribution

Bill 41 - Continued

<u>Bill No.</u>	<u>Code § 72(t)</u>	<u>NRA</u>	<u>Code § 415(b) Reduction</u>	<u>Code § 101(h)</u>
25.0045.01000 and 25.0041.01000 Amends the Public Safety Plan to include Dispatchers, Medical Service Personnel and State Correctional Officers.	<u>Correctional Officers and Medical Service Personnel</u> <ul style="list-style-type: none"> Satisfies the definition of a “qualified public safety officer” No 10% early distribution penalty for monthly benefits commenced after age 50 and separation from service <u>Dispatchers</u> <ul style="list-style-type: none"> Does not satisfy the definition of a “qualified public safety officer” Will be subject to a 10% early distribution penalty for monthly benefits commenced before age 55 	<u>Correctional Officers and Medical Service Personnel</u> <ul style="list-style-type: none"> Satisfies the definition of a “qualified public safety officer” Satisfies the NRA Safe Harbor for Qualified Public Safety Officer” <u>Dispatchers</u> <ul style="list-style-type: none"> Do not satisfy the definition of a “qualified public safety officer” Will need to demonstrate that the NRA represents the age at which employees customarily retire in the industry. 	<u>Correctional Officers and Medical Services Personnel</u> <ul style="list-style-type: none"> Do not satisfy the definition of “qualified participant” and will not be eligible for the unreduced Code section 415(b) limit. <u>Dispatchers</u> <ul style="list-style-type: none"> Will be considered “qualified participants” only if they are employees of a police or fire department. 	<u>Correctional Officers</u> <ul style="list-style-type: none"> Do not satisfy the definition “public safety officer” and the survivor will not be eligible for the tax-free annuity under Code Section 101(h). <u>Medical Services Personnel</u> <ul style="list-style-type: none"> Satisfies the definition of “public safety officers” and the survivor will be eligible for the tax-free annuity under Code Section 101(h). <u>Dispatchers</u> <ul style="list-style-type: none"> Do not satisfy the definition “public safety officer” and the survivor will not be eligible for the tax-free annuity under Code Section 101(h), unless they are considered law enforcement officers, firefighters, part of a rescue squad or part of an ambulance crew.

Bill 45 – Expands eligibility for the Public Safety Plan to include correctional officers, dispatchers and medical services personnel

- Combines Bill 40 and Bill 41 for expanded eligibility related to state correctional officers, state and political subdivision dispatchers and political subdivision medical services personnel for participation in the Public Safety Plan
- Sets contribution rates, normal/early retirement dates and benefit calculation to mirror political subdivision and state (non-BCI) public safety participation
- Page 16, line 6 should also list correctional officers for clarification
- Only applies to new hires first enrolled on or after the effective date of the Act and would not allow individuals currently working in these positions ability to transfer to the Public Safety Plan
- Impacts same section of Century Code as other draft bills

Bill 45 - Continued

- Consultant notes (GRS):
 - Actuarial impact will depend specifically on the number and age of new members who enter the Public Safety Plan
 - Eligible employees would otherwise have participated in the Defined Contribution Plan
 - No past service liability
 - No transfers occurring between plans
 - May be more competitive benefits for new members
- Consultant notes (Ice Miller):
 - Does not disqualify the plan
 - Tax reporting implications upon taking a distribution

Bill 45 - Continued

<u>Bill No.</u>	<u>Code § 72(t)</u>	<u>NRA</u>	<u>Code § 415(b) Reduction</u>	<u>Code § 101(h)</u>
<p>25.0045.01000 and 25.0041.01000</p> <p>Amends the Public Safety Plan to include Dispatchers, Medical Service Personnel and State Correctional Officers.</p>	<p><u>Correctional Officers and Medical Service Personnel</u></p> <ul style="list-style-type: none"> Satisfies the definition of a “qualified public safety officer” No 10% early distribution penalty for monthly benefits commenced after age 50 and separation from service <p><u>Dispatchers</u></p> <ul style="list-style-type: none"> Does not satisfy the definition of a “qualified public safety officer” Will be subject to a 10% early distribution penalty for monthly benefits commenced before age 55 	<p><u>Correctional Officers and Medical Service Personnel</u></p> <ul style="list-style-type: none"> Satisfies the definition of a “qualified public safety officer” Satisfies the NRA Safe Harbor for Qualified Public Safety Officer” <p><u>Dispatchers</u></p> <ul style="list-style-type: none"> Do not satisfy the definition of a “qualified public safety officer” Will need to demonstrate that the NRA represents the age at which employees customarily retire in the industry. 	<p><u>Correctional Officers and Medical Services Personnel</u></p> <ul style="list-style-type: none"> Do not satisfy the definition of “qualified participant” and will not be eligible for the unreduced Code section 415(b) limit. <p><u>Dispatchers</u></p> <ul style="list-style-type: none"> Will be considered “qualified participants” only if they are employees of a police or fire department. 	<p><u>Correctional Officers</u></p> <ul style="list-style-type: none"> Do not satisfy the definition “public safety officer” and the survivor will not be eligible for the tax-free annuity under Code Section 101(h). <p><u>Medical Services Personnel</u></p> <ul style="list-style-type: none"> Satisfies the definition of “public safety officers” and the survivor will be eligible for the tax-free annuity under Code Section 101(h). <p><u>Dispatchers</u></p> <ul style="list-style-type: none"> Do not satisfy the definition “public safety officer” and the survivor will not be eligible for the tax-free annuity under Code Section 101(h), unless they are considered law enforcement officers, firefighters, part of a rescue squad or part of an ambulance crew.

Bill 118 – Insulin drugs & diabetic supplies

- SB 2140 passed during the 68th Legislative Session requires NDPERS to submit a bill for consideration to roll the coverage out to the commercial insurance market
- Defines insulin drug, medical supplies for insulin dosing and administration, as well as pharmacy or distributor
- Provides a \$25/month cap on insulin drugs and medical supplies for dosing and administration
 - Note: Stand-alone GLP-1s are not covered under provision of bill
- Stipulates that high-deductible health plans that qualify for health savings account are exempt from this cost-share limit until a member reaches their minimum deductible

Bill 118 - Continued

- Consultant notes (Deloitte):
 - Estimated to have a financial impact on the NDPERS Plan
 - .12% increase in premium or \$1,000,000 in the 2025-2027 biennium
- Section 4 of SB 2140 requires the NDPERS Board to bring forward a report on cost and benefit analysis to append to the bill, along with a recommendation on whether the coverage should be continued

Bill 118 - Continued

- Report Observations:

- For the 2023-2025 biennium, the cost in premium to provide the enhanced coverage of the cap was .14% of premium. There was not funding provided for this cost during the pilot program and therefore, reserves are being used to cover this expense.
- Sanford Health Plan found that the majority of diabetic supplies filled by NDPERS members cost less than the \$25/month cap so there was minimal impact to member cost share after the cap was implemented related to diabetic supplies.
- There are a number of states that have some form of cap on insulin and diabetic supplies. Specific details regarding these states is provided in Attachment 9 and Attachment 12.
- Sanford Health Plan found that even though NDPERS members were paying a lower portion of the charge for insulin at the pharmacy, the health plan's total reimbursements were lower after the cap. This is due to a change that two pharmaceutical companies (Eli Lilly and Novo Nordisk) made effective January 1, 2024, to reduce their prices on insulin (Attachment 10). Those reduced prices resulted in less reimbursement by the plan (Attachment 4) for the final 6 months that data was provided for.
- Estimated member savings per month was \$80.15 due to the cap based upon comparison with prior year claims data (Attachment 3).
- The insulin rate cap eliminated coinsurance on insulin claims between 7/1/2023-6/30/2024. Therefore, none of claims for insulin contributed to the \$1,200 coinsurance maximum on the grandfathered plan. However, coinsurance continued to apply to other pharmacy claims so the \$1,200 coinsurance expense may have been paid by the member on other pharmacy claims during the calendar year.
- Utilization for insulin and diabetic supplies did not change significantly after the inclusion of the insulin/diabetic supplies cap.
- Note that the information provided by Sanford Health Plan are as of the date the data was generated. It is anticipated that there are still claims pending that have not been submitted to SHP for processing that may result in changes.

Bill 118 - Continued

Recommendation:

Recommendation of the NDPERS Board is that this coverage should be continued within the NDPERS active health insurance plans beyond the 2023-2025 biennium.

Bill 138 – Step therapy protocol exceptions

- Adds new section to NDCC 19-02.1 for “step therapy protocol” and “step therapy protocol exceptions”
- Sets criteria & timeframe for review/approval of a request for a step therapy protocol exception
- Note that to the extent this creates a mandate, the bill does not comply with the statutory requirement in NDCC section 54-03-28(3) that health insurance plan mandates first apply to NDPERS
- Consider excluding Medicare Part D plan
- Consultant notes (Deloitte):
 - Estimated to have no financial impact on the NDPERS plan

Bill 142 – PERS health benefit must be ACA compliant

- Requires essential health benefits coverage for eligible state employees and pre-Medicare retirees under NDPERS large employer group plan effective January 1, 2026
 - Moves NDPERS PPO/Basic Grandfathered Plan to be a Non-grandfathered plan
 - Essential health benefits (EHB) adopted by State of ND for individual and small group plan markets
 - NDPERS as a large employer group plan has been excluded from coverage of EHBs requirement
 - Significant differences between ACA requirements for large employer plans vs the individual and small group plan market
 - [Information on Essential Health Benefits \(EHB\) Benchmark Plans | CMS](#)
- Excludes political subdivisions, so NDPERS would maintain Grandfathered PPO/Basic Plan for this population
 - Could impact premium for political subdivisions based upon claims experience without State population
- Removes language regarding district health units and Garrison Diversion participating in same manner as state agencies:
 - Premiums – would change to single/family rather than flat state rate for health insurance plan
 - Could result in loss of grandfathered status and eligibility to be on NDPERS plan
 - Eligibility for other plans within 54-52.1 uniform group would be removed, thus resulting in current district health units losing coverage in other plans:
 - HDHP
 - Dental
 - Vision
 - EAP
 - Life (eligible to participate but would be required to complete administrative agreement)

Bill 142 - Continued

- ACA mandated coverage for **large employer Non-grandfathered plans**:
 - Copayments apply towards Out-of-Pocket Maximums
 - Colonoscopies covered at 100%
 - Additional well child-care coverage
 - Preventative screening for adults covered at 100%
 - Tobacco cessation services
 - Contraception covered at 100%
 - Breast pumps
 - Routine prenatal and postnatal care
 - Lactation counseling
 - List is not all inclusive
- NDPERS already administers a Non-grandfathered PPO/Basic Plan with these mandated benefits for Political Subdivisions. Currently 2 political subdivisions participate.
- More specific language indicating if intent of law is to require ACA mandated large group coverage would be beneficial

Bill 142 - Continued

- Essential health benefits in ND for individual and small group markets:
 - Ambulatory patient services
 - Emergency services
 - Maternity and newborn care
 - Mental health and substance abuse disorders, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services including chronic disease management
 - Pediatric services, including oral and vision care
 - Currently covered under the dental and vision plan if member carries coverage
- All these essential health benefits are covered under the NDPERS Uniform Group Insurance Program (NDCC 54-52.1).
 - Pediatric services for oral and vision would be required to be within health plan, not separate dental and vision plan

Bill 142 - Continued

- Additional enhancements to State's Essential Health Benefits for PY 2025 for individual and small group market:

Additional EHBs now subject to being included into an ACA compliant plan would be:

- **Insulin/insulin supplies** – Limited out-of-pocket costs for diabetes, providing a limited cost-sharing for a 30-day supply of covered insulin drugs, not to exceed \$25, regardless of the quantity or type of insulin, and of covered medical supplies for insulin dosing and administration, not to exceed \$25, regardless of the quantity or manufacturer of supplies.
- **Hearing aids** - Coverage for one hearing aid per hearing-impaired ear every 36 months or more often if there is a significant change in the insured's hearing status as determined by the licensed physician or audiologist.
- **Nutritional counseling*** - Coverage for dietary or nutritional screening, counseling, and therapy for obesity, diabetes-related diagnosis, or a chronic illness or condition that could be managed through nutritional or weight loss programs, up to 12 sessions every policy year, if prescribed by the insured's physician. This would also include coverage for the use of GLP1 and GIP drugs as therapy for prevention of diabetes and treatment of insulin resistance, metabolic syndrome or morbid obesity.
- **Periodontal disease** - Coverage for diagnosis and treatment of periodontal disease in acute or chronic disease state if recommended by a board-certified medical practitioner based on health-related impacts or on further deterioration in disease state due to gum disease.
- **PET scans** - Coverage for position emission tomography scans for an insured who has a prostate cancer diagnosis, including an insured who is in remission or who is cured, which would include at least two different types of position emission tomography scans upon initial diagnosis if requested by a physician, and one position emission tomography scan every 6 months for the life of the insured.
- **Opioid benefits** - Plan steps to address the opioid epidemic, including limiting opioid prescriptions to 7 days, removing barriers such as prior authorization for drugs used in the treatment of opioid use disorder or opioid replacement drugs; and requiring a prescription for an easy-to-use overdose antidote when prescribing high-dose opioids
- *It is notable to highlight coverage of GLP1s for insulin resistance, metabolic syndrome or morbid obesity as a new EHB that would be within the scope of this bill.

Bill 142 - Continued

- Consultant notes (Deloitte):
 - Moving the State from NDPERS Grandfathered PPO/Basic Plan to Non-grandfathered PPO/Basic Plan as a large employer group is estimated to cost \$21,040,000 or approximately 3% of premium
 - If intent of bill is to require enhanced ACA coverage required of a large group, language could be modified to clarify this intent. This coverage would include:
 - copayments applying to out-of-pocket maximums
 - colonoscopy coverage at 100%
 - contraception coverage at 100%
 - additional adult preventative screenings
 - Additional well-child coverage
 - Additional coverages as provided on slide 15
 - Requiring current essential health benefits adds minimal cost given NDPERS health plan currently covers these benefits

Bill 142 - Continued

Consultant notes (Deloitte) continued:

- However, enhancements being made for PY 2025 to the list of essential health benefits coverage could add significant cost
- Specifically, the coverage of glucagon-like peptide-1 (GLP-1s) and gastric inhibitory polypeptide (GIP) drugs for morbid obesity (currently not covered) and diabetes (currently covered):
 - Cost range varies depending upon eligibility criteria for coverage, which will drive size of insured population eligible for drugs:
 - BMI over 40, estimated NDPERS health plan population = @ 8.3% with estimated cost to plan of .45% to .9% of premium, or \$3,500,000
 - BMI over 30, estimated NDPERS health plan population = @ 35% with estimated cost to plan of 2% of premium, or \$16,000,000
 - BMI over 27, estimated NDPERS health plan population = @ 55% with estimated cost to plan of 3.1% of premium, or \$25,000,000
 - Other factors that could influence financial impact of GLP-1 and GIP coverage:
 - Gender breakdown of eligible members
 - Type of GLP-1 drug being used
 - Weight lost that will be sustained by members using GLP-1 drugs
 - Dosage for weight loss can be different than dosage for diabetes
 - Adherence rate for weight loss may fluctuate
 - GLP-1s for weight loss may lower the impact of other comorbidities for members, therefore, other medical costs may be avoided
 - Helpful if language were provided in bill draft to give direction on intent of coverage, specify terms for criteria
 - May result in premium estimate changes
 - Additional reporting requirements of ACA include Transparency in Coverage reporting, RxDC reporting and the No Surprises Act attestations
 - Could result in more frequent updates in plan administration if federal government adjusts rules impacting the section of federal code referenced in bill

Bill 142 - Continued

- Consultant notes (Ice Miller):
 - Restrictions removed due to loss of grandfathered status:
 - Coverage can be modified without regard to limits placed on a grandfathered plan (deductible, copayments, coinsurance, elimination of benefits)
 - Share of premium paid by employees could be modified without regard to limits placed on a grandfathered plan
 - Remaining restrictions:
 - Non-grandfathered plans have cost-sharing limitations (self-only coverage may not exceed \$9,450 in 2024)
 - Amount charged to an employee towards single coverage must be affordable under ACA regulations to avoid tax penalties
 - Coverage must provide “minimum value” to avoid tax penalties
 - Transparency in coverage requirements at federal level for non-grandfathered employer plans and health insurers

Questions?



Email rfricke@nd.gov

Call (701) 328-3978



Proposed Legislation Consultant Analysis

October 31, 2024

Rebecca Fricke, Executive Director



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Bill 142 – PERS health benefit must be ACA large employer group compliant

- Requires non-grandfathered large employer group coverage, in addition to existing grandfathered plan coverage, for eligible state employees and pre-Medicare retirees
- Excludes political subdivisions participating in NDPERS grandfathered plan
 - NDPERS would maintain Grandfathered PPO/Basic Plan for this population
 - Majority of participating political subdivisions are small and therefore, if they lose grandfathered status, they lose eligibility to participate in NDPERS health insurance
- Removes language regarding district health units and Garrison Diversion participating in same manner as state agencies:
 - Requires same premium structure, thus could charge similar flat rate as currently done, rather than single/family rate

Bill 142 - Continued

- ACA mandated coverage for **large employer Non-grandfathered plans**:
 - Copayments apply towards Out-of-Pocket Maximums
 - Preventive colonoscopies covered at 100%
 - Contraception covered at 100%
 - Additional well child-care coverage
 - Preventative screening for adults covered at 100%
 - Tobacco cessation services
 - Breast pumps
 - Routine prenatal and postnatal care
 - Lactation counseling

- List is not all inclusive
- NDPERS already administers a large employer non-grandfathered PPO/Basic Plan with these mandated benefits
 - Includes existing grandfathered PPO/Basic Plan coverage
 - Such as infertility benefit, prosthetic repair & replacement with prior authorization
 - Member cost share for existing coverage may change
 - Currently 2 political subdivisions participate

Bill 142 - Continued

- Consultant notes (Deloitte):
 - Moving the State from NDPERS grandfathered PPO/Basic Plan to non-grandfathered PPO/Basic Plan as a large employer group is estimated to cost the State and pre-Medicare groups \$26,353,000 or approximately 3.9% of premium
 - Anticipated utilization increase once benefits available result in @ 1% additional cost (included)
 - Could result in higher (or lower) premiums for political subdivisions that remain in grandfathered plan
 - Pool of employees will be separate for state and political subdivisions
 - Claims experience of new groups will determine premiums for each group separately rather than as part of one larger pool
 - Additional reporting requirements of ACA include Transparency in Coverage reporting, RxDC reporting and the No Surprises Act attestations

Bill 142 - Continued

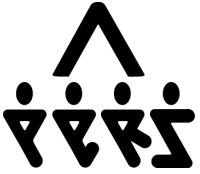
- Consultant notes (Ice Miller):
 - May want to consider following changes:
 - Page 2, line 21 add “group” so it reads “A non-grandfathered group health plan...”
 - Page 3, line 14, modify to indicate “Non-grandfathered health plan” means:
 - “a plan that is not a grandfathered health plan as that term is defined by 42 U.S.C. 18011(e)”
 - remove “does not qualify as amended by the Health Care and Education Reconciliation Act of 2010 [Pub. L. 111-152]”
 - Providing clarification on benefits to be preserved as of the date of the amendment’s enactment
 - Consider defining grandfathered plan available for political subdivisions
 - Restrictions removed due to loss of grandfathered status:
 - Coverage can be modified without regard to limits placed on a grandfathered plan (deductible, copayments, coinsurance, elimination of benefits, as long as, not ACA mandated for large employer group)
 - Share of premium paid by employees could be modified without regard to limits placed on a grandfathered plan
 - Remaining restrictions:
 - Non-grandfathered plans have cost-sharing limitations (self-only coverage may not exceed \$9,450, family coverage may not exceed \$18,900 in 2024)
 - Amount charged to an employee towards single coverage must be affordable under ACA regulations to avoid tax penalties
 - Coverage must provide “minimum value” to avoid tax penalties
 - Transparency in coverage requirements at federal level for non-grandfathered employer plans and health insurers

Questions?



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Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: November 12, 2024

SUBJECT: 2025 Regular Board Meeting Dates

Below are proposed regular meeting dates and times for calendar year 2025. The dates and times include those discussed at the October meeting for scheduling Legislative Session. Historically, the meetings are on the second Tuesday of each month, other than August and October.

The second date in October is necessary because of the time it takes our actuary to complete the valuations of our retirement plans. In reviewing schedules and the availability of the WSI Board Room, staff recommend having the meeting either on October 29th at 8:30 a.m., October 30th at 1:00 p.m., or October 31st at 8:30 a.m. Staff ask the Board for direction on which date they prefer.

Also, given November 11th is the 2nd Tuesday in November but is a state holiday (Veteran's Day), staff propose holding the November regular meeting on November 12th.

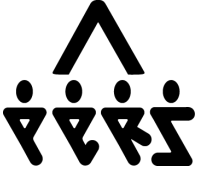
Please review the following dates and check your availability. As a reminder, virtual attendance continues to be an option for attendance.

NDPERS Board 2025 Proposed Regular Meeting Dates:

January 6 th	1 st Monday 8:30 AM	WSI Board Room
February 7 th	1 st Friday 2:00 PM	WSI Board Room
March 4 th	1 st Tuesday 8:30 AM	WSI Board Room
April 4 th	1 st Friday 2:00 PM	WSI Board Room
May 13 th	1 st Tuesday 8:30 AM	WSI Board Room
June 10 th	2 nd Tuesday 8:30 AM	WSI Board Room
July 8 th	2 nd Tuesday 8:30 AM	WSI Board Room
August 19 th	3 rd Tuesday 8:30 AM	WSI Board Room
September 9 th	2 nd Tuesday 8:30 AM	WSI Board Room

October 14 th	2 nd Tuesday 8:30 AM	WSI Board Room
October 29 th	5 th Wednesday 8:30 AM	WSI Board Room
<i>or</i>		
October 30 th	5 th Thursday 1:00 PM	WSI Board Room
<i>or</i>		
October 31 st	5 th Friday 8:30 AM	WSI Board Room
November 12 th	2 nd Wednesday 8:30 AM	WSI Board Room
December 9 th	2 nd Tuesday 8:30 AM	WSI Board Room

Board Action Requested: A motion to approve or modify the 2025 proposed regular meeting dates.



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

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Executive Director
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Fax (701) 328-3920 Email ndpers-info@nd.gov Website www.ndpers.nd.gov

Memorandum

TO: NDPERS Board

FROM: Rebecca

DATE: November 12, 2024

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.

All Contracts Signed During 2024:

Vendor	Amount	Notes
CliftonLarsonAllen	\$ -	GASB 68 & 75 Representation Lettess
TIAA	\$ -	Termination notice due to recordkeeper award
BND	\$ 909.00	Staff Years of Service Awards (Gift Cards)
City of Berthold	\$ -	Joined Life Insurance Plan 3/1/2024
Mandaree Public Schools	\$ -	Joined Deferred Compensation Plan 3/1/2024
Interoffice	\$ 1,179.44	Office Chair
Emmons County	\$ -	Joined Public Safety Plan 4/1/2024
City of Leeds	\$ -	Joined Defined Benefit Plan 4/1/2024
City of Leeds	\$ -	Joined Deferred Compensation Plan 4/1/2024
City of Emerado	\$ -	Joined Public Safety Plan 2/1/2024
City of Riverdale	\$ -	Joined Defined Benefit Plan 4/1/2024
City of Riverdale	\$ -	Joined Deferred Compensatoin Plan 4/1/2024
Fireside	\$ 3,079.80	5 year total lease on multi-function printer
Advanced Business Methods	\$ 5,713.20	5 year total lease on document scanner
Eddy County	\$ -	Joined Life Insurance Plan 5/1/2024
Galliard Fund Agreements	\$ -	Lowering the share class in the Galliard investments in the 401(a) & 457 Plans
Larimore Public School	\$ -	Joined Deferred Compensation Plan 1/1/2025
TIAA Deconversion Guide	\$ -	Strategy guide with TIAA for deconverting to Empower
TIAA Letter of Direction	\$ -	Direction to pay out RMDs & scheduled installments early with TIAA prior to blackout
Empower Letter of Instruction	\$ -	Letter of instruction on brokerage account in 457 and 401(a) plans
Empower Brokerage Application	\$ -	Application on brokerage account in 457 and 401(a) plans
TIAA Custodial Agreement Terminations	\$ -	Termination of Custodial Agreements with TIAA for both the 457 and 401(a) Plans
TIAA Record Keeper Amendment	\$ -	Authorization for TIAA to pull recordkeeper fees through June 2024
Beulah Public School # 27	\$ -	Joined Deferred Compensation Plan 7/1/2024
TIAA Brokerage Re-Registration Letter	\$ -	Authorizes the transfer of brokerage acocunts on both the 457 and 401(a) Plans
Empower Brokerage Transfer Request Form	\$ -	Authorizes the transfer of brokerage acocunts on both the 457 and 401(a) Plans
Empower Plan Asset Transfer & Investment Direction	\$ -	Directs the investments of brokerage acocunts on both the 457 and 401(a) Plans
Inter Office	\$ 824.76	Rising legs for standing desk
Advanced Business Methods	\$ 3,930.00	5 year total lease on multi-function printer
Steele County	\$ -	Joined Public Safety Plan 7/1/2024
City of Grand Forks	\$ -	Joined Deferred Compensation Plan 9/1/2024
Fargo Public Schools	\$ -	Joined Deferred Compensation Plan 1/1/2025
Garrison Public Schools	\$ -	Joined Deferred Compensation Plan 7/1/2024
Empower	\$ -	Staff setup on plan sponsor website
Oliver Mercer Special Education	\$ -	Joined Deferred Compensation Plan 7/1/2024
Central Cass School District	\$ -	Joined Deferred Compensation Plan 7/1/2024
Grand Forks Public Library	\$ -	Joined Deferred Compensation Plan 9/1/2024
Tri-County Water District	\$ -	Joined Defined Benefit Plan and Deferred Compensation Plan 8/1/2024
Inter-office	\$ 1,206.66	Office Chair
Northern Cass School District	\$ -	Joined Deferred Compensation Plan 1/1/2025
Empower	\$ -	401(a) NDPERS Admin Fee Agreement
Oakes Public School District	\$ -	Joined Deferred Compensation Plan 1/1/2025
Western Education Regional Cooperative	\$ -	Joined Defined Benefit Plan, Deferred Compensation Plan and Life Plan 10/1/2024
Parshall School District	\$ -	Joined Defined Benefit Plan 9/1/2024
City of Jamestown	\$ -	Joined Public Safety Plan 11/1/2024
City of Rugby	\$ -	Joined Public Safety Plan 11/1/2024
Lake Metigoshe Recreation Service District	\$ -	Joined Deferred Compensation Plan 10/1/2024
IRS	\$ -	Power of Attorney & Penalty of Perjury Statement for 401(a) IRS Determination Letter
Jamestown Parks & Recreation District	\$ -	Joined Deferred Compensation Plan 1/1/2025
Tri-County Water District	\$ -	Terminated election to join Defined Benefit 8/1/2024

Contracts Signed Since Last Reported:

Jamestown Public Schools	\$ -	Joined Deferred Compensation Plan 1/1/2025
Eddy County	\$ -	Joined Public Safety Plan 11/1/2024
Divide County	\$ -	Joined Public Safety Plan 1/1/2025
IRS	\$ -	Power of Attorney & Penalty of Perjury Statement for 457(b) IRS Private Letter Ruling
Ramsey County	\$ -	Joined Public Safety Plan 1/1/2025
Empower	\$ -	Acceptance of Mass Transfer Balances (Letter of Direction - Special Election Trasfers)
Grand Forks County	\$ -	Joined Deferred Compensation Plan 1/1/2025
City of Fairmount	\$ -	Joined Defined Benefit Plan and Deferred Compensation Plan 12/1/2024
Kulm Public School	\$ -	Joined Deferred Compensation Plan effective 11/1/2024
Devils Lake Public Schools	\$ -	Joined Deferred Compensation Plan 1/1/2025
James River Multi-District Specal Eduation Unit	\$ -	Joined Deferred Compensation Plan effective 1/1/2025