

A man and a woman are dancing in a garden. The man is wearing a light blue button-down shirt and khaki pants. The woman is wearing a red cardigan over a white blouse and dark pants. They are holding hands and smiling. The background features a wooden fence, a tree with string lights, and a green metal table and chairs.

# Pre-Retirement Education Program

---

NDPERS PREP – INSURANCE BENEFITS



NORTH DAKOTA  
PUBLIC EMPLOYEES  
RETIREMENT SYSTEM

Retirees receiving a retirement benefit may be eligible to participate in:

- Health insurance
- Dental insurance
- Vision insurance
- Life Insurance (*if enrolled as active employee*)

Surviving spouses **receiving** an ongoing retirement benefit:

- May be eligible to continue or newly enroll in NDPERS insurances (*excluding life insurance*) at time of retiree's death

Surviving spouses **NOT receiving** an ongoing retirement benefit:

- May be eligible to continue the NDPERS insurance they are currently participating in (*excluding life insurance*)

# Health, Vision, Dental & Life Insurance

There is no  
Open  
Enrollment in  
Retirement!

Only “Qualifying  
Events”

*Within 31 days of the following:*

- First NDPERS retirement benefit payment
- Receiving a first retirement benefit payment from a Non-NDPERS retirement plan (TIAA or TFFR)
  - must provide a Verification of Alternate Retirement Plan (SFN-53863)
- Retiree or spouse’s 65th birthday or eligibility for Medicare
- Loss of coverage in an employer-sponsored health plan
- Marriage, Birth, Adoption, or Legal Guardianship



## HEALTH INSURANCE OPTIONS AT RETIREMENT

# NOT Medicare eligible

COBRA health insurance with your current provider for 18 months.

- COBRA is the EXACT SAME insurance you have today!
- You pay a premium.

Or

Enroll in your spouse's insurance plan

Or

Go to the marketplace



## What happens after COBRA?

If you, or an eligible dependent are NOT Medicare eligible, you will need to find other coverage until you or an eligible dependent become Medicare eligible.

- Available through federal exchange [www.healthcare.gov](http://www.healthcare.gov).
- If you or an eligible dependent ARE Medicare eligible, then, let's talk NDPERS Retiree Health Insurance!

# Health Insurance Options at Retirement

---

Medicare eligible (you OR an eligible dependent)

**One Medicare + Other(s) Health Insurance:** (also called One Medicare/One Non-Medicare)

The “One” Medicare is the Dakota Retiree Plan, which is a supplement to Medicare Parts A and B and includes the Part D, prescription plan.

The “other(s)” is the non-Medicare dependent is enrolled in the State of ND Sanford Dakota Plan.

**Dakota Retiree Plan:**

Supplement to Medicare Parts A and B and includes the Part D, prescription plan.

Supplement and Part D are “bundled”. You must enroll in both.

# What do you mean by “Other(s)” – hmmm?

It is the Dakota Plan – the same insurance that State employees and some political subdivisions have!

Cost Sharing Amounts		
	PPO	Basic
<b>Single Coverage</b>		
Deductible amount	\$500	\$500
Coinsurance maximum	<u>\$1,000</u>	<u>\$1,500</u>
Out-of-pocket maximum	\$1,500	\$2,000
<b>Family Coverage</b> - All members in the family contribute to deductible and coinsurance amounts; however an individual family member's contribution cannot be more than the single coverage amount listed above.		
Deductible amount	\$1,500	\$1,500
Coinsurance maximum	<u>\$2,000</u>	<u>\$3,000</u>
Out-of-pocket maximum	\$3,500	\$4,500

Includes a \$250 a year Wellness Benefit!\*



# Dakota Plan Preventive Screening Services

\$200 maximum benefit allowance per member per benefit period

- Deductible waived
- After max reached, preventive services subject to cost-sharing amounts

Benefits Include:

- One routine physical exam
- Routine diagnostic screenings
- Routine screening procedures for cancer

## Dakota Plan Prescriptions

\*This would be for  
the Non-Medicare  
person/s\*

### Formulary Generic

- \$7.50 Copayment + 12% Coinsurance
- \$1,200 coinsurance maximum for formulary prescriptions per member per plan year

### Formulary Brand Name

- \$25 Copayment + 25% Coinsurance
- \$1,200 coinsurance maximum for formulary prescriptions per member per plan year

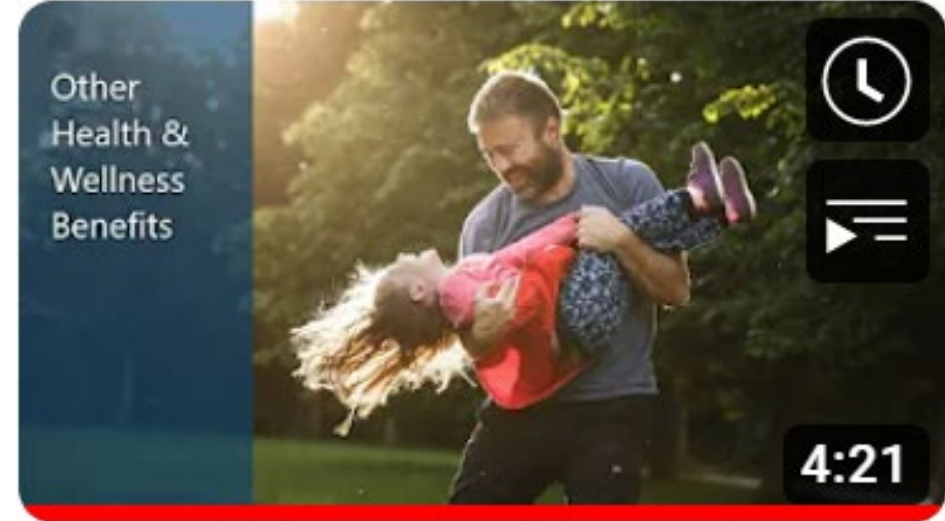
### Non-Formulary Generic/Brand

- \$30 Copayment + 50% Coinsurance
- \$1,200 coinsurance maximum does not apply

Mail order is available to NDPERS members.



Health Insurance -  
Grandfathered PPO/Basic...



Other Health & Wellness  
Benefits

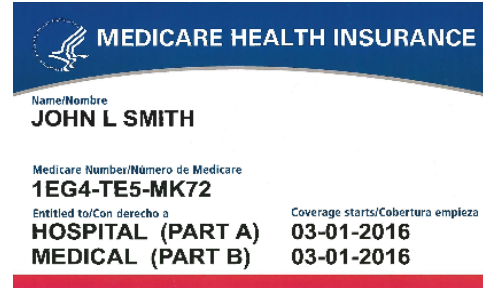


We are on YouTube! – Great Insurance “Shorts”

# How Medicare and the Dakota Retiree Plan Work Together

1

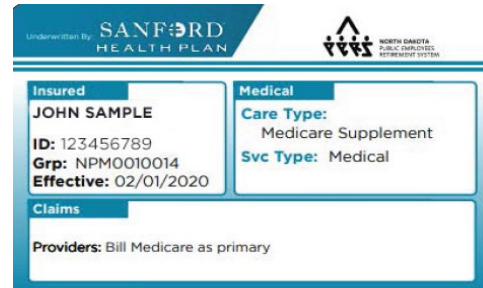
Medicare - pays first for medical and hospital visits



You get through Social Security

2

Sanford pays second – after Medicare. You cannot be enrolled in secondary insurance if you don't have primary insurance!



Dakota Retiree Plan through NDPERS

3

Humana Group Medicare is the Part-D Prescription Drug Plan



# Dakota Retiree Plan – Sanford Health Plan

---

Secondary coverage (“supplement”) through Sanford Health Plan

Typically, if your service is covered by Medicare and you are at a facility that accepts Medicare, your out-of-pocket cost between Medicare and Sanford is zero.

[Outline of Medicare Supplement Coverage](#)

# Customer Service

---

## Sanford Health Plan NDPERS Service Unit

- 701-751-4125
- Toll Free 1-800-499-3416
- [sanfordhealthplan.com/NDPERS](https://sanfordhealthplan.com/NDPERS)



# Dakota Retiree Plan – D is for Drugs with Humana!

---

Part D through Humana Group Medicare

Will always have an out of pocket based on which tier prescription is in.

Prescriptions may change tiers by the Pharmacy Benefits Manager with guidance from the Federal Drug Administration (FDA)/Drug Enforcement Administration (DEA).



- [2024 Comprehensive Prescription Drug Guide](#)

## Part D through Humana Group Medicare



### Deductible

#### Pharmacy (Part D) deductible

This plan does not have a deductible.



### Prescription Drug Benefits

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

You pay the following until your total yearly drug costs reach **\$5,030**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

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

## **Plan name:**

Humana Group Medicare PDP plan

## **How to reach us:**

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

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

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

Customer  
Service

---

# What does it mean if I or a dependent is on Medicare?

You are on the Dakota Retiree Plan!

Check out this awesome resource on our YouTube page!



Insurance Choices Before Retirement





Delta Dental of Minnesota

[Find A Dentist](#) [Contact](#)

[Employers](#) [Providers](#) [Agents](#)

[Shop Plans](#) [Members](#) [About Us](#) [Your Health](#)



# Group Dental Plan

---



## Dental Coverage

*\*Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.*

### Delta Dental PPO™ & Delta Dental Premier®

#### Monthly Premium Rates

Employee:	\$41.00
Employee + Spouse:	\$79.12
Employee + Child(ren):	\$91.86
Family:	\$130.82

- \$50 Deductible per person per year  
*doesn't apply to diagnostic/preventive services*
- Diagnostic & Preventive Services: 100%\*
- Basic Services, Endodontics, Periodontics, Oral Surgery, Prosthetic Repairs and Adjustments: 80%\*
- Major Restorative, Prosthetics, Orthodontics: 50%\*
- Calendar Year Plan Maximum: \$1,000 per person
- Lifetime Orthodontics Maximum: \$1,500 per covered dependent





# Dental Plan Features



No waiting periods



No age limit on Orthodontic treatment



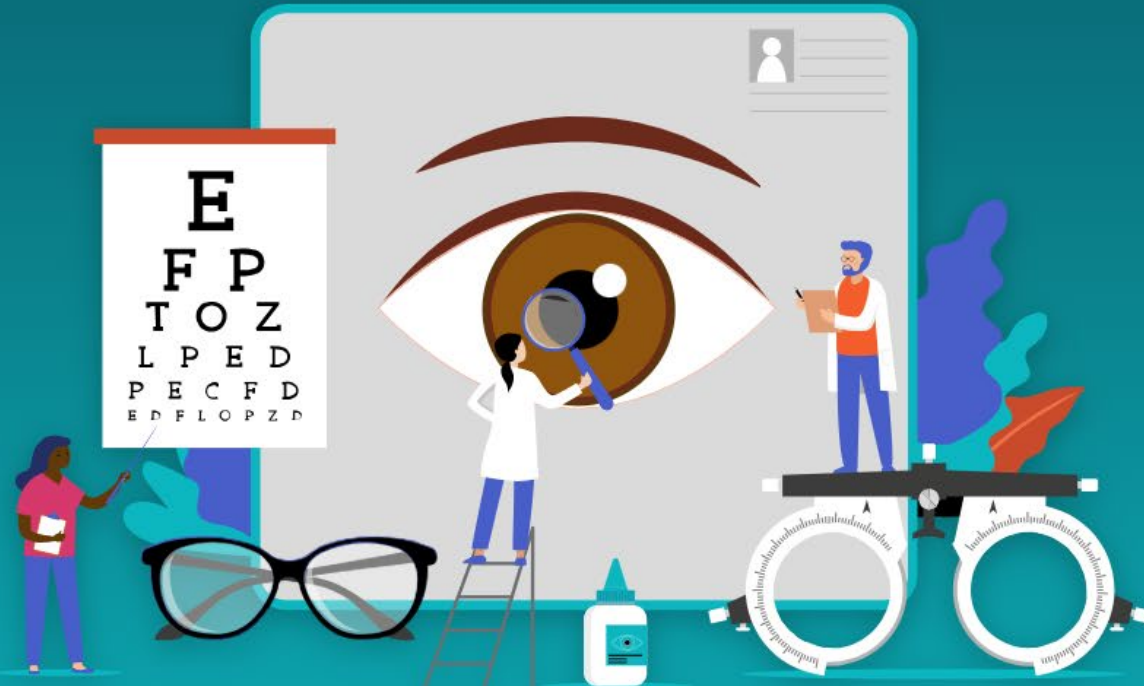
Out-of-pocket savings if dentist is within network



Online services at [www.deltadentalmn.org](http://www.deltadentalmn.org)

# Vision Care Customized for You

We help members enjoy the wonders of sight  
through healthy eyes and vision.



## Group Vision Plan

---

## Vision Care Plan for North Dakota Public Employees Retirement System

Benefits through Superior National network

Frequency	
Exam	1 per calendar year
Frame	1 per calendar year
Contact lens fitting	1 per calendar year
Eyeglass lenses	1 pair per calendar year
Contact Lenses	1 allowance per calendar year



# Plan Highlights

Need help? Contact 1 (800) 507-3800 or visit [superiorvision.com](http://superiorvision.com) for assistance.



Exams

Eye exam copay:  
**\$0**



Materials<sup>1</sup>

Materials copay:  
**\$35**



Frames

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



Contact Lens Fitting Exam

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

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

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



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

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

### Monthly Premiums

Employee only:	\$5.03
Employee + spouse:	\$10.06
Employee + child(ren):	\$9.16
Employee + family:	\$14.19

# Vision Plan Coverage

## Benefits through Superior National network

	<u>In-network</u>	<u>Out-of-network</u>
Exam (ophthalmologist)	Covered in full	Up to \$45 retail
Exam (optometrist)	Covered in full	Up to \$45 retail
Frames	\$100 retail allowance	Up to \$47 retail
Contact lens fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact lens fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$35 retail
Bifocal	Covered in full	Up to \$50 retail
Trifocal	Covered in full	Up to \$70 retail
Progressives lens upgrade	See description <sup>3</sup>	Up to \$70 retail
Contact lenses <sup>4</sup>	\$100 retail allowance	Up to \$100 retail



Dental Insurance



⋮ Vision Insurance

⋮ F

We are on YouTube! – Great Insurance “Shorts”

# Retiree Health Insurance Credit (RHIC) – Monthly, lifetime benefit

Administered by ASIFlex

Check out this YouTube video for fantastic RHIC information!



Claiming your Retiree Health Insurance Credit (RHIC)





# RHIC Key Words!

---

**Reimbursement, After Tax Premium (not expenses)**

**IMPORTANT: First you pay the premium – then, it is reimbursed by ASIFlex**

**Eligible AFTER-TAX premiums:**

- Health insurance premium
- Vision plan premium
- Dental plan premium
- Long- term care premium
- Note: RHIC will **not** be reimbursed on subsidized insurance premiums

# RHIC: HOW IT WORKS

## Reimbursement:

1. **NDPERS insurances:** NDPERS validates to ASIFlex – you are automatically reimbursed.
2. **Non-NDPERS insurances:** You submit a claim form for non-NDPERS after-tax health insurance premium (Medicare Part B and Part D qualifies) to ASIFlex – you are automatically reimbursed.
3. Claims submitted after the deadline will be denied.

\*\*\*DEADLINE: March 31<sup>st</sup> to submit for the prior year.\*\*\*

## RHIC Contact Information

Retiree reimbursement questions should be directed to ASIFlex.

- Phone: 1-800-659-3035
- Fax: 1-877-879-9038
- Web: [www.asiflex.com](http://www.asiflex.com)
- Email: [asi@asiflex.com](mailto:asi@asiflex.com)
- Address: ASIFlex – PO Box 6044 – Columbia, MO 65205-6044



# Life Insurance

---

UNDERWRITTEN BY VOYA FINANCIAL

# NDPERS LIFE INSURANCE

- Retirees that participated in the life insurance plan as active employees have the option to continue their basic employee, supplemental employee, dependent supplemental and spouse supplemental life insurance coverage.
- Must make election within 31 days of the date of termination.
- Upon turning age 65, retirees can only continue the basic life insurance coverage through NDPERS.

Upon retirement, the basic level of coverage reduces from \$7,000 to \$1,500.

The premium for the basic life insurance coverage is \$4.32 per month.

Member may  
“port” existing level  
of coverage

- Up to age 70

Rates and “port”  
information  
provided directly  
by Voya

Cannot keep term  
policy with NDPERS  
if electing to “port”  
coverage

“Port” Rights with Voya

# Conversion Rights with Voya

## Member may apply for conversion with:

- Loss of coverage at separation of employment
- Loss of term coverage at age 65 (after separation of employment)
- Loss of “port” coverage at age 70 (after separation of employment)

Whole life insurance policy (no age limit)

Rates and conversion information provided directly by Voya

Cannot keep term policy with NDPERS if electing to “convert” coverage

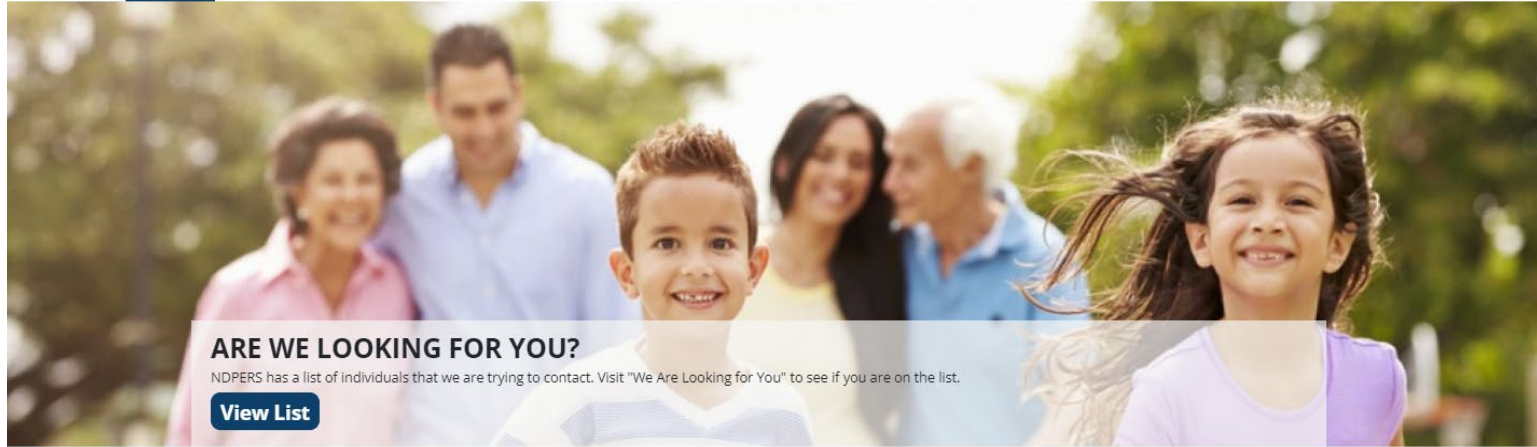


# Life Insurance Information

---

[NDPERS website](#)

Voya: 1 (800) 955-7736



### ARE WE LOOKING FOR YOU?

NDPERS has a list of individuals that we are trying to contact. Visit "We Are Looking for You" to see if you are on the list.

[View List](#)



WATCH NDPERS VIDEOS &  
EVENT RECORDINGS

[Visit YouTube](#)



VIEW POPULAR GUIDES AND  
FORMS

[Download forms](#)



LOG IN TO YOUR MEMBER SELF  
SERVICE

[Member Self Service \(MSS\)](#)

# We are on YouTube!



**NORTH DAKOTA**  
PUBLIC EMPLOYEES  
RETIREMENT SYSTEM



# Contact NDPERS

- **Customer Service**

- Call: (701) 328-3900 or
- TF:(800) 803-7377

- **Online Resources**

- Website: [ndpers.nd.gov](http://ndpers.nd.gov)
- [Member Self Service \(MSS\)](#)

