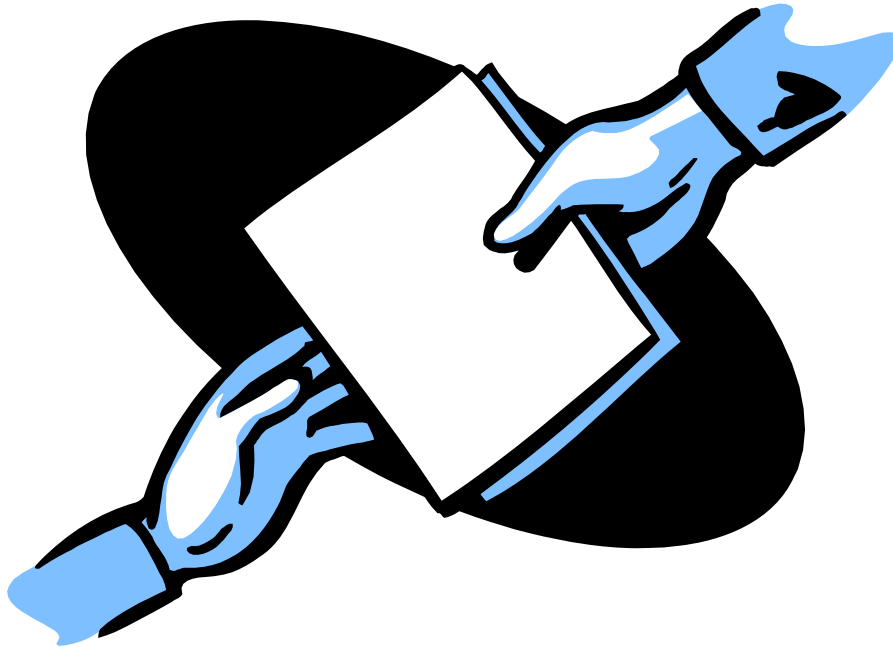




NEW HIRE GUIDE
(Rev. 01-2024)

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



This publication contains information, forms, and instructions necessary for enrolling an employee in the Defined Benefit Hybrid Retirement Plan and group insurance plans administered by NDPERS. This publication is to be completed by the employee.

This publication is intended to provide general information and may not be considered to be a legal interpretation of law. Statements contained in this publication do not supersede the North Dakota Century Code or Administrative Code or restrict the authority granted to the Retirement Board.

The information in this publication is subject to changes made by the North Dakota legislature, by the Board of the North Dakota Public Employees Retirement System (NDPERS), and its agents.



You can easily complete your benefit plan enrollment(s) online using PERSLink Member Self Service (MSS)!

PERSLink MSS provides you with online access to benefit information, the ability to complete benefit enrollments and changes, as well as updating your personal profile instead of completing paper forms and submitting to NDPERS. This will also include Annual Enrollment elections.

The following tools and features are available through PERSLink MSS:

Personal Profile	View your personal information on record at NDPERS Update your Name/Marital Status* Update your Address, Telephone numbers, and Email* *If you are on the state or university system PeopleSoft, please update this information through PeopleSoft and NDPERS will be updated overnight.
NDPERS Plans	Displays all the NDPERS benefit plans you are enrolled or are eligible to enroll: View Plan Details Document View Plan Highlights VideoProvides link to the individual plans: Plans Enrolled In: View details of the plan Update Plan Enrollment Plans Eligible to Enroll In: Online Enrollment Application
Member Account Balance	Provides a direct link to Retirement Plan member account balance details
Benefits Estimates	Request an official retirement benefit estimate from NDPERS Calculate a Benefit Estimate online View Benefit Estimates you performed
Service Credit Purchase	Request an official Service Purchase Cost from NDPERS Calculate a Service Purchase Cost Estimate online View any Service Purchase Contracts you have
Annual Statements	View your Summary Annual Statements

Check it out now!!!

- Step 1: Go to NDPERS website
- Step 2: Set up your ND Login ID
- Step 3: Log into MSS and see what you can do!

**Paper forms should be submitted to NDPERS by fax/pdf or original should be mailed.
Any forms that are not legible will require resubmission to NDPERS.**

NAVIGATING THE NEW HIRE GUIDE



The benefits described in this publication only pertain to members of NDPERS. Political subdivisions within the state of North Dakota are not eligible to participate in the NDPERS Dental, Vision, Employee Assistance, and Flexible Compensation Plans (with the exception of the health units).

1. GROUP RETIREMENT PLAN

EMPLOYER Responsibility:

1. Determine eligibility of new hire to participate in NDPERS Defined Benefit Hybrid Retirement Plan. Do not complete the New Hire Guide if new hire is transferring from another participating employer. If transferring, complete a Notice of Transfer Guide.
2. Enter NDPERS member data information through Employer Self Service.
3. Ensure the employee completes a Designation of Beneficiary for the Group Retirement Plan, along with other appropriate forms.
4. If employee is a temporary/part-time employee, provide employee with an Agreement/Waiver of Participation for Optional Defined Benefit Retirement Plan SFN 17627 or Agreement/Waiver Participation for Optional Defined Contribution Plan SFN 54366. Make sure the employee makes an election regarding participation within first 180 days of employment as temporary/part-time.
5. Submit forms to NDPERS prior to reporting first month of contribution.

EMPLOYEE Responsibility:

Before completing any forms, read all instructions, as well as the terms and conditions on the back of each form. Read the “Group Retirement Plans” section carefully before proceeding.

1. Review eligibility requirements for NDPERS Group Retirement Plan.
2. Complete Retirement Membership Application SFN 2561 or enroll through Member Self Service.
3. Complete Designation of Beneficiary for the Group Retirement Plan SFN 2560.
4. If you are a temporary/part-time employee and are electing to participate, complete an Agreement/Waiver of Participation for Optional Defined Benefit Retirement Plan SFN 17627 or Agreement/Waiver of Participation for Optional Defined Contribution Plan SFN 54366.
5. Submit forms to employer/payroll office.

For specific plan detail, please visit the Defined Benefit Hybrid Retirement Plan information found under the Active Members or Temporary/Part-time Employee options on the NDPERS website.

2. DEFERRED COMPENSATION – 457 Deferred Compensation Plan

EMPLOYER Responsibility:

1. Provide new hire a copy of the Deferred Compensation Plan Handbook, Investment Summary Options, and Portability Enhancement Provision (PEP) Brochure.
2. Provide all newly hired employees who will be participating in the NDPERS Defined Benefit Retirement Plan with a 457 Deferred Compensation Plan Quick Enrollment/Waiver Form SFN 54362. All new hires must complete this form either electing to participate in the deferred compensation plan or to waive their rights to PEP in Section D. An exception to this would be if your employer does not participate in the NDPERS Deferred Compensation Plan.
3. If the employee chooses to make more than the minimum contribution or would like their minimum contribution to go to a provider other than the Companion Plan administered by TIAA, you will need to provide a 457 Deferred Compensation Plan Enrollment/Change Form SFN 3803.

EMPLOYEE Responsibility:

Before completing any forms, read all instructions, as well as the terms and conditions on the back of each form. Read the “Deferred Compensation – 457 Supplemental Retirement” section carefully before proceeding.

1. All new hires must complete the 457 Deferred Compensation Plan Quick Enrollment/Waiver Form SFN 54362 either electing to participate in the deferred compensation plan or to waive their rights to PEP in Section D. An exception to this would be if your employer does not participate in the NDPERS Deferred Compensation Plan.
2. If you would like to choose a provider other than the Companion Plan administered by TIAA, you will need to complete a NDPERS 457 Deferred Compensation Plan Enrollment Change Form SFN 3803. The NDPERS website “457 Deferred Compensation Plan” page has a list of eligible providers. The provider representative you select must assist you in completing the required forms to open an account.
3. Authorization for deductions must be made prior to the month in which the income is earned.

For specific plan detail, please visit the Deferred Compensation Plan information found under the Active Members options on the NDPERS website.

3. GROUP HEALTH INSURANCE PLAN

EMPLOYER Responsibility:

1. To enroll a new employee in the PPO/Basic or HDHP (for permanent state employees only) option.

2. Employees must complete Health Insurance Application or Change-SFN 60036 or enroll online through Member Self Service (MSS). Part-time/temporary employees must complete SFN 60036 to enroll.
3. Permanent employees not electing health coverage need to fill out either the Waiver of Insurance Coverage SFN 58819. If they are eligible due to the Affordable Care Act (ACA) and are not electing health coverage, the employee must complete the Acknowledgement of or Decline Offer of Health Insurance Coverage SFN 60711.

EMPLOYEE Responsibility:

Before completing any forms, read all instructions, as well as the terms and conditions on the back of each form. Read the “Group Health Plans” section carefully before proceeding. If you are a permanent State employee, view the information regarding the HDHP plan and determine if you want to participate in HDHP or PPO/Basic plan.

1. Complete appropriate form(s) or enroll on Member Self Service (MSS).
2. Ensure accuracy of form(s).
3. Return completed form(s) to your employer.

For specific plan detail, please visit the Group Health Plan information found under the Active Members on the NDPERS website.

4. GROUP LIFE INSURANCE PLAN

EMPLOYEE Responsibility:

Before completing any forms, read all the instructions, as well as the terms and conditions on the back of each form. Read the “Group Life Plans” section carefully before proceeding.

1. Complete the Life Insurance Enrollment/Change SFN 53803 or enroll online through Member Self Service (MSS).
2. Complete Life Insurance Designation of Beneficiary SFN 53855.
3. Ensure accuracy of form(s).
4. Sign, date and return completed form(s) to employer within 31 days of your date of hire.

For specific plan details, please visit the Group Life Plan information found under the Active Members tab on the NDPERS website.

5. VOLUNTARY GROUP VISION & DENTAL INSURANCE PLAN

Only State Agencies, Higher Education & District Health Units are eligible to participate in the group vision and dental plan.

EMPLOYEE Responsibility:

Before completing any forms, read all instructions, as well as the terms and conditions on the back of each form. Read the “Group Dental Plan” or “Group Vision Plans” section carefully before proceeding.

1. Complete Vision/Dental Enrollment Change SFN 58792 or enroll online through Member Self Service (MSS).

2. Ensure accuracy of form(s).
3. Sign, date and return completed form(s) to employer within 31 days of your date of hire.

For specific plan detail, please visit the Dental Plan or Vision Plan information found under the Active Members option on the NDPERS website.

6. EMPLOYEE ASSISTANCE PROGRAM

Only State Agencies, Higher Education & District Health Units are eligible to participate in the EAP program. Eligible employees are automatically enrolled in the EAP program.

EMPLOYEE Responsibility:

For specific plan detail, please visit the Employees Assistance Program (EAP) information found under the Active Members options on the NDPERS website.

7. NDPERS-ADMINISTERED FLEXCOMP PLAN

The NDPERS FlexComp Plan is available to eligible employees of the state of North Dakota, participating District Health units, and members of the Legislative Assembly. Employees of the University system and political subdivisions are excluded from participation in the plan.

EMPLOYER Responsibility:

- Provide a new employee with the FlexComp Enrollment SFN 53851 or refer employee to Member Self Service (MSS).

EMPLOYEE Responsibility:

Before completing any forms, read all instructions, as well as the terms and conditions on the back of each form. Read the "State of North Dakota FlexComp Plans" section carefully before proceeding.

1. Complete appropriate form(s) or enroll online through Member Self Service (MSS).
2. Ensure accuracy of form(s).
3. Sign, date, and return completed form(s) to your agency payroll/human resource department within 31 days of your date of hire.

For specific plan details and information, please visit the State of ND FlexComp Plan found under the Active Members option on the NDPERS website

8. LONG TERM CARE

Please review information on the importance of Long Term Care Insurance available on our website at <https://www.ndpers.nd.gov/>.

GROUP RETIREMENT PLANS

DEFINED BENEFIT HYBRID PLAN



In the Defined Benefit Hybrid Retirement plan, an account is established on your behalf and contributions are made to the account by you and your employer. If you are vested, you are guaranteed a benefit at retirement, which is generally based on your compensation, the benefit multiplier, and your years of service credit. The more years of service you have accumulated, the greater the benefit. You will receive the benefit determined under the plan regardless of the performance of the plan's investments.

Mandatory Participation Requirements:

If you work for a participating employer in the Defined Benefit Plan, and work a minimum of 20 hours per week for 20 or more weeks of the year (32 hours for law enforcement or public safety retirement plans), are at least eighteen years of age, filling a permanent position that is regularly funded and not of limited duration, you must participate in the defined benefit plan unless you waived participation in writing when your employer joined NDPERS.

If you meet the above requirements and are a non-classified permanent state employee, you must elect to participate in either the defined benefit plan or the defined contribution plan. Upon receipt of your membership application, NDPERS will verify eligibility to participate in the defined contribution plan and mail you a packet of information comparing the two retirement plans. You will have six (6) months to elect to transfer to the defined contribution plan. A Defined Contribution Retirement Program Election Form SFN 52170 is required. This form is included in the comparison packet. If an election is not submitted to NDPERS within six (6) months of your hire date, you will automatically remain in the defined benefit retirement plan. The form must be signed by you and your spouse (if married).

You should be enrolled the first month of eligible employment, even when hired subject to a probationary period. There is no maximum age limit applicable for enrollment purposes.

Participation Requirements for State Elected and Appointed Officials:

State elected or appointed officials taking office on or after December 31, 1999 who meet the mandatory participation requirements must be a participating member in the defined benefit plan. The elected or appointed official may make an election within the first six (6) months of taking office to join the defined contribution plan.

Participation Requirements for Other [Non-State] Elected Officials:

If you are an elected official of a participating county, at your individual option, you may enroll or waive participation in the defined benefit plan within the first six (6) months of your term. All other elected officials who meet the above mandatory participation requirements must be enrolled in the defined benefit plan within the first six (6) months of their term.

Participation Requirements for Other [Non-State] Appointed Officials:

If you are an official of any other participating employer appointed on or after August 1, 1999, and you meet the above mandatory participation requirements, you must be enrolled in the defined benefit plan effective with the first month of taking office.

Optional Participation Requirements:

If you are at least eighteen years old and do not meet the mandatory participation requirements, you may elect to participate in NDPERS within the first 180 days of employment or within 180 days of changing from permanent to temporary/part-time employment. Retirement participation is at your expense. You cannot participate in NDPERS if you are actively contributing to another employer-sponsored plan. This applies to both private and public pension funds.

The law expressly prohibits the employer from paying any portion of an optional participant's contribution.

In order to participate as a temporary/part-time employee, an Agreement/Waiver of Participation for Optional Participant Defined Benefit Plan SFN 17627 is required.

Enrollment:

Eligible employees must enroll at the date of hire and retirement contributions must begin with the employee's first paycheck. Employees who do not meet the eligibility requirements can participate at their own cost, but must elect to enroll within the first six (6) months of beginning employment or experiencing an employment change in status.

Retirement Contributions

Retirement Plan	Employee Contribution	Employer Contribution
Main – Tier 1 & 2	7.00%	8.12%
Main - Tier 3 - first enrolled after 1/1/2020	7.00%	9.26%
Public Safety with Prior Service	5.50%	11.40%
Public Safety without Prior Service	5.50%	9.16%
State Public Safety	6.00%	14.34%
State National Guard	5.50%	11.40%
State BCI	7.00%*	22.26%
Judges	8.00%	17.52%
Highway Patrol	14.80%**	21.20%**

* BCI employee contributions increase 1.00% effective Jan 2025.

** HP employee and employer contributions increase by 0.50% effective Jan 2025.

Vesting

To be vested in the Defined Benefit Hybrid Plan means that you have become legally entitled to a monthly benefit when you terminate employment and reach retirement age or qualify for long-term disability. You will receive one (1) month of service credit for each month a deposit is made to your member account.

Retirement Plan	Months For Vesting
Disability	6
Main	36
Public Safety	
State Public Safety	
State National Guard	
State BCI agents hired before 8/1/2023	
Judges	60
BCI agents hired on or after 8/1/2023	120
Highway Patrol	

Portability Enhancement Provision (PEP)

As an active member in the Defined Benefit Hybrid Plan, you are able to vest in the employer contribution for cash distribution purposes by participating in a deferred compensation (457) program, 403(b) or other qualified retirement savings program approved by the NDPERS Board. The vesting schedule for the PEP contributions is based upon your existing service credit in the retirement program and the amount you defer into a qualified deferred compensation plan.

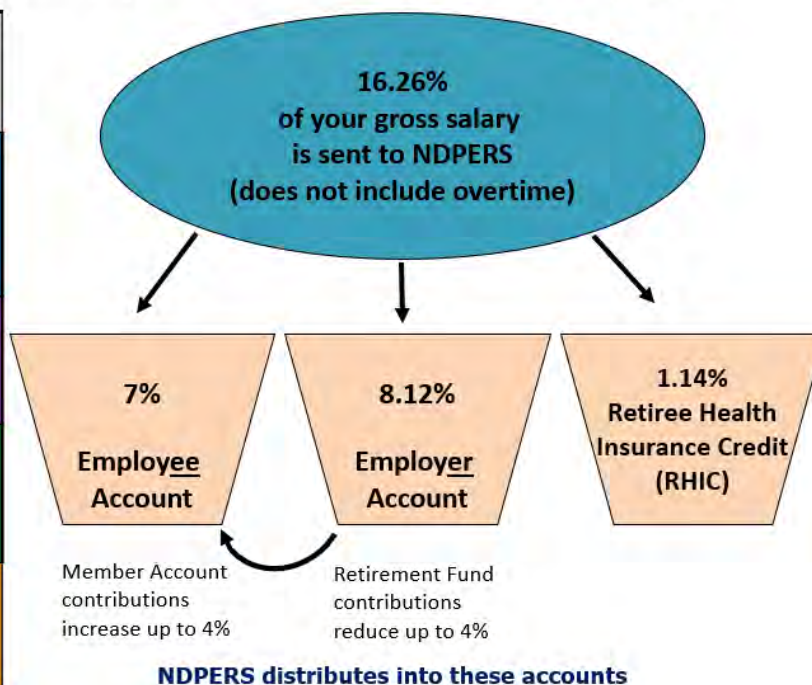
How PEP works:

It allows you the option to vest in up to 4.00% of the employer contribution paid into the retirement pool of funds and have this vesting percentage credited to your member account. For every dollar you put in a Deferred Compensation plan, NDPERS will add one dollar to your member account balance, subject to a vesting schedule. This can significantly increase the amount of money available to you if you choose to take a refund or rollover upon separation from NDPERS employment. PEP reallocates the employer contributions into your member account balance. As shown below, up to 4.00% of the employer contribution may be paid into the member account rather than the retirement pool of funds, if you participate in a qualified Deferred Compensation Plan.

For Main Plan Members First Enrolled Prior to January 1, 2020

The following illustrates your monthly NDPERS Defined Benefit Hybrid Plan retirement contributions and the Portability Enhancement Provision (PEP) - Tier 1 and Tier 2

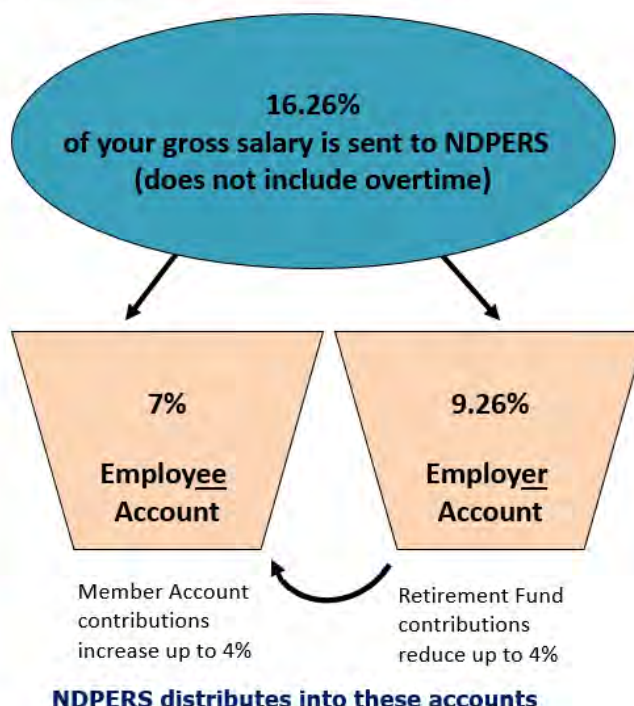
Years of Service	Contribution to Deferred Comp Plan
0-12 months (Year 1)	1% of gross pay or minimum of \$25
13-24 months (Year 2)	2% or minimum of \$25
25-36 months (Year 3)	3% or minimum of \$25
37 + months (Year 4 +)	4% or minimum of \$25



For Main Plan Members First Enrolled on or After January 1, 2020

The following illustrates your monthly NDPERS Defined Benefit Hybrid Plan retirement contributions and the Portability Enhancement Provision (PEP) - Tier 3

Years of Service	Contribution to Deferred Comp Plan
0-12 months (Year 1)	1% of gross pay or minimum of \$25
13-24 months (Year 2)	2% or minimum of \$25
25-36 months (Year 3)	3% or minimum of \$25
37 + months (Year 4 +)	4% or minimum of \$25



BENEFITS AT TERMINATION OF EMPLOYMENT:

1. Member Account Balance:

Refund/Rollover of your member account balance, which consists of the monthly employee contributions, the vested portion of the employer contributions, and interest. This interest is compounded monthly up to the time you receive a refund/rollover of your account or begin receiving a monthly benefit. The interest paid on your account is based on a rate established by the NDPERS Board and builds on a tax deferred basis. You may also leave your money at NDPERS to receive a distribution at a later date.

2. Retirement:

Your NDPERS Monthly Single Life retirement benefit is based upon the following calculation:

$$\text{Final Average Salary} \times \text{Benefit Multiplier} \times \text{Years of Service Credit}$$

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

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

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

PLAN	RULE	EARLY RETIREMENT AGE	NORMAL RETIREMENT AGE	RETIREMENT FORMULA FAS X Multiplier X YOS
Main - Tier 1 First enrolled prior to 1/1/16	85	55 with 36 months of eligible service 6% reduction/year	65 or Rule of 85 No minimum age requirement	2% multiplier
Main - Tier 2 First enrolled 1/1/16-12/31/19	90	55 with 36 months of eligible service 8% reduction/year	65 or Rule of 90 minimum age of 60	2% multiplier
Main - Tier 3 First enrolled after 1/1/2020	90	55 with 36 months of eligible service 8% reduction/year	65 or Rule of 90 minimum age of 60	1.75% multiplier
Public Safety Plans & National Guard	85	50 with 36 months of eligible service	55 with 36 months of eligible service OR Rule of 85	<u>First enrolled before 01-01-2020</u> 2% multiplier <u>First enrolled on or after 01-01-2020</u> 1.75% multiplier

State BCI	85	50 with 36 months of eligible service	55 with 36 months of eligible service OR Rule of 85	<u>Retiring before 08-01-2023</u> First enrolled before 01-01-2020 2% multiplier <u>First enrolled on or after 01-01-2020</u> 1.75% multiplier <u>Retiring on or after 08-01-2023</u> 3.00% Multiplier for the first twenty (20) years 1.75% Multiplier for years above twenty (20)
Judges	85	55 with 60 months of eligible service	65 or Rule of 85	3.50% Multiplier for first ten (10) years 2.80% Multiplier for second ten (10) years 1.25% Multiplier for each year of service over twenty (20) years
Highway Patrol	80	50 with 120 months of eligible service	55 with 120 months of eligible service or Rule of 80	3.60% Multiplier for the first twenty-five (25) years 1.75% Multiplier for years above twenty-five (25)

Retirement Benefit Options:

Retirement Plan	Retirement Benefit Options	Options if at Normal Retirement
Main Public Safety State National Guard State BCI	Single Life 50% Joint & Survivor 100% Joint & Survivor 10 Year Term Certain 20 Year Term Certain	Partial Lump Sum Graduated Benefit Deferred Normal Retirement Option (DNRO)
Judges	Normal Retirement 100% Joint & Survivor 10 Year Term Certain 20 Year Term Certain	Partial Lump Sum Graduated Benefit Deferred Normal Retirement Option (DNRO)
Highway Patrol	Normal Retirement 100% Joint & Survivor 10 Year Term Certain 20 Year Term Certain	Partial Lump Sum Graduated Benefit Deferred Normal Retirement Option (DNRO)

3. Disability Retirement Benefits:

Main & Public Safety (includes National Guard & BCI):

If you are deemed eligible for disability benefits, you will receive 25% of your final average salary each month for as long as you are disabled under the basic disability payment option.

Judges & Highway Patrol:

If you are deemed eligible for disability benefits, you will receive 70% of your final average salary, minus any Work Force Safety & Insurance and/or Social Security, each month for as long as you are disabled under the basic disability payment option.

4. Surviving Spouse Benefits:

If you die after you become vested in the retirement, your spouse may elect to receive:

Main & Public Safety:

- (a) Refund/Rollover of your account; or
- (b) 50% of your unreduced retirement benefit for life; or
- (c) Equivalent of 100% joint & survivor option, if you had reached your normal retirement date.

Judges:

- (a) Refund/Rollover of your account; or
- (b) Equivalent of 100% of Member's accrued normal retirement benefit.

Highway Patrol:

- (a) Refund/Rollover of your account; or
- (b) Equivalent of 50% of Member's accrued normal retirement benefit.

DEFINED CONTRIBUTION PLAN



In the defined contribution plan, an account is established on your behalf and contributions are made to the account by you and your employer. Upon your retirement or termination, the employee portion and any vested employer portion of your account balance is available for distribution. The amount of your benefit will be affected by the investments you select, the amount of time you have to invest, your vesting status, the performance of your investments, and may be limited in duration.

Eligibility:

If you are a state employee filling a permanent non-classified position that is regularly funded and not of limited duration, work a minimum of 20 hours per week for 20 or more weeks of the year, and are at least 18 years of age, you may be eligible to participate in the Defined Contribution Retirement Plan. An employee, who is eligible for the Judges Retirement System, Highway Patrol Retirement System, Teachers Fund For Retirement, or the alternate retirement plan of the Board of Higher Education is not eligible to participate in this Plan.

If you are eligible for this plan, you must enroll in the defined benefit plan at your initial hire date. NDPERS will prepare a personal benefit comparison which will be sent to you after NDPERS receives your eligibility determination. The necessary form for you to make your election, as well other informational materials, will be enclosed with the comparison.

Enrollment:

Every eligible non-classified State employee may participate in the Defined Contribution Plan. Such eligibility, however, shall terminate at any time employment with the employer is terminated. An eligible employee's participation in the Defined Contribution Plan shall be further governed by the following:

- An election made by an eligible employee is irrevocable, except that an employee who terminates employment with the State after making an election to participate in the Plan but before the amount held in the Defined Benefit Hybrid Plan is transferred to the Defined Contribution Plan shall not participate in the Defined Contribution Plan and shall remain under the Defined Benefit Hybrid Plan.
- An eligible employee who does not make a written election under the plan by the applicable deadline shall continue to be a member of the Defined Benefit Hybrid Plan.
- An employee who is married on the date he/she makes the election to participate in the Defined Contribution Plan must obtain his/her spouse's signature on the election form in order for that election to be effective.
- If a member of the Defined Contribution retirement plan begins employment in a position covered under the Judges Retirement System, Highway Patrol Retirement System, Teacher's Fund for Retirement Plan, or the alternate retirement plan of the Board of Higher Education, the member's status as a member of the Defined Contribution Plan is suspended and the member becomes a new member of the retirement plan for which that member's new position is eligible. The member's account balance remains in the Defined Contribution Plan, but no new contributions may be made to that account. The member's

service credit and salary history that were forfeited as a result of the member's transfer to the Defined Contribution Plan remain forfeited, and service credit accumulation in the new retirement plan begins from the first day of employment in the new position. If the member later returns to employment that is eligible for the Defined Contribution Plan, the member's suspension is terminated, the member again becomes a member of the Defined Contribution Plan, and the member's account shall resume accepting contributions. The contributions to the alternate retirement plan shall remain with the plan unless the member elects to transfer any available balance, as determined by the provisions of the alternate retirement plan, into the member's account in the Defined Contribution Plan.

Contributions:

Tier 1 First enrolled before 1/1/2020	Employee Contribution: 7.00% of salary Employer Contribution: 7.12% of covered payroll Employer RHIC Contribution: 1.14% of covered payroll
Tier 2 First enrolled after 1/1/2020	Employee Contribution: 7.00% of salary Employer Contribution: 8.26% of covered payroll

Vesting:

The term "vesting" refers to your non-forfeitable right to the money in your account. You are always fully vested in the employee contributions, even if your employer has paid them. You will vest in the employer contributions in accordance with the following schedule:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 2 years	0%
2 years	50%
3 years	75%
4 years	100%

For purposes of vesting, you will be credited for years of service earned as a participant in the Defined Benefit Hybrid Plan at the time of transfer. However, if you terminate employment with the State, are paid a distribution from the Defined Contribution Plan, and are later reemployed by the State, your years of service upon reemployment will be zero (i.e., your prior years of service will not count toward vesting).

RETIREE HEALTH INSURANCE CREDIT



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

Eligibility:

If you elect and receive a retirement allowance from one of the NDPERS Defined Benefit Plans or the Defined Contribution Plan, you are eligible to receive a credit towards eligible insurance premium expenses. RHIC is calculated as \$5.00 for each year of credited service, subject to early retirement reductions. For example, a member with 20 years of service at normal retirement age would receive a monthly credit of \$100.00, which is a tax-free benefit.

Contributions:

Employer Contribution: 1.14% of covered payroll

Benefit Formula: \$5.00 x Years of Credited Service

BENEFITS AT RETIREMENT:

Retiree Health Credit Options: Single Life
Joint & Survivor 50% & 100%

457 DEFERRED COMPENSATION SUPPLEMENTAL RETIREMENT PLAN



The Deferred Compensation Plan is a voluntary supplemental retirement plan for eligible employees of participating governmental agencies. The plan is set up under Section 457 of the Internal Revenue Code. This program permits you to make pretax deductions from your salary with the intent to receive the deferred amount at a later date, such as retirement. Neither the amount deferred to your investment account nor the income or gains on those investments are taxable until you begin to withdraw money from the account.

Eligibility:

Eligible employees of a participating employer who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year, and whose positions are regularly funded and not of limited duration (i.e., are permanent) are eligible to enroll.

Enrollment:

In order to promote the ability for employees to supplement their retirement savings, we have designed our plan to make saving as convenient as possible by providing an quick enrollment option. The quick enrollment form does not require you to make a decision regarding the amount of the contribution, investment allocation, or selecting a provider company or agent. You need to login to your PERSLink Member Self Service (MSS) account online or complete the 457 Deferred Compensation Plan Quick Enrollment Form SFN 54362 to enroll. PEP is automatic upon your enrollment. All new hires must complete this form either electing to participate in the deferred compensation plan or to waive their rights to PEP. Your payroll deduction will be invested in the TIAA Life Cycle Mutual Funds allocated based upon your estimated retirement age. This is the NDPERS Companion Plan administered by TIAA. You can also choose to invest your money in other funds with TIAA.

Having a supplemental retirement savings plan is a vital key to a secure financial future when you retire. Saving even a little bit more each month – say \$50 a pay period – can add up to a lot more over time. Making voluntary contributions to your employer's supplemental retirement plan is a great way to supplement your retirement savings.

The NDPERS 457 Deferred Compensation Plan features several benefits as motivation to enroll in a supplemental retirement savings such as:

- Several approved provider companies and more then 300 investment fund options
- Convenience of pretax payroll deductions
- Automatic enrollment in the Portability Enhancement Provision (PEP),
- A Saver's Credit
- Convenience of a quick enrollment option into the NDPERS Companion Plan,
- Option to rollover/transfer funds to consolidate savings from other eligible retirement plans,
- The option to use funds to purchase service credit in the defined benefit plan
- Upon Termination, the option to defer on a pretax basis lump sum payments for accrued sick and annual leave

Remember, it's never too late or too early to start saving more. Even a little can make a big difference, so take one small step toward financial security.

If you choose to defer more than the minimum contribution or would like your minimum contribution to go to a provider other than the Companion Plan, you will need to complete the NDPERS 457 Deferred Compensation Plan Enrollment/Change Form SFN 3803. You must select and contact an eligible investment provider first. The provider representative will assist you in completing the required forms to open an account. Eligible employees may enroll in the plan at any time.

Effective January 1, 2021, the NDPERS Board changed the requirements that companies must follow to become, or to remain, authorized providers for the NDPERS 457 Deferred Compensation plan.

NDPERS requested the additional 457 Deferred Compensation providers to sign an amendment to the existing contract with NDPERS. The amendment required participating investment providers to act as fiduciaries when working with NDPERS members, which means acting in the best interest of our members when providing financial advice.

This table summarizes the decision of each of the participating providers.

ACTING AS FIDUCIARIES ALREADY	ACCEPTED AMENDMENT	DECLINED AMENDMENT*
TIAA	Bravera <i>(formerly American Trust Center)</i>	AXA Equitable
Bank of North Dakota	Fiduciary Trust Company of New Hampshire <i>(formerly Waddell & Reed)</i> * (inactive)	Jackson National Life
	Nationwide Life	Empower <i>(formerly Mass Mutual)</i>
		Corebridge Financial <i>(formerly Valic/AIG)</i>

Several of the current providers did not sign the amendment and are currently inactive.

Therefore, these companies will not be considered authorized providers for the 457 Deferred Compensation plan. *Effective September 13, 2022, Waddell & Reed / Fiduciary Trust Company (FTC) of New Hampshire is also no longer authorized as an active provider.

The Investment Provider Summary provides information on the Provider Companies and investment options they offer through the 457 Deferred Compensation Plan. The Investment Options Summary can be found on the NDPERS website on the [457 Deferred Compensation for Active Members | NDPERS](#) webpage.

Contributions:

- The annual minimum deferral is \$300 (\$25 a month).
- The 2024 annual maximum deferral is established by the IRS and is currently \$23,000.

The annual maximum you may defer is based upon the annual limits indicated on the maximum allowable deduction schedule provided on the back of 457 Deferred Compensation Enrollment/Change Form SFN 3803 or 100 percent of your includible compensation, whichever is less. The maximum you may defer is affected by your contributions to another Section 457 deferred compensation plan, or employee contributions to your regular retirement plan, which are paid by your employer under an IRC Section 414(h) salary reduction arrangement.

An election to begin a deferral, make changes to your deferral amount, or to change your Provider Company or provider representative must be made in the month prior to the pay period in which the salary is earned. This can be done online through your Member Self Service Account or by completing form 457 Deferred Compensation Plan Enrollment/Change Form SFN 3803 .

Distributions:

Your deferred compensation account is only available upon separation from employment which includes retirement, disability, death, resignation, or discharge. You must be off covered employment for 31 days before funds may be accessed. The funds are taxed when distributed to you. If you die before beginning distribution or receiving the total amount in the deferred compensation account, the account will be paid to your designated beneficiary.

You may withdraw your account prior to separation from service under only two circumstances.

1. Unforeseeable emergency - You may apply for a financial hardship withdrawal subject to the approval of the NDPERS Board. A financial hardship is defined as an unforeseeable emergency resulting from a sudden and unexpected illness or accident occurring to you or one of your dependents, loss of your property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control.
2. Small Account Balance – You may be eligible for a lump sum small amount balance distribution if:
 - 1) the total value of your account(s) is less than \$5,000,
 - 2) you have not contributed to the plan in the preceding two years, and
 - 3) you have not previously received a distribution of this nature from the plan.

DAKOTA HEALTH PLAN FEATURES

PPO/BASIC



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

Eligibility:

Eligible employees are those who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year, and whose positions are regularly funded and not of limited duration (i.e. permanent).

Part-Time /Temporary Employees:

A Part-Time/Temporary Employee may be eligible to participate if the employee is employed at least 30 hours per week or 130 hours per month and meets the definition of a full-time employee as defined in the Affordable Care Act (ACA). Coverage will be effective the first of the month following the date of employment. If an application is not made within the first 31 days, the provisions of the Special Enrollment Periods will apply. The employer is responsible for determining eligibility and offering coverage when applicable.

Enrollment Period:

You have an initial enrollment period of 31 days from your date of employment. Applications received within the enrollment period will be accepted with no restrictions or limitations for you and any eligible dependents. Coverage will be effective the first of the month following your hire date.

If you do not enroll during the initial 31 day eligibility period when hired or do not enroll within 31 days of a qualifying event, you may apply for coverage during the designated Annual Enrollment Season with coverage effective the following January 1.

Employment Change from Permanent to Temporary Status:

If you change from Permanent to Part-Time/Temporary Status: Your eligibility to continue on this plan will be determined based upon the Part-Time/Temporary employee requirements.

Note: Your coverage provided by your employer for your permanent employment will stop at the end of the month of your last day of permanent employment.

EMPLOYMENT CHANGE FROM TEMPORARY TO PERMANENT STATUS:

If you change from Part-Time/Temporary to Permanent Status:

If you were already enrolled in the NDPERS Health Plan as a Part-Time/Temporary employee, no action is needed unless you want to make a change to your coverage. This must be completed within 31 days of the permanent employment start date.

Note: If no action is taken, your existing level of coverage will remain in effect. The permanent health plan premium will be effective first of month following the final date of temporary employment.

Preferred Provider Organization (PPO/BASIC):

The Preferred Provider Organization (PPO) is a group of hospitals, clinics and physicians who have agreed to discount their services to members of NDPERS. You have "freedom of choice" in selecting which physician or medical facility to use for services. No referral is needed. If you choose a provider who participates in the PPO program, you will have lower out-of-pocket expenses. PPO benefits are only available in the State of North Dakota, unless the medical facility provides services at a satellite location in another State.

DEDUCTIBLE AND COINSURANCE:

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

<u>Plan Features:</u>	<u>Basic</u> (Self Referral or Out-of-State)	<u>PPO</u>
Deductible for All Services		
-Per Person	\$500	\$500
-Per Family	\$1500	\$1500
Copayment for Physician Office Visits (no limit)	\$ 35	\$ 30
Copayment for Emergency Room	\$ 60	\$ 60
Coinsurance on all covered services EXCEPT Physician Office Visits	75/25	80/20
Annual Coinsurance Maximum		
-Individual	\$1500	\$1000
-Family	\$3000	\$2000
Out-of-Pocket Maximums (Deductible and Coinsurance)**		
-Individual	\$2000	\$1500
-Family	\$4500	\$3500

* Out of Network coverage is at the basic level

**Office visit and emergency room copayments and prescription drug copayments and coinsurance are additional.

DISEASE MANAGEMENT PROGRAM:

A disease management program is offered through SHP. Please contact the SHP Care Management Department at 1-877-652-1847.

PREVENTIVE SCREENING SERVICES-PPO/BASIC COVERAGE:

Wellness Services				
	Copayment	PPO Plan	Basic Plan	Special Conditions
Well Child Care <i>(to member's 6th birthday)</i>	\$30/\$35	100%	100%	Deductible does not apply.
Preventive Screening Services <i>(members 6 and older)</i>	\$30/\$35	100%	100%	Maximum benefit allowance of \$200 per member per benefit period for any non-routine screening services. Deductible does not apply. Benefits beyond the maximum benefit allowance will be subject to cost sharing amounts. Deductible does not apply.
Immunizations		100%	100%	Deductible does not apply.
Mammography & Pap Smear Screening Services		100%	100%	The number of visits for mammography varies by age group. Maximum benefit allowance of 1 Pap smear per benefit period. Refer to benefit plan for details.
Prostate Cancer Screening Services		80%	75%	Refer to the benefit plan for details. Deductible does not apply.

For a Complete list of benefits please refer to the Certificate of Insurance

SUMMARY OF BENEFITS AND COVERAGE (SBC):

The Affordable Care Act (ACA) added a new requirement for the disclosure of a SBC. The SBC for the various NDPERS group health insurance plans are located on the NDPERS website and can be found under the Publications listing for each plan (PPO/Basic - Grandfathered, PPO/Basic Non-Grandfathered and High Deductible Health Plan (HDHP)). These documents provide a comprehensive resource for the purposes of comparing coverage levels across all plans

PRESCRIPTION DRUG COVERAGE:

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

<u>Prescription Drug Coverage:</u>	<u>Basic</u> (Self Referral or Out-of-State)	<u>PPO</u>
Prescription Formulary Generic Drug		
-Copayment	\$7.50	\$7.50
- Coinsurance (\$1,200 maximum per person per benefit period, covered at 100% after \$1,200 maximum is met)	12%	12%
Prescription Formulary Brand-Name Drug***		
-Copayment	\$25	\$25
- Coinsurance (\$1,200 maximum per person per benefit period, covered at 100% after \$1,200 maximum is met)	25%	25%
Prescription Non-Formulary Drug		
-Copayment	\$30	\$30
-Coinsurance	50%	50%

***One copayment amount per prescription order or refill for a 1–34 day supply.

Two copayment amounts per prescription order or refill for a 34–100 day supply. Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.

MAIL ORDER PRESCRIPTION DRUGS:

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

REFERENCE MATERIALS AVAILABLE:

As a health plan accredited with the National Committee for Quality Assurance (NCQA), Sanford Health Plan is required to provide you with additional information as you make decisions regarding your medical benefit plan. This information, including accessing your provider network, pharmacy information and other important notices can be found at -

<https://www.ndpers.nd.gov/sites/www/files/documents/members-additional-information/all-health/reference-material-grandfathered.pdf>

Provider Network

- Networks available

Member Handbook

- How to read an Explanation of Benefits (EOB)
- What to do in an emergency
- Special communication services
- How claims are paid

Special Notices

- Learn about Sanford Health Plan's privacy policy
- Find out more about the claims appeal process

Feel free to contact Sanford Health Plan with any questions that you may have at (701) 751-4125 or toll-free at (800) 499-3416.

NON-GRANDFATHERED PPO/BASIC PLAN:

Some political subdivisions participate in the NDPERS Non-Grandfathered PPO/Basic Plan. Contact your employer to determine if this applies to you. If so, details on the plan are available on the NDPERS website at <https://www.ndpers.nd.gov/>.

NDPERS PPO and Basic

An overview of benefits and services provided by this plan.



This is a grandfathered Benefit Plan under the Patient Protection and Affordable Care Act (PPACA).



SANFORD
HEALTH PLAN



Who is eligible for benefits?

If you have family coverage, benefits are available for you, your spouse and eligible children. Eligible children include:

- Children under age 26. Coverage will be continued until the end of the month in which the child becomes age 26.
- Children placed with you or your covered spouse for adoption, or whom you or your covered spouse has legally adopted.
- Children for whom you or your covered spouse have been appointed legal guardian by court order.
- Grandchildren of yours or your covered spouse if:
 - The parent of the grandchild is a covered eligible dependent under this Plan.
 - The parent and grandchild are primarily dependent on you or your covered spouse for their support.
- Children for whom you or your covered spouse are required by court order to provide health benefits.
- Children incapable of self-sustaining employment because of a disabling condition.

Prescription drug and diabetes supplies benefits

This benefit plan includes a participating pharmacy network called OptumRx. When you use this national network, your claims are filed for you.

Prescriptions are categorized as follows:

- Generic formulary medications
- Brand name formulary medications
- Non-formulary medications
- Specialty medications
- Excluded medications
- Other supplies

Certain medications may have a dispensing limit and/or require preauthorization/prior approval.

Benefits are available nationwide at any pharmacy participating in the Plan's pharmacy network. To locate a participating pharmacy, call OptumRx at (866) 833-3463.

When a generic drug or biosimilar alternative is available and you choose not to accept it, you are responsible for the difference between the cost of the generic and brand name medication, as well as the cost sharing amount. All costs above the allowed charge are your responsibility.

All costs above the allowed charge are your responsibility.

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits		PPO		Basic Plan		Special Conditions
		with a PPO-participating provider within North Dakota or its contiguous counties				See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
		Benefit Amount as a % of the allowed charge after the deductible is met.		Benefit Amount as a % of the allowed charge after the deductible is met.		
		Amount you pay per visit (PPO/Basic)	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met
Inpatient Treatment Services			80%	100%	75%	100%
Outpatient Treatment Services						Preauthorization/prior approval is required for all non-emergent medical and surgical overnight stays. This includes when you stay overnight for treatment of a mental health and/or substance use disorder but does not include maternity.
Physical Therapy		\$25 / \$30	\$25, then 80%	\$25, then 100%	\$30, then 75%	\$30, then 100%
Occupational & Speech Therapy		\$25 / \$30	\$25, then 80%	\$25, then 100%	\$30, then 75%	\$30, then 100%
Professional Health Care Provider Services			80%	100%	75%	100%
Inpatient, Outpatient & Surgical Services						Refer to the Certificate of Insurance for details on other covered outpatient therapy services. Benefits are based on established medical guidelines. Deductible does not apply.
Wellness Services						Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary. Deductible does not apply.
Preventive Screening Services (members 6 and older)		\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%
Immunizations			100%	100%	100%	100%
Mammography			100%	100%	100%	100%
Pap Smear Screening Services		\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%
Prostate Cancer Screening Services		\$30 / \$35	80%	100%	75%	100%
Home & Office Visits		\$30 / \$35	\$30, then 100%	\$30, then 100%	\$35, then 100%	\$35, then 100%
Diagnostic Services						The Plan will pay up to a Maximum Benefit Allowance of \$200 per member per benefit period for any non-routine screening services not listed in the Certificate of Insurance. Such non-routine screening services will be subject to copayment, deductible, and coinsurance amounts after the \$200 benefit allowance has been met.
Lab, X-ray, MRI			80%	100%	75%	100%
Allergy Testing			80%	100%	75%	100%
Radiation Therapy, Chemotherapy & Dialysis			80%	100%	75%	100%
Maternity Services			80%	100%	75%	100%
Inpatient, Outpatient, Pre & Postnatal Care						Deductible does not apply to delivery services received from a PPO provider when enrolled in the Healthy Pregnancy Program.
Mental Health and Substance Use Disorder Treatment Services						Preauthorization/prior approval is required for non-emergency inpatient treatment for mental health and/or substance use disorders.
Inpatient - Includes acute inpatient admissions and residential treatment			80%	100%	75%	100%
Outpatient						For all outpatient services, 100% of the allowed charge (includes copayment and deductible/coinsurance) is waived for the initial five (5) visits, per member per benefit period.
Office visits		\$30 / \$35	100%	100%	100%	100%
All other services, includes intensive outpatient and partial hospitalization			80%	100%	80%	100%
Emergency Services						Preauthorization/prior approval is not required.
Professional Health Care Provider Charge			80%	100%	80%	100%
Emergency Room Visit		\$60 / \$60	80%	100%	80%	100%
Ambulance Services			80%	100%	80%	100%
Skilled Nursing Facility Services			80%	100%	75%	100%
Home Health Care Services			80%	100%	75%	100%
Hospice Services			80%	100%	75%	100%
Chiropractic Services						
Home & Office Visits		\$30 / \$35	100%	100%	100%	100%
Therapy & Manipulations		\$25 / \$30	80%	100%	75%	100%
Diagnostic Services			80%	100%	75%	100%
Medical Supplies & Equipment			80%	100%	75%	100%

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits		PPO		Basic Plan		Special Conditions
		with a PPO-participating provider within North Dakota or its contiguous counties				See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
		Benefit Amount as a % of the allowed charge after the deductible is met.		Benefit Amount as a % of the allowed charge after the deductible is met.		
	Amount you pay per visit (PPO/Basic)	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
Hearing Aids		80%	100%	75%	100%	Limited to one hearing aid, per ear, per Member every 3 years. For Members ages 18 and older, excludes hearing aids to correct gradual hearing impairment or loss that occurs with aging and/or other lifestyle factors.

Description of Pharmacy Drug and Diabetes Supplies Benefits		Copayment		Special Conditions
Benefit Amount as a % of the allowed charge after the deductible is met.		Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Benefits are subject to the Prescription Drug Coinsurance Maximum Amount. Deductible does not apply.
Prescription Medications (Retail and Mail Order)				One copayment amount per prescription order or refill for a 1-34 day supply. Two copayment amounts per prescription order or refill for a 35-100 day supply. Prescription Medications and nonprescription diabetes supplies are subject to a dispensing limit of a 100- day supply. Insulin and medical supplies for insulin dosing and administration have a \$25 copay per 30-day supply. \$1,200 coinsurance maximum per person, per benefit period.
Formulary				
Generic	\$7.50, then 12% of allowed charge	\$7.50	\$7.50	
Brand	\$25, then 25% of allowed charge	\$25	\$25	
Nonformulary		\$30, then 50% of allowed charge	\$30, then 50% of allowed charge	

Cost Sharing Amounts				
			PPO	Basic
Single Coverage				
Deductible amount			\$500	\$500
Coinsurance maximum			<u>\$1,000</u>	<u>\$1,500</u>
Out-of-pocket maximum			\$1,500	\$2,000
Family Coverage - 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

Prescription Drug Coinsurance Maximum Amount	\$1,200 per member per benefit period
When the prescription drug coinsurance maximum amount has been met, copayment amounts will continue to apply, and formulary drugs will be covered at 100% of the allowed charge for the remainder of the benefit period. Prescription Medication Copayment Amounts do not apply toward the Prescription Drug Coinsurance Maximum Amount.	
This chart reflects the cost sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly. Prescription Medication Cost Sharing Amounts do not apply toward the Out-of-Pocket Maximum Amounts.	

Preferred Provider Organizations (PPO)
PPO stands for "Preferred Provider Organization" and is a group of Health Care Providers who provide discounted services to the Members of NDPERS. Because PPO Health Care Providers charge Sanford Health Plan less for medical care services provided to the Members of NDPERS, cost savings are passed on to Members by way of reduced Cost Sharing Amounts.
To receive a higher payment level, Covered Services must be received from an NDPERS PPO Health Care Provider. Please see the NDPERS PPO Health Care Provider Listing at www.sanfordhealthplan.com/ndpers.

This grid describes an employer group health plan that is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits; and requirements under the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).
Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status can be directed to Sanford Health Plan at memberservices@sanfordhealth.org. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. The Department of Labor website has a table summarizing which protections do and do not apply to grandfathered health plans.

Call (800) 499-3416 to speak with Customer Service.

GROUP HEALTH INSURANCE

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Permanent state employees, university system employees and district health unit employees are eligible to participate in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). Participation in the HDHP/HSA is optional. Temporary employees and employees of political subdivisions are not eligible to participate in the HDHP/HSA at this time.

The HDHP/HSA option has higher annual deductibles and larger out-of-pocket costs for medical services. However, the higher initial out-of-pocket costs are partially offset by an employer contribution to an HSA created in the member's name. The NDPERS HDHP/HSA has a cap on how much you will pay out-of-pocket during a year, and covers preventive and other services (as designated by the Affordable Care Act (ACA)) with no out-of-pocket costs to you.

The HSA helps cover medical expenses until your annual deductible and coinsurance maximums are met. NDPERS will contribute to your HSA for each month you participate as follows:

	Month
Single	\$101.74
Family	\$246.16

The employer contributions are sent to the HSA vendor on a delayed schedule. For example the June coverage month contributions will be posted to your HSA account by the end of July.

In addition, you may be able to contribute to your HSA through pre-tax payroll deductions if your employer allows this option. The IRS establishes annual limits of total contributions (both employee and employer paid) that can be contributed to an HSA per calendar year. For 2024, the limits are:

Single HDHP Coverage: \$4,150

Family HDHP Coverage: \$8,300

Age 55+Catchup: \$1,000

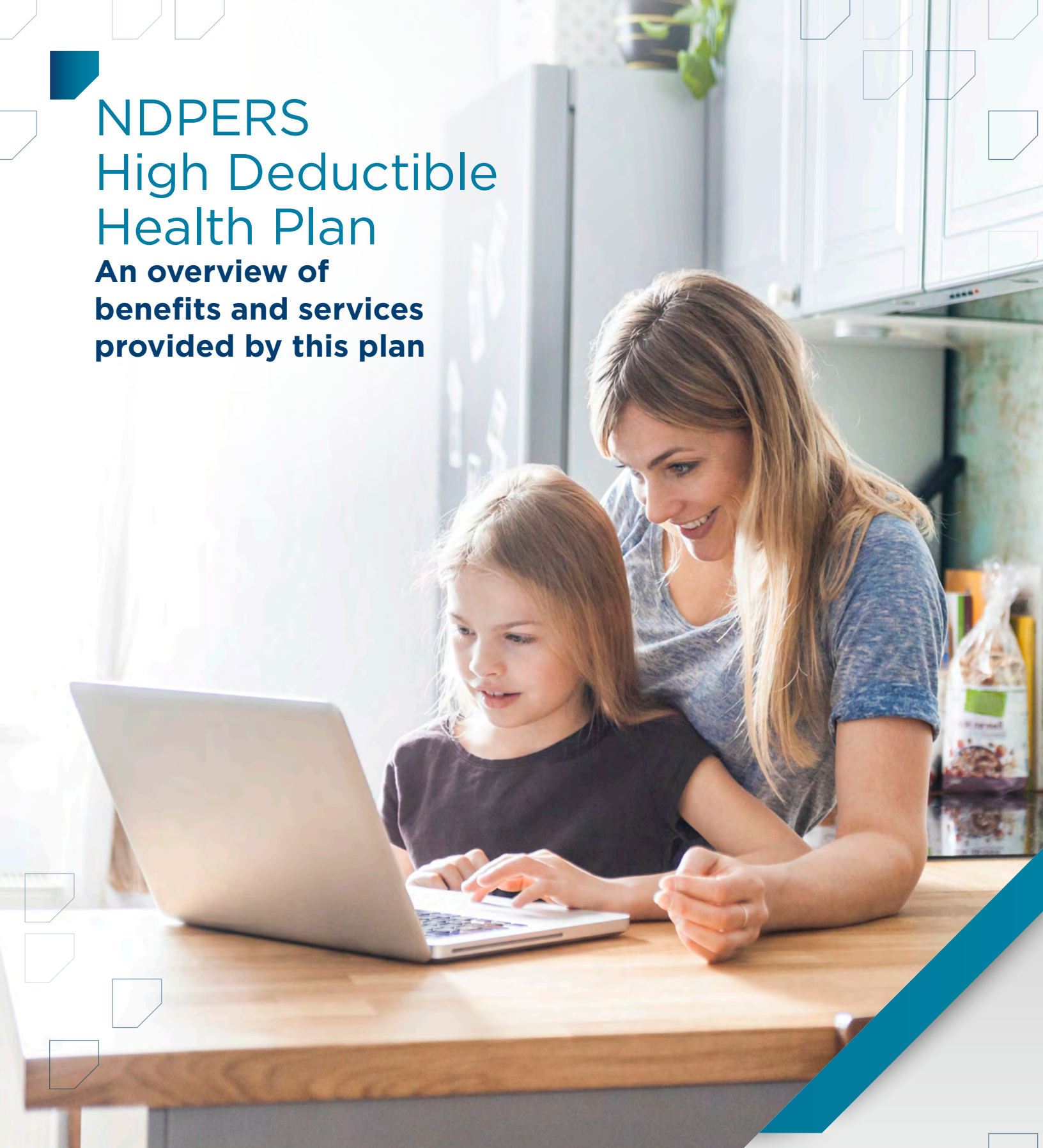
If your employer does not allow pre-tax payroll deductions to an HSA, you may contribute on an after-tax basis directly with Sanford Health Plan, and may claim those contributions when you file your annual tax return.

Please see the NDPERS High Deductible Health Plan summary for more details on benefits and services provided by this plan, the Health Savings Account (HSA) FAQ for Participants information sheet to learn more on how an HSA works. Additional information about the HDHP/HSA is also available on the NDPERS website.

HealthEquity may require account verification in order to establish your HSA. However, if the HSA cannot be established, employer contributions will not be made on your behalf but you will remain in the HDHP Plan. HSAs cannot be established if you are a non-resident alien, covered under Tricare, Medicare or are enrolled in a medical spending account.

SUMMARY OF BENEFITS AND COVERAGE (SBC):

The Affordable Care Act (ACA) added a new requirement for the disclosure of a SBC. The SBC for the various NDPERS group health insurance plans are located on the NDPERS website and can be found under the Active Members/Group Health Plan listing for each plan (PPO/Basic – Grandfathered, PPO/Basic Non-Grandfathered and High Deductible Health Plan (HDHP). These documents provide a comprehensive resource for the purposes of comparing coverage levels across all plans.

A photograph of a woman with long blonde hair and a young girl with blonde hair sitting at a wooden table in a kitchen. The girl is typing on a silver laptop, and the woman is leaning over her, smiling and looking at the screen. The background shows white kitchen cabinets and a window with sheer curtains. The image is framed by a white border with decorative geometric shapes in the corners.

NDPERS High Deductible Health Plan

**An overview of
benefits and services
provided by this plan**

**This is not a grandfathered Benefit Plan
under the Patient Protection
and Affordable Care Act (PPACA).**



SANFORD
HEALTH PLAN



THIS BENEFIT PLAN COVERS THESE SERVICES AND MORE.

Who is eligible for benefits?

If you have family coverage, benefits are available for you, your spouse and eligible children. Eligible children include:

- Children under age 26. Coverage will be continued until the end of the month in which the child becomes age 26.
- Children placed with you or your covered spouse for adoption, or whom you or your covered spouse has legally adopted.
- Children for whom you or your covered spouse have been appointed legal guardian by court order.
- Grandchildren of yours or your covered spouse if:
 - The parent of the grandchild is a covered eligible dependent under this Plan.
 - The parent and grandchild are primarily dependent on you or your covered spouse for their support.
- Children for whom you or your covered spouse are required by court order to provide health benefits.
- Children incapable of self-sustaining employment because of a disabling condition.

Prescription Drug and Diabetes Supplies Benefits

This benefit plan includes a participating pharmacy network called OptumRx. When you use this national network, your claims are filed for you.

Prescriptions are categorized as follows:

- Generic formulary medications
- Brand name formulary medications
- Non-formulary medications
- Specialty medications
- Excluded medications
- Other supplies

Certain medications may have a dispensing limit and/or require preauthorization/prior approval.

Benefits are available nationwide at any pharmacy participating in the Plan's pharmacy network. To locate a participating pharmacy, call OptumRx at (866) 833-3463.

When a generic drug or biosimilar alternative is available and you choose not to accept it, you are responsible for the difference between the cost of the generic and brand name medication, as well as the cost sharing amount. All costs above the allowed charge are your responsibility.

Preventive Screening Services

Evidence-based items or services that have, in effect, a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, when received from a Participating Provider, are covered without payment of any deductible or coinsurance requirement that would otherwise apply. As these recommendations change, your coverage may also change. Services performed outside of Plan Preventive Guidelines, and with a medical diagnosis, will be applied to your deductible and coinsurance. Preventive screening services covered include:

- One routine physical examination
- Routine diagnostic screenings
- Mammography screening
(for members age 35 and older)
- Cervical cancer screening
- Colorectal cancer screening
(for members age 45 and older)
- Certain nutritional counseling
- Tobacco cessation services

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Benefits	PPO		Basic Plan		Special Conditions
	with a PPO-participating provider within North Dakota or its contiguous counties				See your certificate of insurance for details on participating and non-participating providers and how the PPO vs. Basic Plan determines benefit payment
<i>Benefit Amount as a % of the allowed charge after the deductible is met.</i>	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	Before out-of-pocket maximum is met	After out-of-pocket maximum is met	
Inpatient Hospital Services	80%	100%	75%	100%	Preauthorization/prior approval is required for all non-emergent medical and surgical overnight stays. This includes when you stay overnight for treatment of a mental health and/or substance use disorder but does not include maternity.
Outpatient Therapy Services	80%	100%	75%	100%	Refer to the Certificate of Insurance for details on other covered outpatient therapy services.
Physical Therapy	80%	100%	75%	100%	Benefits are based on the medical guidelines established by Sanford Health Plan.
Occupational & Speech Therapy	80%	100%	75%	100%	Benefits are available for 90 consecutive calendar days per condition beginning on the date of the 1st therapy treatment for the condition. Additional benefits may be allowed after the 90 days when medically appropriate and necessary.
Professional Health Care Provider Services	80%	100%	75%	100%	
Inpatient, Outpatient & Surgical Services					
Wellness Services	100%	100%	100%	100%	
Immunizations					
Well Child Care (to member's 18th birthday)	100%	100%	100%	100%	
Preventive Screening Services (members 18 and older)	100%	100%	100%	100%	Evidence-based items or services that have, in effect, a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, when received from a Participating Provider, are covered without payment of any deductible or coinsurance requirement that would otherwise apply. As these recommendations change, your coverage may also change. Services performed outside of Plan Preventive Guidelines, and with a medical diagnosis, will be applied to your deductible and coinsurance. Refer to the benefit plan for details.
Colonoscopy or Sigmoidoscopy	100%	100%	100%	100%	Deductible does not apply to these services.
Mammography, Pap Smear & Fecal Occult Blood Testing	100%	100%	100%	100%	Deductible does not apply to these services.
Tobacco Cessation Services including office visit	100%	100%	100%	100%	For Members who use tobacco products, at least two (2) tobacco cessation attempts per year, covering four (4) tobacco cessation counseling sessions of at least ten (10) minutes each (including telephone counseling, group counseling and individual counseling); and all Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider. Preauthorization/Prior Approval is not required for any tobacco cessation services.
Home & Office Visits	80%	100%	75%	100%	
Diagnostic Services	80%	100%	75%	100%	
Lab, X-ray, MRI					
Allergy Testing	80%	100%	75%	100%	
Radiation Therapy, Chemotherapy & Dialysis	80%	100%	75%	100%	
Maternity Services	80%	100%	75%	100%	For prenatal and postnatal care, deductible is waived and coverage is at 100% (no charge).
Inpatient, Outpatient, Pre & Postnatal Care					
Mental Health and Substance Use Disorder Treatment Services	80%	100%	75%	100%	Preauthorization/prior approval is required.
Inpatient - includes acute inpatient admissions and residential treatment					
Outpatient					For all outpatient services, 100% of the allowed charge (includes deductible/coinsurance) is waived for the initial five (5) hours/visits, per member per benefit period. Coverage of the first five (5) hours will not apply when you elect an HSA. For full details, please refer to your Certificate of Insurance.
Office visits	80%	100%	80%	100%	
All other services, includes intensive outpatient and partial hospitalization	80%	100%	80%	100%	

Emergency Services	80%	100%	80%	100%	Preauthorization/prior approval is not required.
Professional Health Care Provider Charges	80%	100%	80%	100%	
Emergency Room Visit	80%	100%	80%	100%	
Ambulance Services	80%	100%	80%	100%	
Skilled Nursing Facility Services	80%	100%	75%	100%	
Home Health Care Services	80%	100%	75%	100%	Preauthorization/prior approval is required.
Hospice Services	80%	100%	75%	100%	
Chiropractic Services					
Home & Office Visits	80%	100%	75%	100%	
Therapy & Manipulations	80%	100%	75%	100%	
Diagnostic Services	80%	100%	75%	100%	
Medical Supplies & Equipment	80%	100%	75%	100%	
Hearing Aids	80%	100%	75%	100%	Limited to one hearing aid, per ear, per Member every 3 years. For Members ages 18 and older, excludes hearing aids to correct gradual hearing impairment or loss that occurs with aging and/or other lifestyle factors.

This benefit grid presents a brief overview of covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written Certificate of Insurance governs the benefits available.

Description of Pharmacy Drug and Diabetes Supplies Benefits			Special Conditions	
Benefit Amount as a % of the allowed charge after the deductible is met.	Before out-of-pocket maximum is met	After out-of-pocket maximum is met		
Prescription Medications (Retail and Mail Order)			When the Out-of- Pocket Maximum Amount is met, this Benefit Plan will pay 100% of the Allowed Charge for Formulary Prescription Medications.	
Formulary and Diabetes Supplies	80%	100%		
Nonformulary	50%	100%	Insulin and medical supplies for insulin dosing and administration \$25 copay per 30-day supply. Deductible amount waived for insulin only.	
Cost Sharing Amounts			Special Conditions	
	PPO	Basic		
Single Coverage				
Deductible amount	\$2,000	\$2,000		
Coinsurance maximum	<u>\$1,500</u>	<u>\$2,000</u>		
Out-of-pocket maximum	\$3,500	\$4,000	You must meet the Out-of-Pocket Maximum before this Benefit Plan begins to pay 100% of covered services. The coinsurance maximum listed is for illustrative purposes only.	
Family Coverage				
Deductible amount	\$4,000	\$4,000		
Coinsurance maximum	<u>\$3,000</u>	<u>\$4,000</u>		
Out-of-pocket maximum	\$7,000	\$8,000	You must meet the Out-of-Pocket Maximum before this Benefit Plan begins to pay 100% of covered services. The coinsurance maximum listed is for illustrative purposes only.	

This chart reflects the cost sharing amounts for each benefit period. PPO and Basic amounts accumulate jointly. Prescription Medication Coinsurance Amounts accumulate toward a Member's cumulative annual Out-of-Pocket Maximum.

Preferred Provider Organizations (PPO)

PPO stands for "Preferred Provider Organization" and is a group of Health Care Providers who provide discounted services to the Members of NDPERS. Because PPO Health Care Providers charge Sanford Health Plan less for medical care services provided to the Members of NDPERS, cost savings are passed on to Members by way of reduced Cost Sharing Amounts. To receive a higher payment level, Covered Services must be received from an NDPERS PPO Health Care Provider. Please see the NDPERS PPO Health Care Provider Listing at www.sanfordhealthplan.com/ndpers.

Call (800) 499-3416 to speak with Member Services.

Health Savings Account

An Health Savings Account (HSA) lets you put money away for future healthcare costs while saving on taxes. How? HSAs are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck, and your HSA can grow tax-free too.

- ✓ No 'use-it-or-lose-it,' keep your HSA forever
- ✓ Create a healthcare emergency safety net
- ✓ Invest¹ your HSA tax-free, like a 401(k)

Annual tax saving potential²

\$1,660	\$830
Family plan	Individual plan

2024 IRS Contribution Limits

\$8,300
Family plan

\$4,150
Individual plan

Members 55+ can contribute an extra \$1,000

Common qualified medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



**See how much
you can save**

HealthEquity.com/Learn/HSA

¹Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ²Estimated savings are based on an assumed combined federal and state income tax rate of 20%. Actual savings will depend on your taxable income and tax status. | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.

NDPERS PPO/BASIC & HDHP Plan

MAIL ORDER PRESCRIPTION DRUGS:

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

DAKOTA WELLNESS PROGRAM

Wellness Portal, powered by WebMD:

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

After you receive your health insurance ID cards, you will receive a member packet that will explain the wellness program in detail.

FITNESS CENTER REIMBURSEMENT:

Covered members and their eligible spouse can earn up to a \$20 credit monthly for visiting a participating health club a minimum of 12 days a month.



Sanford Health Plan

Member Handbook 2023-24



Help in Other Languages

For help in any language other than English, call (800) 752-5863 (TTY: 711).

Arabic -

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

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶችማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያገዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ (800) 752-5863 (መስማት ለተሳናቸው:711)፡

Chinese - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (800) 752-5863 (TTY: 711)。

Cushite (Oromo) - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 752-5863 (TTY: 711).

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (800) 752-5863 (TTY: 711).

Hmong - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 752-5863 (TTY: 711).

Karen - ဟံသုဉ်ဟံသး- နမ့ၢ်ကတိၤ ကညိ ကျိာ်အသိ, နမ့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျဉ်လၢာ်စ့ၤ နိတမံၤဘျဉ်သ့န့ၢ်လီၤ. ကိး (800) 752-5863 (TTY: 711).

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

Laotian - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (800) 752-5863 (TTY: 711).

French - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 752-5863 (TTY: 711).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 752-5863 (телетайп: 711).

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 752-5863 (TTY: 711).

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 752-5863 (TTY: 711).

Thai - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โท (800) 752-5863 (TTY: 711).

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 752-5863 (TTY: 711).

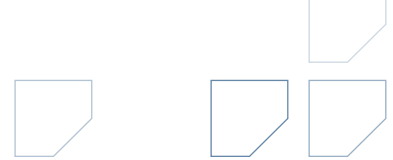


Table of Contents

Welcome4

Contact information.....5

Coverage information.....6

Member ID card7

Navigating your network8

Care options9

Pharmacy and medication benefits 11

Referrals, pre-approvals and other insurance coverage 13

Wellness 14

Healthy pregnancy program 16

Advance care planning 17

Making changes to your plan 18

Claims and payment of services 19

How to read your explanation of benefits (EOB) 20

Saving money on your healthcare 21

Member rights and responsibilities 22

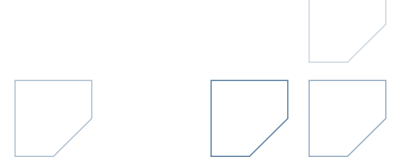
Glossary of terms 23



Welcome to Sanford Health Plan!

This booklet was designed to help you understand how to use your health insurance and includes important information about covered services, prescriptions, referrals, accessing care, resources, tips and much more. If you can't find what you are looking for here, please log in to your secure Member Portal or contact Customer Service at (800) 499-3416.





Contact Information

Sanford Health Plan is ready to help Monday through Friday, 8 a.m. to 5:00 p.m. CST and a confidential voicemail is available after hours and on weekends. You can also contact us by logging into your Member Portal online at sanfordhealthplan.com or go to **sanfordhealthplan.com/memberlogin**. All calls and emails will be returned within one business day.

Department	Questions about:	Phone Number	Email
Customer Service	Benefit questions, claim inquiries/status, eligibility and enrollment, provider access, complaints, appeals and order ID cards	(800) 499-3416 TTY: 711	memberservices@sanfordhealth.org
Pharmacy Management	Prior approval (authorization) of prescription drug coverages and covered medication list (formulary)	(800) 499-3416	pharmacyservices@sanfordhealth.org
Utilization Management	Prior approval of medical services and utilization review	(888) 315-0885	um@sanfordhealth.org
Care Management	Care management, health management and quality activities	(888) 315-0884	shpcasemanagement@sanfordhealth.org
Vision impaired services	Large print materials or recorded versions of our documents are available upon request.	(800) 499-3416	N/A
Language assistance	Free language assistance is available for those who speak a language other than English.	(800) 499-3416	N/A
Member feedback Please contact Customer Service or visit sanfordhealthplan.com and click "Share Your Experience" if you would like to provide feedback on how we can continue to improve our service.			

Customer Service is available 8 AM to 5 PM CST Monday-Friday
Phone: (800) 499-3416 | TTY: 711
Free translation assistance (800) 752-5863



Coverage Information

You can find specific information about your benefits in the following documents, which are located within your secure Member Portal or by contacting Customer Service.

Summary of Benefits & Coverage (SBC): Deductible and copay information, out of pocket limits, information about covered services, provider network, referral information, pharmacy information and costs.

Covered medication list (formulary): A list of regular and specialty medications that are covered, not covered, require pre-approval or step therapy.

Plan document (Certificate of Insurance): Complete overview and description of all benefits, exclusions, prescriptions, appeals, denials, claims, enrollment, notices, policies and more.

Member Portal

Visit **sanfordhealthplan.com** to sign in or register for 24/7 access to all of your benefit information including:

- Summary of Benefits and Coverage (SBC)
- Plan document (policy)
- Pharmacy benefit information
- Claims and explanation of benefits (EOB)
- Preventive care
- Specialty programs
- Provider and pharmacy directory
- Referral information
- Wellness Portal
- Health insurance forms
- Federal and state guidelines and notices

Any dependent, such as a child or spouse, on your plan over age 18 requires a separate Member Portal due to privacy law. Complete the consent form, located in the Member Portal to provide separate access.

Member ID Card

Your Member ID card should be used at each provider visit or when filling a prescription. An explanation of the important information shown on your card is below for your reference. Member ID cards should be received before the policy is activated. If you have not received your ID card or you've lost your ID card and need medical care, log in to the Member Portal to view or print a temporary card or request a new one. A provider can also contact Sanford Health Plan to verify your insurance coverage.

- If you need to fill a prescription and do not have your ID card, you will have to pay for the medication and submit a paper claim to the plan for reimbursement.

The diagram shows a Sanford Health Plan Member ID Card with the following sections and callouts:

- 1** Plan and network information (if applicable) - Points to the Sanford Health Plan logo.
- 2** Policyholder name - Points to the Subscriber name: JOHN SAMPLE.
- 3** Policyholder ID number - Points to the ID field.
- 4** Group ID number (if applicable) - Points to the Grp field.
- 5** Call the number listed on your card with questions about your insurance. - Points to the Customer Service number.
- 6** Customer service, website, provider and pharmacy directory information - Points to the website and directory information.
- 7** Office visit copay information - Points to the In Network Office Visit section.
- 8** Individual and family deductible and maximum out-of-pocket information. If Out-of-Network (ONN) is shown, this refers to any out-of-network benefits, if applicable. - Points to the Individual Deductible, Family Deductible, Individual Out-of-Pocket, and Family Out-of-Pocket sections.
- 9** Information for your pharmacy (if you have prescription drug coverage) - Points to the Pharmacy section.
- 10** If a logo is printed here, you may have coverage outside the service area. See your plan documents for details. - Points to the Network section.
- 11** Urgent/emergent care information - Points to the Eligibility section.

Claims
Payor ID: 91184
Sanford Health Plan
PO Box 91110
Sioux Falls, SD 57109-1110
*If there is an address along with a network logo in the medical section, please submit to that address.

Pharmacy
Administered By
PCN:
RxGrp:

Network
PHCS MultiPlan
Only available for urgent/emergent needs, when traveling or residing outside of the service area.

Eligibility
This card does not guarantee coverage. You must comply with all terms and conditions of the Plan. Willful misuse of this card is considered fraud. For emergency care outside the Plan service area, call 911 or go to the nearest emergency facility.

* Actual ID Card for your plan may vary.

Customer Service is available 8 AM to 5 PM CST Monday-Friday
Phone: (800) 499-3416 | TTY: 711
Free translation assistance (800) 752-5863



Navigating Your Network

Sanford Health Plan NDPERS Members have access to a Preferred Provider Organization (PPO) and Basic Network.

How much you pay for care will depend on your choice of provider; those contracted with Sanford Health Plan will be paid at the PPO level and those not directly contracted will be paid at the Basic Plan level.

If a PPO provider is not available in your area, you decide to travel outside of the service area for care without pre-approval from the plan, or you see a non-PPO provider, claims will be processed under the Basic Plan level benefits. For more information, refer to your Policy Document.

To find a participating provider or pharmacy, visit sanfordhealthplan.com or log in to your Member Portal at sanfordhealthplan.com/memberlogin. Customer Service is available to help if you'd like more information about a provider or assistance finding a PPO provider or pharmacy.

Participating and Non-Participating Providers

When you receive health care services from a Participating Provider, they will send all necessary information to Sanford Health Plan to process claims per your plan benefits. You will be responsible for any applicable cost sharing (copay, deductible and/or coinsurance) or services that may not be covered by your plan.

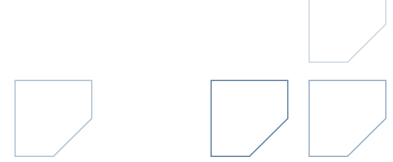
If you receive health care services from a Non-Participating Provider that is not directly contracted with Sanford Health Plan, we may ask for additional information to ensure claims for your care process per your plan benefits. We will contact you if assistance or additional information may be needed.

The Plan allows you the flexibility to choose your own providers, including in-network specialists without a referral, however, choosing to receive covered services from a PPO provider helps Members save on out-of-pocket costs as the Plan is able to receive a greater discount on healthcare services when a contract is in place. Refer to the Referrals and Pre-approval section for more information on the prior authorization process.

Our Provider Directory can be found at sanfordhealthplan.com/findadoctor. This directory includes in-network and participating providers information as well as the following:

- Name
- Address
- Telephone numbers
- Gender
- Website
- Specialty/Professional qualifications
- Languages spoken
- Accepting new patients
- Hospital affiliation
- Medical group affiliation
- Board certification
- Last credentialed date
- Has taken cultural competence training

Please contact us if you would like more information on medical school or residency information.



Care Options

You have multiple choices regarding when and where you receive care. Choosing the appropriate care setting helps you to maximize your health insurance benefits and save on out-of-pocket costs.

Routine office visit

Your primary care provider (PCP) is best for routine, preventive or visits that could wait 24 to 48 hours or longer. If same day care is needed, your PCP may be able to see you or the clinic may be able to help you find another available provider. If you need behavioral health care, you are covered at the same cost as your other benefits under your plan.

Experimental and investigational procedures or services are not covered; however, you may request a review of a denied request through the appeal process. Your request will be considered by the plan based on our medical policy guidelines.

Urgent (acute) care

An urgent care situation is not a serious health threat, but requires medical attention within 24 hours, and may include stitches, pain, urinary tract or respiratory infections, fever, or flu. During the day:

First, contact your primary care provider:

- If your provider is unable to see you that day, ask if another provider in the clinic may be available

After hours, on weekends or holidays:

- Visit a participating urgent care clinic (check the Provider Directory for options)

Specialty care

If you need to see a specialist, you do not need a referral from the Health Plan, however the provider may require one to schedule an appointment.

Behavioral healthcare services

If you need assistance locating Behavioral Healthcare Services, please call our Care Management department at (888) 315-0884.



Emergency care

Emergency medical conditions require immediate care to avoid serious harm. Emergent conditions may include severe pain, suspected heart attack or stroke, difficulty breathing, bleeding that won't stop, severe burns, seizures, poisoning, or trauma. For emergency care, call 911 or visit the nearest emergency department. If you receive care in an emergency situation:

- Pre-approval is not necessary in a true emergency situation.

Hospital services

If you require elective or emergent inpatient (hospital) services, please notify us as soon as possible.

Emergency transportation

Ground transportation, air ambulance or a commercial flight will be covered per your plan if deemed medically necessary.

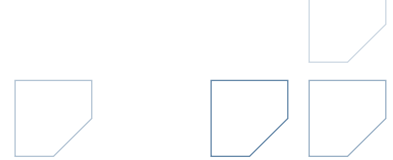
Care when traveling

Care outside of the service area will be covered per your plan in urgent or emergent situations. If you need urgent or emergent care while traveling, please contact Sanford Health Plan within 48 hours of seeking care. Treatment facilities outside the United States may not bill your insurance and may require you to pay in full for services. If this occurs, save your receipts, and ask for a detailed list of charges in English. Submit a paper claim, and we will reimburse you for covered services.

If traveling outside the U.S., look up the local emergency number, as it may not be 911.

On-demand health services

- **Nurse Line:** This free resource is available to address medical questions and get medical advice. Call (888) 315-0886 to visit with a Registered Nurse or log in to your Member Portal to send a secure message. If you contact us through the portal, you will receive a response within 1 business day.



Pharmacy and Medication Benefits

The Sanford Health Plan Pharmacy Department will help you get the most out of your medication benefits. A brief explanation of your benefits is described below; for full details on your medication coverage, participating pharmacies and more, log in to your secure Member Portal.

Drugs that are not considered medically necessary (such as cosmetic medications) are excluded from coverage. Check your Formulary or plan documents for details on covered and excluded medications.

Sanford Health Plan has a list (formulary) of FDA approved brand name and generic medications that are covered under your benefit plan. Selection criteria for medications on the list include effectiveness, safety and cost. Changes are made throughout the year as necessary, with a complete review performed each year.

By following the formulary and asking your provider for generic medications when available, you will save money and help control the costs of your health care. Refer to your Summary of Benefits and Coverage (SBC) for information on medication costs under your plan. If you request a brand name medication when there is an equivalent generic or biosimilar alternative available, you will be required to pay the price difference between the brand and the generic or biosimilar product, in addition to your copay (with the traditional copay plan).

For medications to be covered, they must be:

1. Prescribed or approved by a physician, physician assistant, nurse practitioner or dentist;
2. Listed in the plan formulary, unless pre-approval (authorization) is given by the plan;
3. Provided by a participating pharmacy except in the event of a medical emergency;
NOTE: If a prescription is filled at a non-participating and pharmacy, you will be responsible for the prescription drug cost in full.
4. Approved by the Federal Food and Drug Administration (FDA) for use in the United States.

Additional medication information

- With certain medications, you must first try lower cost and/or generic versions before higher cost alternatives will be covered. This is called “step therapy”. If the first step medication does not work, you have side effects, or your situation falls into one of the other step therapy exceptions, the next step may be tried.
- For safety reasons, some medications (such as pain medications and psychotherapeutic drugs) have quantity limits, meaning only so much medication can be provided over a certain time period. Check the formulary to see which medications have a quantity limit (labeled as “QL”).
- Like some services, certain medications must also be pre-approved (preauthorized). To receive pre-approval, the prescribing provider must submit a letter of medical necessity and supporting medical information. Refer to your formulary to determine which medications require pre-approval (labeled as “PA”).
- Any medications administered in a provider’s office, such as injections or infusions, will apply to your medical benefit (deductible/coinsurance may apply based on your plan). If a medication you need is not on the formulary, you or your provider can request an exception. Complete the Formulary Exception Form (available at sanfordhealthplan.com) and return to the Pharmacy Management Department for consideration.
- Interested in signing up for mail order delivery of your prescriptions? Call (866) 833-3463 for information or to sign up.
- The Affordable Care Act (ACA) requires certain medications be provided at no charge if the Member meets certain criteria, if prescribed by a provider and filled at a participating pharmacy. Please reference the table below for additional details or contact us for more information.

No Cost Medications	Details/Dose	Criteria
Aspirin	Over the counter generic (with prescription), dose less than or equal to 81 mg	
Bowel Prep Agents	Select generic prescription for colonoscopy preparation	2 prescriptions per 365 days
Breast Cancer Prevention	Generic risk-reducing medications	Adults greater than or equal to 35 years old
Cholesterol Lowering Medications	Generic statin prescriptions	Adults age 40 to 75, presence of one or more cardiovascular risk factor, no presence of cardiovascular disease
Contraceptives (Birth Control)	Generic and select brand-name birth control products	
Fluoride	Select generic prescriptions and over the counter options	6 months through 5 years of age
Folic Acid	Over the counter products (with prescription), 0.4-0.8 mg	
HIV Preventive Medication	Truvada, generic tenofovir, Discovy	Prior Authorization confirming using for PrEP therapy
Tobacco Cessation Medications	All generic and over the counter medication options	Adults 18 and older, 180-day supply within 365 days

ACA benefits apply only to non-grandfathered plans.

A complete list of in-network pharmacies and all other pharmacy related benefit information can be found in the Member Portal or by contacting Customer Service.



Referrals, Pre-approvals and Other Insurance Coverage

Medical referrals

Sanford Health Plan does not require a referral to see a PPO specialty care provider, but some clinics may still require a referral for you to make an appointment. If you need help finding a provider, refer to the provider directory or contact Customer Service. Remember, some services may be excluded, even if your doctor recommends them, such as acupuncture and cosmetic procedures. See your plan document for additional details on non-covered services.

Pre-approval (preauthorization or precertification) of services

You **must** contact Sanford Health Plan to get pre-approval for select outpatient and all inpatient procedures or admissions. Pre-approval is also needed for dental anesthesia, specialty medications, home health care, select medical equipment, cancer services and treatment, genetic testing and transplants. Please **contact us at least three days before the requested service** to ensure timely processing of your request. A complete list of services requiring pre-approval is available in your plan document, the Member Portal or by contacting Customer Service.

New technology, treatment and clinical trial prior authorization. We are dedicated to the work of health and healing and have a process for consideration of benefit coverage for specific new medical services or products. As a collaborating partner in the health care industry, our internal process of review includes factors such as medical impact, safety, efficacy, clinical trial phase and cost-to-benefit ratios. Our goal is to deliver a timely and thorough determination in that process.

Motor vehicle accidents and on-the-job injuries

If you need medical care and another person or company is responsible, please contact us. We have partnered with Optum, a company who helps us handle claims that could be someone else's responsibility. If you receive a call or form in the mail from Optum, please respond within 10 days or your claims may be denied. You can reach Optum by phone (800) 529-0577 or complete the form online at icc.optum.com.

If you have other health insurance (coordination of benefits)

If you are covered by another insurance policy or are eligible for Medicaid or Medicare, we will work with the other insurance company to coordinate benefits to ensure claims are processed in a timely manner. Please complete any forms you receive or contact us, if requested, to ensure your claims are not denied.

Wellness

Sanford Health Plan believes that health goes beyond exercise and nutrition. Considering the whole self leads to a healthier life where you can thrive. Our dimensions of well-being provide you with a framework to examine your health. We have provided suggestions below on how you can improve your well-being in each dimension.

Physical well-being

Aim for 30 minutes of physical activity each day.

Sleep for seven to nine hours each night.

Plan meals ahead of time to avoid making unhealthy decisions about food.

Career well-being

Utilize your strengths every day at work or through volunteering.

Have a best friend at work.

Social well-being

Spend intentional time each day socializing with a friend or family member.

Work on having more positive interactions during your day than negative ones.

Financial well-being

Buy experiences such as vacations and outings with friends and loved ones.

Set up defaults like automatic bill pay and transfers to savings to reduce your financial worries.

Emotional well-being

Strive for progress, not perfection.

Be kind to yourself.

Set aside at least five minutes a day to reflect. Spend this time journaling, expressing gratitude or thinking in silence.

Control what you can control (your reaction), and let the rest go.

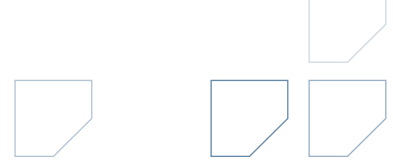
Community well-being

Practice informal volunteering by helping out a friend, family member or neighbor each day.

Think outside of the box, and give back as a special way to celebrate a birthday, anniversary or other occasion.

Talk with friends, family and co-workers about your interest in giving back to find new volunteering opportunities.





Wellness Portal

Within your secure Member Portal, you also have access to a Wellness Portal powered by WebMD, which contains a variety of wellness resources, recipes, and more. After completing a health assessment, the Portal becomes personalized to support your personal health and wellness goals.

Dakota Wellness Program

Each year, NDPERS employees and spouses covered by Sanford Health Plan can earn a \$250 (\$500 per household) wellness benefit by practicing healthy habits.

Step 1: Take your annual health assessment

Log into your account at sanfordhealthplan.com/memberlogin. (Forgot username and password options are available, if necessary.) If you do not have an account, select the “Request Access for Yourself” button. Click on Menu and under the Insurance header, click Portals and Links, then select Wellness Portal to complete your yearly assessment.

Step 2: Engage in health and wellness activities

Earn your \$250 wellness benefit by:

- Going to the gym.
- Attending work site wellness events. Be sure to complete and return the Dakota Wellness Program Voucher for credit toward your Wellness Benefit.
- Earning points in the online wellness portal.

For detailed information on how the Dakota Wellness Program works and how to earn your yearly benefit, go to sanfordhealthplan.com/ndpers/dakotawellnessprogram.

Fitness center reimbursements

Sanford Health Plan will pay up to \$20 per Member per month when you use your home fitness center 12 days per month. To sign up, go to **NIHCArewards.org** to enroll online. Under “Member Options”, click “First Time Enrollment” and select Sanford Health Plan from the drop down menu. Select your home fitness center location click “Enroll Online.” Read and agree to the terms of service, and enter your contact, health plan and banking information and click “Submit.”

If you visit your home fitness center at least 12 times per month, most participants receive an automatic deposit into a bank account around the 21st of each month. If your fees are less than \$20 per month, the credit will reflect the amount you pay each month. You can view the status of your reimbursements in your NIHCA Member account at **NIHCArewards.org**. Please contact your fitness center directly if you find any errors regarding reimbursement. For other errors, please contact Sanford Health Plan at (800) 499-3416 for assistance. Please note, it is the Member’s responsibility to ensure your gym visits are recorded and payments are received.

If you end your fitness center membership or become delinquent in your membership dues, you will not be eligible for reimbursement. If you move your gym membership to a new facility, log on to **NIHCArewards.org** and select your new gym to continue receiving reimbursements.

Customer Service is available 8 AM to 5 PM CST Monday-Friday

Phone: (800) 499-3416 | TTY: 711

Free translation assistance (800) 752-5863

Healthy Pregnancy Program

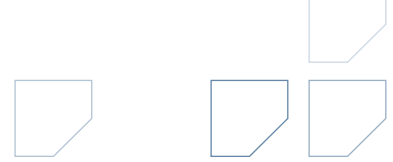
If your family is expecting, NDPERS and Sanford Health Plan want to make sure you have the tools and support you need to give your baby the healthiest start possible. This free program offers over \$850 in savings and additional benefits, including:

- Deductible waiver (for women who participate in a Grandfathered/Non-Grandfathered PPO/Basic Plan and deliver with a participating provider)
- Free prenatal vitamins
- Support from a care management nurse
- Educational information on pregnancy, childbirth and postpartum
- A baby gift from Sanford Health Plan

You can also access Text4baby to help remind you of doctor visits, personalized tips on prenatal care, baby's growth, signs of labor, nursing, eating habits and more. Text BABY (or BEBE) to 511411 to sign up.

To sign up for the Healthy Pregnancy Program, contact us between your 8th and 34th week of pregnancy at **(888) 315-0884** or visit **sanfordhealthplan.com/ndpers**.





Advance Care Planning

Advance care planning is the process of planning and deciding your future health care in case you are suddenly unable to make your own decisions because of illness or injury. Advance care planning allows you to:

- Think about and discuss treatment options with your family and health care providers to make treatment decisions based on your goals, values and preferences.
- Document and communicate your decisions to those who need to know.
- Select someone you trust to make decisions on your behalf when you are unable to speak for yourself.

Sanford Health Plan encourages all Members to complete an advance directive. A copy should be provided to the person responsible for making decisions in case you cannot speak for yourself, the hospital where you are most likely to receive treatment and your primary provider. For access to free advance care planning resources and documents, go to **sanfordhealth.org**, keywords: *'advance care planning'*.

Customer Service is available 8 AM to 5 PM CST Monday-Friday
Phone: (800) 499-3416 | TTY: 711
Free translation assistance (800) 752-5863

Making Changes to Your Plan

After the open enrollment period, you may be able to enroll in health insurance if you experience a life-changing event, such as job status changes, a change in residence for yourself and/or your dependents, you get married or divorced, have or adopt a child, or become eligible for state premium assistance. This is known as a special enrollment period; see your plan document for full details.

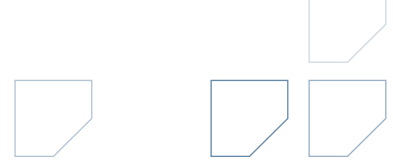
Additionally, if you declined enrollment for yourself or your dependents (children or spouse) because you had other health insurance, including state or federal coverage, you or your dependents may be eligible to enroll in your plan if eligibility for the other coverage is lost.

To enroll or remove dependents outside of open enrollment, contact your employer:

- 31 days after a life changing event or other group health plan coverage ends
- 60 days after the date of eligibility for state premium assistance is determined or terminated

If we request additional information, it must be returned within 30 days. Additionally, verification may be required for any dependent covered on your policy who is disabled or over age 26.





Claims and Payment of Services

After you receive medical care, most providers will file a claim for you. However, you may need to file a claim if your provider did not file one for you. Claim forms can be found in the Member Portal or by contacting Customer Service. A copy of an itemized statement (breakdown of charges) from your provider and proof of payment will be needed to process the claim.

After your claim is received and processed according to your benefits, Sanford Health Plan will send payment to the provider, and an Explanation of Benefits (EOB) to you.

All claims must be received within 180 days from the date of service or within 365 with a national network provider. If your claim is not received within the allotted time, you may be responsible for all costs.

Explanation of benefits

After you receive health care services and we process the claim, you will receive an explanation of benefits (EOB) that explains how your insurance benefits were applied. A claim for services is typically received and processed within 30 days. If you've signed up to receive electronic EOBs, you will receive email notification stating that a new EOB is available to view in the Member Portal. If you have not signed up for electronic EOBs, you will receive a paper EOB in the mail. The EOB will provide specific information about all services/claims from the last 30 days.

The EOB is NOT a bill or invoice.

To ensure benefits are applied correctly, wait until you receive your EOBs before paying medical bills.

Complaints

To file a complaint, contact Sanford Health Plan through the Member Portal, by phone or by mail at Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109-1110.

Appeals

You have a right to appeal any decision made by Sanford Health Plan to not pay for an item or service. To file an appeal, complete an Appeal Form in the Member Portal, or contact Customer Service to file an appeal over the phone or to have a form mailed to you.

Customer Service is available 8 AM to 5 PM CST Monday-Friday

Phone: (800) 499-3416 | TTY: 711

Free translation assistance (800) 752-5863

How to Read Your Explanation of Benefits (EOB)

Sanford Health Plan wants to help you understand your health care coverage. An Explanation of Benefits (EOB) is not a bill; it explains how your benefits have been applied. It also shows what Sanford Health Plan paid for your care and what amount you may be responsible for. Review your EOB carefully along with any bills you receive to make sure both statements match.

B Claim Number: 1234567

D Provider/Vendor Name: DOCTOR NAME / FACILITY NAME/PLACE OF SERVICE

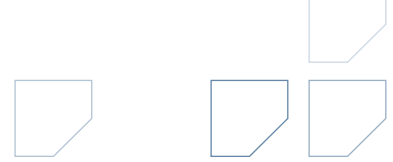
A Date of Service	Medical Service Details		Member Benefit		H Copay	Amount Provider May Bill You			L Notes*
	C Type of Service	E Amount Billed	F Plan Discount	G Amount Paid by Plan		I Deductible	J Coinsurance	K Amount Not Covered	
XX/XX/XXXX – XX/XX/XXXX	<type of service>	\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	<claim notes>
Claim Total:		\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XX.XX	\$XXXXX.XX	\$XXXXX.XX	\$XXXXX.XX	
						Amount You May Owe		\$XXXXX.XX	

L *Notes

<claim notes>

- A Date of Service:** The date(s) you received care.
- B Claim Number:** Reference number Sanford Health Plan assigned to the submitted claim.
- C Type of Service:** Type of medical service received.
- D Provider/Vendor Name:** The provider or facility you received the service from.
- E Amount Billed:** Amount the provider or facility billed for the service.
- F Plan Discount:** Amount saved by using an in-network or participating provider (if applicable). Sanford Health Plan negotiates lower rates with these providers to help save money.
- G Amount Paid by Plan:** The maximum amount Sanford Health Plan allows a provider or facility to charge for the service(s).
- H Copay:** A set amount you pay for certain services, such as an office visit.

- I Deductible:** The amount of covered expense that must be paid by the member before Sanford Health Plan begins to pay. For example, if your deductible is \$1,500, Sanford Health Plan won't pay for covered benefits until you've paid \$1,500 for services that are subject to the deductible, which may include labs, imaging, procedures and hospitalizations.
- J Coinsurance:** The percentage of the payment that you are responsible for, once the deductible has been met. Coinsurance amount is calculated on the amount paid by the plan. For example, if you have a \$100.00 service after you've met your deductible and your coinsurance is 80/20, the Plan will pay for 80 percent (\$80) and you will pay 20 percent (\$20).
- K Amount Not Covered:** Any amount that may not be covered by your benefit plan.
- L Notes:** Important information; these numbers and/or codes explain more about how claim was processed.



Saving Money on Your Healthcare

Even if you have insurance, there are additional ways you can save time and money on health care, and Sanford Health Plan wants to help. Follow the tips below to help keep your health care affordable.

Live a healthy lifestyle. Choosing to eat well, exercise regularly, lose weight or quit smoking (if needed) and getting enough sleep will help you feel good and stay healthy. If you have been diagnosed with a medical condition, take prescribed medications and follow up as directed to keep your condition well controlled.

Choose the plan that's right for you. Health insurance is not one size fits all. Take some time to research your options and pick the plan that's right for you and your family. This simple step can help you maximize your benefits and save you money in the long run.

Know your coverage. Review the specifics of your policy each year so you know what to expect when using your benefits.

Use your preventive care benefits. Sanford Health Plan offers free preventive health care services to help you stay healthy. Regular physicals, screenings and immunizations can help detect medical problems early. The Member Portal also offers a Wellness Portal to help you stay healthy.

Use a PPO provider. Using PPO providers and facilities will help you pay less for services and prescriptions.

Choose the right setting for care. Avoid the emergency room if urgent care or a visit with your primary doctor will address your problem.

Use generic prescription drugs. Generic drugs are FDA approved and as safe and effective as name brand medications. Generics contain the same active ingredients, which means they work the same and cost much less.

Take advantage of special programs. Sanford Health Plan offers case management programs for those with complex medical or behavioral health needs, undergoing treatment for kidney disease, cancer, high risk pregnancy, transplant or are transitioning from hospital to home.

Pay your bill early. If you receive care at Sanford Health, you can save 10 percent if you pay your bill within 30 days.

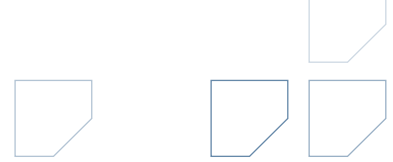


Member Rights and Responsibilities

Each Member (or Member's parent, legal guardian, attorney or representative) have the following rights and responsibilities:

1. A right to receive information about Sanford Health Plan, its services, its providers and Member rights and responsibilities.
2. A right to be treated with respect and recognition of your dignity and right to privacy.
3. A right to participate with providers in making decisions about your health care.
4. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about Sanford Health Plan or the care we provide.
6. A right to make recommendations regarding Sanford Health Plan's member rights and responsibilities policy.
7. A responsibility to supply information (to the extent possible) that Sanford Health Plan and our providers need in order to provide care.
8. A responsibility to follow plans and instructions for care that you have agreed to with your providers.
9. A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Refer to your Plan document for a complete list.



Glossary of Terms

Allowed Amount: Shown on the explanation of benefits (EOB), this is the maximum amount the plan pays a provider for a covered service. Even with the same service, the allowed amount may be different for in-network versus national network providers.

Ancillary Service: Supplemental healthcare services such as laboratory work, x-rays or physical therapy that are provided in conjunction with medical or hospital care. Ancillary fees may also be associated with obtaining prescription drugs that are not on the formulary (covered medication list).

Basic Plan Benefits: Care received from a facility, provider or supplier that is not a part of the Preferred Provider Organization (PPO). Benefit payment will be paid per the Basic Plan Benefit level as specified in the plan documents.

Claim: The document sent to the plan from your provider showing the services or products provided to you.

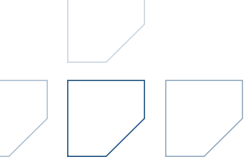
Coinsurance: The percentage of costs for covered services you are responsible for after you meet your deductible. Coinsurance is based on the allowed amount for the service. If you've met your deductible and your coinsurance is 20 percent, the plan will pay 80 percent of the allowed amount for a service and you pay 20 percent. For example, if you've met your deductible and the allowed amount for a service is \$100, the plan would pay \$80 and you would be responsible for \$20.

Copay or copayment: The dollar amount you pay each time you visit the doctor or fill a prescription. For example, if your office visit copay is \$20, you would pay this amount and the plan would cover the rest of the allowed amount. Depending on your plan, you may or may not have a copay option for certain services. Copays do not apply to your deductible, but they do apply to your out of pocket expenses.

Deductible: The cost of covered services you pay at 100 percent before Sanford Health Plan begins to pay. For example, if your deductible is \$1,500, the plan won't pay until you've met your \$1,500 deductible for certain services, such as labs, imaging, procedures and hospitalizations.

Excluded (non-covered) services: Sanford Health Plan does not allow coverage for certain services or products. Charges incurred from non-covered services do not apply to your deductible and/or coinsurance. Please review your plan document for specific information on non-covered services.

Experimental and/or investigational services or procedures: A drug, device, medical treatment, diagnostic procedure, technology, or procedure has not been proven as effective or there are concerns relating to safety, effectiveness, effect on health outcomes or requires governmental approval which has not been granted.



Formulary: A list of medications covered by the plan, which may be updated throughout the year.

Medically necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms that meet accepted standards of medicine.

Out-of-network (non-participating) provider: A health care provider not contracted with Sanford Health Plan. There is no discount for services, so you will pay more (or all) for medical services.

Out-of-pocket maximum (limit): The maximum cost to you in a calendar year for covered medical expenses before your insurance plan begins to pay 100 percent.

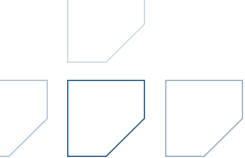
PPO Provider: Participating facilities, providers and suppliers who provide discounted services to the Members of NDPERS. PPO providers charge the Plan less for care and savings are passed on to Members in the form of less out of pocket cost(s).

Pre-approval (preauthorization or precertification): A request that must be submitted for approval of certain services including procedures, hospitalizations and medications before the services are received (except in an emergency). Sanford Health Plan will review the request to determine if it is medically necessary. Prior authorization does not guarantee the plan will cover the cost.

Preferred (in-network) provider: A provider contracted with Sanford Health Plan that allows you to receive health services at a discounted rate. You can save money by using in-network providers.

Premium: The amount you pay on a monthly basis for your health insurance coverage. This amount does not apply toward your deductible and/or coinsurance.

Utilization review: A process which compares requests for medical services (utilization) to recommended treatment guidelines. Also confirms requested services are appropriate and medically necessary.



Notes

A series of horizontal lines for taking notes, spanning the width of the page below the title.














NDQuits reduces the harms of nicotine dependence by helping North Dakotans quit

NDQuits
1-800-QUIT-NOW (1-800-784-8669)
hhs.nd.gov/ndquits

NDQuits is North Dakota's [tobacco and nicotine treatment quitline](#). Anyone in North Dakota can call NDQuits (1-800-QUIT-NOW) or sign up online for [free treatment services](#), including phone counseling, NRT (nicotine patches, gum, or lozenges), and other resources. The U.S. Surgeon General reported, "Since the 1990s, a large body of clinical literature had [consistently demonstrated the effectiveness of tobacco quitlines](#)." *

- Participating in multiple sessions of phone counseling makes you 1.4 times more likely to quit
- Combining counseling with NRT (as you can in NDQuits) is the "gold standard" in treating tobacco and nicotine dependence.

*Office of the Surgeon General: <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

	 Phone	 Web
 Enrollment	<ul style="list-style-type: none"> • Enroll by calling 1-800-QUIT-NOW or text start to 300500 • Eligible to re-enroll every 60 days after last contact 	<ul style="list-style-type: none"> • Enroll at hhs.nd.gov/ndquits • Lifetime enrollment
 Counseling calls	5+ calls with North Dakota quit coaches	 <i>Can be accessed by adding the phone program</i>
 Web portal	 <i>Can be accessed by adding the phone program</i>	Online access to quit resources
 NRT benefits (Nicotine replacement therapy)* <i>*Individuals insured by Medicaid may be eligible for additional NRT</i>	<i>If you do not have insurance or your insurance does not cover NRT:</i>	
	For NDPERS members, up to 16 weeks of patches, gum, or lozenges, or combination NRT (patches and gum or lozenges)	For NDPERS members, up to 16 weeks of patches, gum, or lozenges
 Available add-ons	<ul style="list-style-type: none"> • Printed quit guide • Emails • Texts 	<ul style="list-style-type: none"> • Online quit guide • Emails



The **American Indian Commercial Tobacco Program** and the **Pregnancy/Postpartum Protocol** each offer additional counseling calls than the general NDQuits program. Both programs have specially trained coaches and a tailored treatment and recovery guide.
Note for these programs, quit coaches may not be located in ND.

NDQuits also offers **My Life, My Quit**, a program specially tailored for youth under age 18 who want to quit.

GROUP LIFE INSURANCE

Underwritten by: Voya



Eligibility:

Eligible employees are those employees who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year, and whose positions are regularly funded and not of limited duration (i.e. permanent).

Part-Time /Temporary Employees:

A Part-Time/Temporary Employee is eligible to participate at their own expense. To participate, the part-time/temporary employee must be employed at least 20 hours a week and at least 20 weeks each year of employment.

Enrollment:

You have an initial enrollment period of 31 days from your start date of employment. Applications received within the enrollment period will be accepted with no restrictions or limitations for you. Coverage will be effective the first of the month following your employment date.

Basic Life:

If your employer is participating in the NDPERS Life Insurance Program, you will receive basic life insurance coverage in the amount of \$12,000. The premium is \$0.28 a month and is paid by the employer if you are a permanent employee.

Supplemental Employee Life:

You may elect to have supplemental coverage in addition to the basic life coverage of \$12,000. The first increment is \$3,000 (\$3,000 + basic of \$12,000 = \$15,000); thereafter, the supplemental increments are \$5,000 up to a maximum of \$600,000. However, amounts of total coverage above \$300,000 will require Evidence of Insurability.

Supplemental Dependent Life:

If you elect supplemental coverage, you are eligible to purchase supplemental dependent life insurance. This coverage is available at either a \$2,000, \$5,000, \$7,000 or \$10,000 level for your spouse and each eligible dependent. The premium is based on the employee's age and is a flat rate regardless of the number of dependents covered.

Increase in Coverage:

You may increase your supplemental, dependent or supplemental spouse life insurance coverage during the designated Annual Enrollment Season. Increases above \$25,000 to existing Employee Supplemental Life Insurance will need Evidence of Insurability and must be approved by Voya. Also, amounts of total coverage above \$300,000 will require Evidence of Insurability and Voya approval. Contact your payroll department to obtain the proper application forms or visit our website at <https://www.ndpers.nd.gov/>. NOTE: white out cannot be used on an Evidence of Insurability form.

Supplemental Spouse Life:

If you elect dependent life insurance coverage, you are eligible to purchase supplemental spouse life insurance. This coverage is available in \$5,000 increments and may not exceed 50% of the total employee supplemental coverage or \$300,000, whichever is less. Evidence of Insurability is required on all spouse supplemental life over \$100,000. NOTE: white out cannot be used on an Evidence of Insurability form.

Accidental Death and Dismemberment (AD&D):

The NDPERS Group Life Insurance contains an AD&D insurance benefit which will pay benefits if you lose your life, limb or sight due to accidental injury.

Living Benefit Option:

The benefit is available only to active employees. It allows employees who have a terminal illness or condition to receive a portion of their life insurance benefit while they are living. A terminal condition is defined as having a life expectancy of 12 months or less with no reasonable expectation of recovery. The provision pays 75% of the total face amount of the life insurance not to exceed \$200,000. At the present time, the living benefit option proceeds are taxable income. After the living benefit option is paid, the premium for the life coverage is reduced and based on the remaining amount of coverage which is payable to the beneficiary upon the employee's death.

Supplemental Life and Accidental Death and Dismemberment Insurance
Monthly Premium Amounts - Underwritten by Voya
Rates Effective July 1, 2023
Basic Life = \$12,000

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$15,000</u>	<u>\$20,000</u>	<u>\$25,000</u>	<u>\$30,000</u>	<u>\$35,000</u>	<u>\$40,000</u>	<u>\$45,000</u>	<u>\$50,000</u>	<u>\$55,000</u>
Under 25	\$0.06	\$0.16	\$0.26	\$0.36	\$0.46	\$0.56	\$0.66	\$0.76	\$0.86
25 to 29	\$0.06	\$0.16	\$0.26	\$0.36	\$0.46	\$0.56	\$0.66	\$0.76	\$0.86
30 to 34	\$0.12	\$0.32	\$0.52	\$0.72	\$0.92	\$1.12	\$1.32	\$1.52	\$1.72
35 to 39	\$0.18	\$0.48	\$0.78	\$1.08	\$1.38	\$1.68	\$1.98	\$2.28	\$2.58
40 to 44	\$0.24	\$0.64	\$1.04	\$1.44	\$1.84	\$2.24	\$2.64	\$3.04	\$3.44
45 to 49	\$0.30	\$0.80	\$1.30	\$1.80	\$2.30	\$2.80	\$3.30	\$3.80	\$4.30
50 to 54	\$0.48	\$1.28	\$2.08	\$2.88	\$3.68	\$4.48	\$5.28	\$6.08	\$6.88
55 to 59	\$0.96	\$2.56	\$4.16	\$5.76	\$7.36	\$8.96	\$10.56	\$12.16	\$13.76
60 to 64	\$1.50	\$4.00	\$6.50	\$9.00	\$11.50	\$14.00	\$16.50	\$19.00	\$21.50
65 to 69	\$2.94	\$7.84	\$12.74	\$17.64	\$22.54	\$27.44	\$32.34	\$37.24	\$42.14
70+	\$4.86	\$12.96	\$21.06	\$29.16	\$37.26	\$45.36	\$53.46	\$61.56	\$69.66

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$60,000</u>	<u>\$65,000</u>	<u>\$70,000</u>	<u>\$75,000</u>	<u>\$80,000</u>	<u>\$85,000</u>	<u>\$90,000</u>	<u>\$95,000</u>	<u>\$100,000</u>
Under 25	\$0.96	\$1.06	\$1.16	\$1.26	\$1.36	\$1.46	\$1.56	\$1.66	\$1.76
25 to 29	\$0.96	\$1.06	\$1.16	\$1.26	\$1.36	\$1.46	\$1.56	\$1.66	\$1.76
30 to 34	\$1.92	\$2.12	\$2.32	\$2.52	\$2.72	\$2.92	\$3.12	\$3.32	\$3.52
35 to 39	\$2.88	\$3.18	\$3.48	\$3.78	\$4.08	\$4.38	\$4.68	\$4.98	\$5.28
40 to 44	\$3.84	\$4.24	\$4.64	\$5.04	\$5.44	\$5.84	\$6.24	\$6.64	\$7.04
45 to 49	\$4.80	\$5.30	\$5.80	\$6.30	\$6.80	\$7.30	\$7.80	\$8.30	\$8.80
50 to 54	\$7.68	\$8.48	\$9.28	\$10.08	\$10.88	\$11.68	\$12.48	\$13.28	\$14.08
55 to 59	\$15.36	\$16.96	\$18.56	\$20.16	\$21.76	\$23.36	\$24.96	\$26.56	\$28.16
60 to 64	\$24.00	\$26.50	\$29.00	\$31.50	\$34.00	\$36.50	\$39.00	\$41.50	\$44.00
65 to 69	\$47.04	\$51.94	\$56.84	\$61.74	\$66.64	\$71.54	\$76.44	\$81.34	\$86.24
70+	\$77.76	\$85.86	\$93.96	\$102.06	\$110.16	\$118.26	\$126.36	\$134.46	\$142.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$105,000</u>	<u>\$110,000</u>	<u>\$115,000</u>	<u>\$120,000</u>	<u>\$125,000</u>	<u>\$130,000</u>	<u>\$135,000</u>	<u>\$140,000</u>	<u>\$145,000</u>	<u>\$150,000</u>
Under 25	\$1.86	\$1.96	\$2.06	\$2.16	\$2.26	\$2.36	\$2.46	\$2.56	\$2.66	\$2.76
25 to 29	\$1.86	\$1.96	\$2.06	\$2.16	\$2.26	\$2.36	\$2.46	\$2.56	\$2.66	\$2.76
30 to 34	\$3.72	\$3.92	\$4.12	\$4.32	\$4.52	\$4.72	\$4.92	\$5.12	\$5.32	\$5.52
35 to 39	\$5.58	\$5.88	\$6.18	\$6.48	\$6.78	\$7.08	\$7.38	\$7.68	\$7.98	\$8.28
40 to 44	\$7.44	\$7.84	\$8.24	\$8.64	\$9.04	\$9.44	\$9.84	\$10.24	\$10.64	\$11.04
45 to 49	\$9.30	\$9.80	\$10.30	\$10.80	\$11.30	\$11.80	\$12.30	\$12.80	\$13.30	\$13.80
50 to 54	\$14.88	\$15.68	\$16.48	\$17.28	\$18.08	\$18.88	\$19.68	\$20.48	\$21.28	\$22.08
55 to 59	\$29.76	\$31.36	\$32.96	\$34.56	\$36.16	\$37.76	\$39.36	\$40.96	\$42.56	\$44.16
60 to 64	\$46.50	\$49.00	\$51.50	\$54.00	\$56.50	\$59.00	\$61.50	\$64.00	\$66.50	\$69.00
65 to 69	\$91.14	\$96.04	\$100.94	\$105.84	\$110.74	\$115.64	\$120.54	\$125.44	\$130.34	\$135.24
70+	\$150.66	\$158.76	\$166.86	\$174.96	\$183.06	\$191.16	\$199.26	\$207.36	\$215.46	\$223.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$155,000</u>	<u>\$160,000</u>	<u>\$165,000</u>	<u>\$170,000</u>	<u>\$175,000</u>	<u>\$180,000</u>	<u>\$185,000</u>	<u>\$190,000</u>	<u>\$195,000</u>	<u>\$200,000</u>
Under 25	\$2.86	\$2.96	\$3.06	\$3.16	\$3.26	\$3.36	\$3.46	\$3.56	\$3.66	\$3.76
25 to 29	\$2.86	\$2.96	\$3.06	\$3.16	\$3.26	\$3.36	\$3.46	\$3.56	\$3.66	\$3.76
30 to 34	\$5.72	\$5.92	\$6.12	\$6.32	\$6.52	\$6.72	\$6.92	\$7.12	\$7.32	\$7.52
35 to 39	\$8.58	\$8.88	\$9.18	\$9.48	\$9.78	\$10.08	\$10.38	\$10.68	\$10.98	\$11.28
40 to 44	\$11.44	\$11.84	\$12.24	\$12.64	\$13.04	\$13.44	\$13.84	\$14.24	\$14.64	\$15.04
45 to 49	\$14.30	\$14.80	\$15.30	\$15.80	\$16.30	\$16.80	\$17.30	\$17.80	\$18.30	\$18.80
50 to 54	\$22.88	\$23.68	\$24.48	\$25.28	\$26.08	\$26.88	\$27.68	\$28.48	\$29.28	\$30.08
55 to 59	\$45.76	\$47.36	\$48.96	\$50.56	\$52.16	\$53.76	\$55.36	\$56.96	\$58.56	\$60.16
60 to 64	\$71.50	\$74.00	\$76.50	\$79.00	\$81.50	\$84.00	\$86.50	\$89.00	\$91.50	\$94.00
65 to 69	\$140.14	\$145.04	\$149.94	\$154.84	\$159.74	\$164.64	\$169.54	\$174.44	\$179.34	\$184.24
70+	\$231.66	\$239.76	\$247.86	\$255.96	\$264.06	\$272.16	\$280.26	\$288.36	\$296.46	\$304.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$205,000</u>	<u>\$210,000</u>	<u>\$215,000</u>	<u>\$220,000</u>	<u>\$225,000</u>	<u>\$230,000</u>	<u>\$235,000</u>	<u>\$240,000</u>	<u>\$245,000</u>	<u>\$250,000</u>
Under 25	\$3.86	\$3.96	\$4.06	\$4.16	\$4.26	\$4.36	\$4.46	\$4.56	\$4.66	\$4.76
25 to 29	\$3.86	\$3.96	\$4.06	\$4.16	\$4.26	\$4.36	\$4.46	\$4.56	\$4.66	\$4.76
30 to 34	\$7.72	\$7.92	\$8.12	\$8.32	\$8.52	\$8.72	\$8.92	\$9.12	\$9.32	\$9.52
35 to 39	\$11.58	\$11.88	\$12.18	\$12.48	\$12.78	\$13.08	\$13.38	\$13.68	\$13.98	\$14.28
40 to 44	\$15.44	\$15.84	\$16.24	\$16.64	\$17.04	\$17.44	\$17.84	\$18.24	\$18.64	\$19.04
45 to 49	\$19.30	\$19.80	\$20.30	\$20.80	\$21.30	\$21.80	\$22.30	\$22.80	\$23.30	\$23.80
50 to 54	\$30.88	\$31.68	\$32.48	\$33.28	\$34.08	\$34.88	\$35.68	\$36.48	\$37.28	\$38.08
55 to 59	\$61.76	\$63.36	\$64.96	\$66.56	\$68.16	\$69.76	\$71.36	\$72.96	\$74.56	\$76.16
60 to 64	\$96.50	\$99.00	\$101.50	\$104.00	\$106.50	\$109.00	\$111.50	\$114.00	\$116.50	\$119.00
65 to 69	\$189.14	\$194.04	\$198.94	\$203.84	\$208.74	\$213.64	\$218.54	\$223.44	\$228.34	\$233.24
70+	\$312.66	\$320.76	\$328.86	\$336.96	\$345.06	\$353.16	\$361.26	\$369.36	\$377.46	\$385.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$255,000</u>	<u>\$260,000</u>	<u>\$265,000</u>	<u>\$270,000</u>	<u>\$275,000</u>	<u>\$280,000</u>	<u>\$285,000</u>	<u>\$290,000</u>	<u>\$295,000</u>	<u>\$300,000</u>
Under 25	\$4.86	\$4.96	\$5.06	\$5.16	\$5.26	\$5.36	\$5.46	\$5.56	\$5.66	\$5.76
25 to 29	\$4.86	\$4.96	\$5.06	\$5.16	\$5.26	\$5.36	\$5.46	\$5.56	\$5.66	\$5.76
30 to 34	\$9.72	\$9.92	\$10.12	\$10.32	\$10.52	\$10.72	\$10.92	\$11.12	\$11.32	\$11.52
35 to 39	\$14.58	\$14.88	\$15.18	\$15.48	\$15.78	\$16.08	\$16.38	\$16.68	\$16.98	\$17.28
40 to 44	\$19.44	\$19.84	\$20.24	\$20.64	\$21.04	\$21.44	\$21.84	\$22.24	\$22.64	\$23.04
45 to 49	\$24.30	\$24.80	\$25.30	\$25.80	\$26.30	\$26.80	\$27.30	\$27.80	\$28.30	\$28.80
50 to 54	\$38.88	\$39.68	\$40.48	\$41.28	\$42.08	\$42.88	\$43.68	\$44.48	\$45.28	\$46.08
55 to 59	\$77.76	\$79.36	\$80.96	\$82.56	\$84.16	\$85.76	\$87.36	\$88.96	\$90.56	\$92.16
60 to 64	\$121.50	\$124.00	\$126.50	\$129.00	\$131.50	\$134.00	\$136.50	\$139.00	\$141.50	\$144.00
65 to 69	\$238.14	\$243.04	\$247.94	\$252.84	\$257.74	\$262.64	\$267.54	\$272.44	\$277.34	\$282.24
70+	\$393.66	\$401.76	\$409.86	\$417.96	\$426.06	\$434.16	\$442.26	\$450.36	\$458.46	\$466.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$305,000</u>	<u>\$310,000</u>	<u>\$315,000</u>	<u>\$320,000</u>	<u>\$325,000</u>	<u>\$330,000</u>	<u>\$335,000</u>	<u>\$340,000</u>	<u>\$345,000</u>	<u>\$350,000</u>
Under 25	\$5.86	\$5.96	\$6.06	\$6.16	\$6.26	\$6.36	\$6.46	\$6.56	\$6.66	\$6.76
25 to 29	\$5.86	\$5.96	\$6.06	\$6.16	\$6.26	\$6.36	\$6.46	\$6.56	\$6.66	\$6.76
30 to 34	\$11.72	\$11.92	\$12.12	\$12.32	\$12.52	\$12.72	\$12.92	\$13.12	\$13.32	\$13.52
35 to 39	\$17.58	\$17.88	\$18.18	\$18.48	\$18.78	\$19.08	\$19.38	\$19.68	\$19.98	\$20.28
40 to 44	\$23.44	\$23.84	\$24.24	\$24.64	\$25.04	\$25.44	\$25.84	\$26.24	\$26.64	\$27.04
45 to 49	\$29.30	\$29.80	\$30.30	\$30.80	\$31.30	\$31.80	\$32.30	\$32.80	\$33.30	\$33.80
50 to 54	\$46.88	\$47.68	\$48.48	\$49.28	\$50.08	\$50.88	\$51.68	\$52.48	\$53.28	\$54.08
55 to 59	\$93.76	\$95.36	\$96.96	\$98.56	\$100.16	\$101.76	\$103.36	\$104.96	\$106.56	\$108.16
60 to 64	\$146.50	\$149.00	\$151.50	\$154.00	\$156.50	\$159.00	\$161.50	\$164.00	\$166.50	\$169.00
65 to 69	\$287.14	\$292.04	\$296.94	\$301.84	\$306.74	\$311.64	\$316.54	\$321.44	\$326.34	\$331.24
70+	\$474.66	\$482.76	\$490.86	\$498.96	\$507.06	\$515.16	\$523.26	\$531.36	\$539.46	\$547.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$355,000</u>	<u>\$360,000</u>	<u>\$365,000</u>	<u>\$370,000</u>	<u>\$375,000</u>	<u>\$380,000</u>	<u>\$385,000</u>	<u>\$390,000</u>	<u>\$395,000</u>	<u>\$400,000</u>
Under 25	\$6.86	\$6.96	\$7.06	\$7.16	\$7.26	\$7.36	\$7.46	\$7.56	\$7.66	\$7.76
25 to 29	\$6.86	\$6.96	\$7.06	\$7.16	\$7.26	\$7.36	\$7.46	\$7.56	\$7.66	\$7.76
30 to 34	\$13.72	\$13.92	\$14.12	\$14.32	\$14.52	\$14.72	\$14.92	\$15.12	\$15.32	\$15.52
35 to 39	\$20.58	\$20.88	\$21.18	\$21.48	\$21.78	\$22.08	\$22.38	\$22.68	\$22.98	\$23.28
40 to 44	\$27.44	\$27.84	\$28.24	\$28.64	\$29.04	\$29.44	\$29.84	\$30.24	\$30.64	\$31.04
45 to 49	\$34.30	\$34.80	\$35.30	\$35.80	\$36.30	\$36.80	\$37.30	\$37.80	\$38.30	\$38.80
50 to 54	\$54.88	\$55.68	\$56.48	\$57.28	\$58.08	\$58.88	\$59.68	\$60.48	\$61.28	\$62.08
55 to 59	\$109.76	\$111.36	\$112.96	\$114.56	\$116.16	\$117.76	\$119.36	\$120.96	\$122.56	\$124.16
60 to 64	\$171.50	\$174.00	\$176.50	\$179.00	\$181.50	\$184.00	\$186.50	\$189.00	\$191.50	\$194.00
65 to 69	\$336.14	\$341.04	\$345.94	\$350.84	\$355.74	\$360.64	\$365.54	\$370.44	\$375.34	\$380.24
70+	\$555.66	\$563.76	\$571.86	\$579.96	\$588.06	\$596.16	\$604.26	\$612.36	\$620.46	\$628.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$405,000</u>	<u>\$410,000</u>	<u>\$415,000</u>	<u>\$420,000</u>	<u>\$425,000</u>	<u>\$430,000</u>	<u>\$435,000</u>	<u>\$440,000</u>	<u>\$445,000</u>	<u>\$450,000</u>
Under 25	\$7.86	\$7.96	\$8.06	\$8.16	\$8.26	\$8.36	\$8.46	\$8.56	\$8.66	\$8.76
25 to 29	\$7.86	\$7.96	\$8.06	\$8.16	\$8.26	\$8.36	\$8.46	\$8.56	\$8.66	\$8.76
30 to 34	\$15.72	\$15.92	\$16.12	\$16.32	\$16.52	\$16.72	\$16.92	\$17.12	\$17.32	\$17.52
35 to 39	\$23.58	\$23.88	\$24.18	\$24.48	\$24.78	\$25.08	\$25.38	\$25.68	\$25.98	\$26.28
40 to 44	\$31.44	\$31.84	\$32.24	\$32.64	\$33.04	\$33.44	\$33.84	\$34.24	\$34.64	\$35.04
45 to 49	\$39.30	\$39.80	\$40.30	\$40.80	\$41.30	\$41.80	\$42.30	\$42.80	\$43.30	\$43.80
50 to 54	\$62.88	\$63.68	\$64.48	\$65.28	\$66.08	\$66.88	\$67.68	\$68.48	\$69.28	\$70.08
55 to 59	\$125.76	\$127.36	\$128.96	\$130.56	\$132.16	\$133.76	\$135.36	\$136.96	\$138.56	\$140.16
60 to 64	\$196.50	\$199.00	\$201.50	\$204.00	\$206.50	\$209.00	\$211.50	\$214.00	\$216.50	\$219.00
65 to 69	\$385.14	\$390.04	\$394.94	\$399.84	\$404.74	\$409.64	\$414.54	\$419.44	\$424.34	\$429.24
70+	\$636.66	\$644.76	\$652.86	\$660.96	\$669.06	\$677.16	\$685.26	\$693.36	\$701.46	\$709.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$455,000</u>	<u>\$460,000</u>	<u>\$465,000</u>	<u>\$470,000</u>	<u>\$475,000</u>	<u>\$480,000</u>	<u>\$485,000</u>	<u>\$490,000</u>	<u>\$495,000</u>	<u>\$500,000</u>
Under 25	\$8.86	\$8.96	\$9.06	\$9.16	\$9.26	\$9.36	\$9.46	\$9.56	\$9.66	\$9.76
25 to 29	\$8.86	\$8.96	\$9.06	\$9.16	\$9.26	\$9.36	\$9.46	\$9.56	\$9.66	\$9.76
30 to 34	\$17.72	\$17.92	\$18.12	\$18.32	\$18.52	\$18.72	\$18.92	\$19.12	\$19.32	\$19.52
35 to 39	\$26.58	\$26.88	\$27.18	\$27.48	\$27.78	\$28.08	\$28.38	\$28.68	\$28.98	\$29.28
40 to 44	\$35.44	\$35.84	\$36.24	\$36.64	\$37.04	\$37.44	\$37.84	\$38.24	\$38.64	\$39.04
45 to 49	\$44.30	\$44.80	\$45.30	\$45.80	\$46.30	\$46.80	\$47.30	\$47.80	\$48.30	\$48.80
50 to 54	\$70.88	\$71.68	\$72.48	\$73.28	\$74.08	\$74.88	\$75.68	\$76.48	\$77.28	\$78.08
55 to 59	\$141.76	\$143.36	\$144.96	\$146.56	\$148.16	\$149.76	\$151.36	\$152.96	\$154.56	\$156.16
60 to 64	\$221.50	\$224.00	\$226.50	\$229.00	\$231.50	\$234.00	\$236.50	\$239.00	\$241.50	\$244.00
65 to 69	\$434.14	\$439.04	\$443.94	\$448.84	\$453.74	\$458.64	\$463.54	\$468.44	\$473.34	\$478.24
70+	\$717.66	\$725.76	\$733.86	\$741.96	\$750.06	\$758.16	\$766.26	\$774.36	\$782.46	\$790.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$505,000</u>	<u>\$510,000</u>	<u>\$515,000</u>	<u>\$520,000</u>	<u>\$525,000</u>	<u>\$530,000</u>	<u>\$535,000</u>	<u>\$540,000</u>	<u>\$545,000</u>	<u>\$550,000</u>
Under 25	\$9.86	\$9.96	\$10.06	\$10.16	\$10.26	\$10.36	\$10.46	\$10.56	\$10.66	\$10.76
25 to 29	\$9.86	\$9.96	\$10.06	\$10.16	\$10.26	\$10.36	\$10.46	\$10.56	\$10.66	\$10.76
30 to 34	\$19.72	\$19.92	\$20.12	\$20.32	\$20.52	\$20.72	\$20.92	\$21.12	\$21.32	\$21.52
35 to 39	\$29.58	\$29.88	\$30.18	\$30.48	\$30.78	\$31.08	\$31.38	\$31.68	\$31.98	\$32.28
40 to 44	\$39.44	\$39.84	\$40.24	\$40.64	\$41.04	\$41.44	\$41.84	\$42.24	\$42.64	\$43.04
45 to 49	\$49.30	\$49.80	\$50.30	\$50.80	\$51.30	\$51.80	\$52.30	\$52.80	\$53.30	\$53.80
50 to 54	\$78.88	\$79.68	\$80.48	\$81.28	\$82.08	\$82.88	\$83.68	\$84.48	\$85.28	\$86.08
55 to 59	\$157.76	\$159.36	\$160.96	\$162.56	\$164.16	\$165.76	\$167.36	\$168.96	\$170.56	\$172.16
60 to 64	\$246.50	\$249.00	\$251.50	\$254.00	\$256.50	\$259.00	\$261.50	\$264.00	\$266.50	\$269.00
65 to 69	\$483.14	\$488.04	\$492.94	\$497.84	\$502.74	\$507.64	\$512.54	\$517.44	\$522.34	\$527.24
70+	\$798.66	\$806.76	\$814.86	\$822.96	\$831.06	\$839.16	\$847.26	\$855.36	\$863.46	\$871.56

Employee Total Coverage (Including Basic)

<u>Employee's Age</u>	<u>\$555,000</u>	<u>\$560,000</u>	<u>\$565,000</u>	<u>\$570,000</u>	<u>\$575,000</u>	<u>\$580,000</u>	<u>\$585,000</u>	<u>\$590,000</u>	<u>\$595,000</u>	<u>\$600,000</u>
Under 25	\$10.86	\$10.96	\$11.06	\$11.16	\$11.26	\$11.36	\$11.46	\$11.56	\$11.66	\$11.76
25 to 29	\$10.86	\$10.96	\$11.06	\$11.16	\$11.26	\$11.36	\$11.46	\$11.56	\$11.66	\$11.76
30 to 34	\$21.72	\$21.92	\$22.12	\$22.32	\$22.52	\$22.72	\$22.92	\$23.12	\$23.32	\$23.52
35 to 39	\$32.58	\$32.88	\$33.18	\$33.48	\$33.78	\$34.08	\$34.38	\$34.68	\$34.98	\$35.28
40 to 44	\$43.44	\$43.84	\$44.24	\$44.64	\$45.04	\$45.44	\$45.84	\$46.24	\$46.64	\$47.04
45 to 49	\$54.30	\$54.80	\$55.30	\$55.80	\$56.30	\$56.80	\$57.30	\$57.80	\$58.30	\$58.80
50 to 54	\$86.88	\$87.68	\$88.48	\$89.28	\$90.08	\$90.88	\$91.68	\$92.48	\$93.28	\$94.08
55 to 59	\$173.76	\$175.36	\$176.96	\$178.56	\$180.16	\$181.76	\$183.36	\$184.96	\$186.56	\$188.16
60 to 64	\$271.50	\$274.00	\$276.50	\$279.00	\$281.50	\$284.00	\$286.50	\$289.00	\$291.50	\$294.00
65 to 69	\$532.14	\$537.04	\$541.94	\$546.84	\$551.74	\$556.64	\$561.54	\$566.44	\$571.34	\$576.24
70+	\$879.66	\$887.76	\$895.86	\$903.96	\$912.06	\$920.16	\$928.26	\$936.36	\$944.46	\$952.56

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

Employee Age	Total Coverage			
	\$2,000	\$5,000	\$7,000	\$10,000
Under 25	\$0.20	\$0.50	\$0.70	\$1.00
25 to 29	\$0.20	\$0.50	\$0.70	\$1.00
30 to 34	\$0.20	\$0.50	\$0.70	\$1.00
35 to 39	\$0.20	\$0.50	\$0.70	\$1.00
40 to 44	\$0.20	\$0.50	\$0.70	\$1.00
45 to 49	\$0.20	\$0.50	\$0.70	\$1.00
50 to 54	\$0.20	\$0.50	\$0.70	\$1.00
55 to 59	\$0.20	\$0.50	\$0.70	\$1.00
60 to 64	\$0.20	\$0.50	\$0.70	\$1.00
65 to 69	\$0.20	\$0.50	\$0.70	\$1.00
70+	\$0.20	\$0.50	\$0.70	\$1.00

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

Employee's Age	Spouse Total Coverage									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Under 25	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00
25 to 29	\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00
30 to 34	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
35 to 39	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
40 to 44	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
45 to 49	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
50 to 54	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
55 to 59	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
60 to 64	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
65 to 69	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$44.10	\$49.00
70+	\$8.00	\$16.00	\$24.00	\$32.00	\$40.00	\$48.00	\$56.00	\$64.00	\$72.00	\$80.00

Employee's Age	Spouse Total Coverage									
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000
Under 25	\$1.10	\$1.20	\$1.30	\$1.40	\$1.50	\$1.60	\$1.70	\$1.80	\$1.90	\$2.00
25 to 29	\$1.10	\$1.20	\$1.30	\$1.40	\$1.50	\$1.60	\$1.70	\$1.80	\$1.90	\$2.00
30 to 34	\$2.20	\$2.40	\$2.60	\$2.80	\$3.00	\$3.20	\$3.40	\$3.60	\$3.80	\$4.00
35 to 39	\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00
40 to 44	\$4.40	\$4.80	\$5.20	\$5.60	\$6.00	\$6.40	\$6.80	\$7.20	\$7.60	\$8.00
45 to 49	\$5.50	\$6.00	\$6.50	\$7.00	\$7.50	\$8.00	\$8.50	\$9.00	\$9.50	\$10.00
50 to 54	\$8.80	\$9.60	\$10.40	\$11.20	\$12.00	\$12.80	\$13.60	\$14.40	\$15.20	\$16.00
55 to 59	\$17.60	\$19.20	\$20.80	\$22.40	\$24.00	\$25.60	\$27.20	\$28.80	\$30.40	\$32.00
60 to 64	\$27.50	\$30.00	\$32.50	\$35.00	\$37.50	\$40.00	\$42.50	\$45.00	\$47.50	\$50.00
65 to 69	\$53.90	\$58.80	\$63.70	\$68.60	\$73.50	\$78.40	\$83.30	\$88.20	\$93.10	\$98.00
70+	\$88.00	\$96.00	\$104.00	\$112.00	\$120.00	\$128.00	\$136.00	\$144.00	\$152.00	\$160.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$105,000</u>	<u>\$110,000</u>	<u>\$115,000</u>	<u>\$120,000</u>	<u>\$125,000</u>	<u>\$130,000</u>	<u>\$135,000</u>	<u>\$140,000</u>	<u>\$145,000</u>	<u>\$150,000</u>
Under 25	\$2.10	\$2.20	\$2.30	\$2.40	\$2.50	\$2.60	\$2.70	\$2.80	\$2.90	\$3.00
25 to 29	\$2.10	\$2.20	\$2.30	\$2.40	\$2.50	\$2.60	\$2.70	\$2.80	\$2.90	\$3.00
30 to 34	\$4.20	\$4.40	\$4.60	\$4.80	\$5.00	\$5.20	\$5.40	\$5.60	\$5.80	\$6.00
35 to 39	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80	\$8.10	\$8.40	\$8.70	\$9.00
40 to 44	\$8.40	\$8.80	\$9.20	\$9.60	\$10.00	\$10.40	\$10.80	\$11.20	\$11.60	\$12.00
45 to 49	\$10.50	\$11.00	\$11.50	\$12.00	\$12.50	\$13.00	\$13.50	\$14.00	\$14.50	\$15.00
50 to 54	\$16.80	\$17.60	\$18.40	\$19.20	\$20.00	\$20.80	\$21.60	\$22.40	\$23.20	\$24.00
55 to 59	\$33.60	\$35.20	\$36.80	\$38.40	\$40.00	\$41.60	\$43.20	\$44.80	\$46.40	\$48.00
60 to 64	\$52.50	\$55.00	\$57.50	\$60.00	\$62.50	\$65.00	\$67.50	\$70.00	\$72.50	\$75.00
65 to 69	\$102.90	\$107.80	\$112.70	\$117.60	\$122.50	\$127.40	\$132.30	\$137.20	\$142.10	\$147.00
70+	\$168.00	\$176.00	\$184.00	\$192.00	\$200.00	\$208.00	\$216.00	\$224.00	\$232.00	\$240.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$155,000</u>	<u>\$160,000</u>	<u>\$165,000</u>	<u>\$170,000</u>	<u>\$175,000</u>	<u>\$180,000</u>	<u>\$185,000</u>	<u>\$190,000</u>	<u>\$195,000</u>	<u>\$200,000</u>
Under 25	\$3.10	\$3.20	\$3.30	\$3.40	\$3.50	\$3.60	\$3.70	\$3.80	\$3.90	\$4.00
25 to 29	\$3.10	\$3.20	\$3.30	\$3.40	\$3.50	\$3.60	\$3.70	\$3.80	\$3.90	\$4.00
30 to 34	\$6.20	\$6.40	\$6.60	\$6.80	\$7.00	\$7.20	\$7.40	\$7.60	\$7.80	\$8.00
35 to 39	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	\$11.70	\$12.00
40 to 44	\$12.40	\$12.80	\$13.20	\$13.60	\$14.00	\$14.40	\$14.80	\$15.20	\$15.60	\$16.00
45 to 49	\$15.50	\$16.00	\$16.50	\$17.00	\$17.50	\$18.00	\$18.50	\$19.00	\$19.50	\$20.00
50 to 54	\$24.80	\$25.60	\$26.40	\$27.20	\$28.00	\$28.80	\$29.60	\$30.40	\$31.20	\$32.00
55 to 59	\$49.60	\$51.20	\$52.80	\$54.40	\$56.00	\$57.60	\$59.20	\$60.80	\$62.40	\$64.00
60 to 64	\$77.50	\$80.00	\$82.50	\$85.00	\$87.50	\$90.00	\$92.50	\$95.00	\$97.50	\$100.00
65 to 69	\$151.90	\$156.80	\$161.70	\$166.60	\$171.50	\$176.40	\$181.30	\$186.20	\$191.10	\$196.00
70+	\$248.00	\$256.00	\$264.00	\$272.00	\$280.00	\$288.00	\$296.00	\$304.00	\$312.00	\$320.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$205,000</u>	<u>\$210,000</u>	<u>\$215,000</u>	<u>\$220,000</u>	<u>\$225,000</u>	<u>\$230,000</u>	<u>\$235,000</u>	<u>\$240,000</u>	<u>\$245,000</u>	<u>\$250,000</u>
Under 25	\$4.10	\$4.20	\$4.30	\$4.40	\$4.50	\$4.60	\$4.70	\$4.80	\$4.90	\$5.00
25 to 29	\$4.10	\$4.20	\$4.30	\$4.40	\$4.50	\$4.60	\$4.70	\$4.80	\$4.90	\$5.00
30 to 34	\$8.20	\$8.40	\$8.60	\$8.80	\$9.00	\$9.20	\$9.40	\$9.60	\$9.80	\$10.00
35 to 39	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00
40 to 44	\$16.40	\$16.80	\$17.20	\$17.60	\$18.00	\$18.40	\$18.80	\$19.20	\$19.60	\$20.00
45 to 49	\$20.50	\$21.00	\$21.50	\$22.00	\$22.50	\$23.00	\$23.50	\$24.00	\$24.50	\$25.00
50 to 54	\$32.80	\$33.60	\$34.40	\$35.20	\$36.00	\$36.80	\$37.60	\$38.40	\$39.20	\$40.00
55 to 59	\$65.60	\$67.20	\$68.80	\$70.40	\$72.00	\$73.60	\$75.20	\$76.80	\$78.40	\$80.00
60 to 64	\$102.50	\$105.00	\$107.50	\$110.00	\$112.50	\$115.00	\$117.50	\$120.00	\$122.50	\$125.00
65 to 69	\$200.90	\$205.80	\$210.70	\$215.60	\$220.50	\$225.40	\$230.30	\$235.20	\$240.10	\$245.00
70+	\$328.00	\$336.00	\$344.00	\$352.00	\$360.00	\$368.00	\$376.00	\$384.00	\$392.00	\$400.00

<u>Employee's Age</u>	<u>Spouse Total Coverage</u>									
	<u>\$255,000</u>	<u>\$260,000</u>	<u>\$265,000</u>	<u>\$270,000</u>	<u>\$275,000</u>	<u>\$280,000</u>	<u>\$285,000</u>	<u>\$290,000</u>	<u>\$295,000</u>	<u>\$300,000</u>
Under 25	\$5.10	\$5.20	\$5.30	\$5.40	\$5.50	\$5.60	\$5.70	\$5.80	\$5.90	\$6.00
25 to 29	\$5.10	\$5.20	\$5.30	\$5.40	\$5.50	\$5.60	\$5.70	\$5.80	\$5.90	\$6.00
30 to 34	\$10.20	\$10.40	\$10.60	\$10.80	\$11.00	\$11.20	\$11.40	\$11.60	\$11.80	\$12.00
35 to 39	\$15.30	\$15.60	\$15.90	\$16.20	\$16.50	\$16.80	\$17.10	\$17.40	\$17.70	\$18.00
40 to 44	\$20.40	\$20.80	\$21.20	\$21.60	\$22.00	\$22.40	\$22.80	\$23.20	\$23.60	\$24.00
45 to 49	\$25.50	\$26.00	\$26.50	\$27.00	\$27.50	\$28.00	\$28.50	\$29.00	\$29.50	\$30.00
50 to 54	\$40.80	\$41.60	\$42.40	\$43.20	\$44.00	\$44.80	\$45.60	\$46.40	\$47.20	\$48.00
55 to 59	\$81.60	\$83.20	\$84.80	\$86.40	\$88.00	\$89.60	\$91.20	\$92.80	\$94.40	\$96.00
60 to 64	\$127.50	\$130.00	\$132.50	\$135.00	\$137.50	\$140.00	\$142.50	\$145.00	\$147.50	\$150.00
65 to 69	\$249.90	\$254.80	\$259.70	\$264.60	\$269.50	\$274.40	\$279.30	\$284.20	\$289.10	\$294.00
70+	\$408.00	\$416.00	\$424.00	\$432.00	\$440.00	\$448.00	\$456.00	\$464.00	\$472.00	\$480.00

GROUP DENTAL INSURANCE

Underwritten by: Delta Dental



Eligibility:

Eligible employees are those employees who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year for a state agency, and whose positions are regularly funded and not of limited duration (i.e. permanent).

Enrollment:

You have an initial enrollment period of 31 days from your date of employment. Coverage will be effective the first of the month following your employment date.

If you do not enroll during the initial 31 day eligibility period when hired you may apply for coverage during the designated Annual Enrollment Season with coverage effective January 1st.

EMPLOYMENT CHANGE FROM TEMPORARY TO PERMANENT STATUS:

If you change from Part-Time/Temporary to Permanent Status:

You are newly eligible for the NDPERS dental insurance. Application must be completed within 31 days of the permanent employment start date.

Dental Rates:

The following premiums are in effect through December 31, 2024:

Individual Only	\$ 41.00
Individual and Spouse	\$ 79.12
Individual and Child(ren)	\$ 91.86
Family	\$130.82

The premium is eligible for pre-tax treatment through the IRC Section 125 FlexComp program.

Coverage Questions:

For additional information concerning coverage call 1-800-448-3815.



Delta Dental of Minnesota
Serving North Dakota

Delta Dental PPO™ & Delta Dental Premier®

North Dakota Public Employees Retirement System
Client #537482

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

Plan Benefit Highlights			
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Calendar Year Plan Maximum Per person	\$1,000		
Lifetime Ortho Maximum Per eligible covered person	\$1,500		
Deductible Per person per calendar year No deductible for diagnostic and preventive services or orthodontics	\$50 per person		
Eligible Dependents	Spouse Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space Maintainers Sealants	100%	100%	100%
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) and posterior (back) teeth	80%	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
Major Restorative Crowns and Crown repair	50%	50%	50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs	80%	80%	80%
Prosthetics Dentures (full and partial) Bridges	50%	50%	50%
Orthodontics Treatment for the prevention/ correction of malocclusion Available for dependent children only, ages 8 and up	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.



Make the Most of Your Benefits

Thank you for choosing Delta Dental of Minnesota as your partner in oral health. Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventative care, such as cleanings and X-rays, and helps cover extensive dental procedures such as crowns and fillings.

Online Tools for Members:

www.DeltaDentalMN.org



Save Money, Go In Network:

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.



Dental Insurance 101:

Robust member tools including commonly defined insurance terms, videos and frequently asked questions.



Oral Health Resources:

Access dental and health information including a section dedicated to kids' oral health.



Cost Estimator:

Use our cost estimator to find out what a dental procedure will cost, or you can always request a pre-treatment estimate from your dentist.



Prefer to Speak to Someone?

Call our national customer service

Toll Free: 1-800-448-3815

Local: 651-406-5901

Monday-Friday: 7 a.m.-7 p.m. central

Tools Available in the Secure Member Portal



Coverage Summary:

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



Claims Inquiry:

View claim status, procedure details, dates of service and applied deductibles.

View your explanation of benefits (EOB) online.

Check out our new feature to opt-out of the paper delivery of your EOB.



Print ID Cards:

Print a digital or replacement ID card.

Secure Member Portal Registration

1. On DeltaDentalMN.org, go to the member page and click "Access My Secure Portal"
2. Select the Employer Plan option click "Log In Here" and follow the steps to register.
3. Remember your username and password because you will need them each time you log in.

Learn more about how your oral health connects to your overall health at:
DeltaDentalMN.org



Delta Dental of Minnesota
Serving North Dakota

GROUP VISION INSURANCE

Underwritten by: Superior Vision



Eligibility:

Eligible employees are those employees who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year for a state agency, and whose positions are regularly funded and not of limited duration (i.e. permanent).

Enrollment:

You have an initial enrollment period of 31 days from your date of employment. Applications received within the enrollment period will be accepted with no restrictions or limitations for you and any eligible dependents. Coverage will be effective the first of the month following your employment date.

If you do not enroll during the initial 31 day eligibility period when hired you may apply for coverage during the designated Annual Enrollment Season with coverage effective January 1st.

If you and/or your dependents do not elect to participate when initially eligible, you and/or dependents may elect to participate during an annual enrollment season. If you do not enroll when initially eligible you and/or dependents will be considered late entrants. As a late entrant, no benefits will be payable for expenses incurred in the first 12 months, except for the vision exam benefit.

EMPLOYMENT CHANGE FROM TEMPORARY TO PERMANENT STATUS:

If you change from Part-Time/Temporary to Permanent Status:

You are newly eligible for the NDPERS vision insurance. Application must be completed within 31 days of the permanent employment start date.

VISION RATES:

The following premiums are in effect through December 31, 2025:

Individual Only	\$ 5.03
Individual and Spouse	\$ 10.06
Individual and Child (ren)	\$ 9.16
Family	\$ 14.19

The premium is eligible for pre-tax treatment through the IRC Section 125 FlexComp program.

COVERAGE QUESTIONS

For additional information concerning coverage call 1 (800) 507-3800.

Vision Care Plan for North Dakota Public Employees Retirement System

Benefits through Superior National network

Frequency

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



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:
\$0



Materials¹

Materials copay:
\$35



Frames

In-network allowance:
\$100



Contact Lens Fitting Exam

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

Standard Contact lens fitting:
Covered in full after copay

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



Contacts⁴ in lieu of glasses

In-network allowance:
\$100

Monthly Premiums

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

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

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

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

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	20% off amount over allowance

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

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



LASIK Discounts⁵

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



Hearing Aid Discounts⁵

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



Free Mobile App

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

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

EMPLOYEE ASSISTANCE PROGRAM

(For State Agencies Only)



Eligibility:

Eligible employees are those employees who are at least 18 years of age, work at least 20 hours per week for 20 or more weeks per year for a state agency, and whose positions are regularly funded and not of limited duration (i.e. permanent) and their covered dependents on the NDPERS health plan.

Enrollment:

You can enroll in the program through Member Self Service (MSS). The premium is paid by the employer.

Program Description:

The EAP is designed to provide special assistance in guidance and counseling and to determine appropriate diagnosis and/or course of treatment to employees and their eligible dependents in cases of alcoholism, drug abuse and personal problems. This assistance is rendered for a specified number of visits and the EAP is responsible for recommending further referrals to clinical or supportive organizations and medical professionals if necessary. They also conduct educational seminars and provide informational brochures.

Employees may be referred to an EAP by their supervisor in instances where an employee has deteriorating job performance and has not responded to established supervisory counseling or disciplinary procedures. Employees may also seek assistance on their own.

<u>Minimum Services:</u>	<u>Appointments Within:</u>
Provides 6 individual sessions per year	72 hours for non-emergency
Provides phone counseling	24 hours for emergency
Provides a toll-free number	Weekend/Holiday (Emergency)
Provides a 24-hour Crisis Hot Line	

<u>Range of Counseling Services:</u>	
Alcohol and Drug Dependence	Job Stress Concerns
Family or Marriage Problems	Financial Issues
Work-Related Problems	Physical or Sexual abuse
Emotional Problems	Gambling Issues
Behavioral Problems	Family Relationships

Current EAP Providers:

CHI St. Alexius/Heartview	Village Family Services	Eni NexGen	Live Well Solutions	Humana
900 E Broadway PO Box 5510	PO Box 9859	3200 Highway 54 E	1100 19 th Ave N #155	500 W. Main St.
Bismarck ND 58506- 5510	Fargo ND 58106- 9859	Durham NC 27709	Fargo ND 58102	Louisville KY 40202
(701) 530-7195	(701) 451-4900	1-888-331-4364	1-866-831-2181	1-866-440-6556
1-800-327-7195	1-800-627-8220			

For more detailed information please visit the website and connect to the provider link.

Client Confidentiality:

The cornerstone of the EAP is the strict confidentiality that is adhered to regarding all program services. All clients can be assured that no information will be disclosed to anyone without the client's written authorization, or within the limits of the state and federal laws.

STATE OF NORTH DAKOTA

FLEXCOMP PLAN

Third Party Administrator: ASIFlex



NDPERS is contracted with a Third Party Administrator (TPA) to process healthcare spending account and dependent care claims. The TPA is ASIFlex. If you enroll in the FlexComp Plan you will receive information on how to access your account. To learn more, log on to the ASIFlex website at <http://www.asiflex.com> or contact ASIFlex Customer Service Representatives. Their toll free number is 800-659-3035.

Eligibility:

The NDPERS FlexComp Plan is available to eligible employees of the State of North Dakota, participating District Health Units, and members of the Legislative Assembly. Employees of the university system and political subdivisions are excluded from participation in the plan. To be eligible, an employee must be 18 years of age, work at least 20 hours per week for at least 20 weeks per year and be in a permanent position that is regularly funded and not of limited duration.

If you previously participated under the NDPERS flexcomp program and are returning to a NDPERS-covered employer within 30 days, your existing election will be reinstated as it was immediately prior to the separation of service.

If you previously participated under the NDPERS flexcomp program and are returning to a NDPERS-covered employer after 30 days but still in the same plan year, you can not participate for the remainder of the plan year. This includes medical and dependent care flexible spending accounts and ability to pre-tax eligible insurance premiums through the NDPERS flexcomp program.

Enrollment:

New employees will be eligible to participate the first day of the month following their permanent full-time employment if they make their election before the 15th of the month. An election made after the 20th of the month or during the 31 days of enrollment period will not be effective until the first contribution is received. Participation is limited to expenses incurred for the remainder of the plan year on December 31.

Each year NDPERS designates an annual enrollment season during which employees may enroll or discontinue their participation in the plan beginning January 1 through December 31.

How the FlexComp Plan Works:

The FlexComp Plan is a tax favored employee benefit program and is established and administered under Section 125 of the Internal Revenue Code. It allows you to save taxes on the amount you pay for eligible payroll deducted insurance premiums, medical expenses, and dependent care expenses. Since the dollars you contribute to the plan are deducted before income and social security tax, you will pay less tax, which means you may have more money to spend or save. However, you should be aware you are reducing the social security taxes paid, which could slightly reduce your social security benefits.

Employees may elect to participate in any combination of the pre-tax accounts.

Premium Conversion:

NDPERS Group Life Plan – If an employee elects to have supplemental life coverage in addition to the basic life coverage, the deduction up to the first \$50,000 of coverage will automatically default to a pre-tax deduction, unless the employee makes an election to decline this action and pay the premium with after tax dollars. The employee must decline this action when enrolling in the Plan.

NDPERS administered Delta Dental and Superior Vision plans are eligible for pre-tax payroll deduction.

If an employee elects to pretax an insurance premium, they may not change or drop coverage during the plan year unless they experience an IRS - Qualified Change of Status.

Certain insurance products listed below may be paid with pretax dollars, by payroll deduction, through your employer.

AFLAC	Company Representative – Lynn Brokaw 925 Basin Ave. Suite 1 Bismarck ND 58504 701-208-0617 E-Mail: lynn_brokaw@us.aflac.com	
Product Name	Product Description	Pretax Eligibility
Cancer	Cancer indemnity policies providing benefits for diagnosis of skin cancer, internal cancer as well as annual screening benefits.	Yes
Hospital Confinement	Indemnity benefits whether hospitalized days or weeks.	Yes
Hospital Intensive Care	Provides coverage in the event of a sickness or injury and is admitted to the ICU unit.	Yes
Accident	Accident indemnity policies providing benefits for accident/injury.	Yes
Lump Sum Critical Illness	Pays a lump sum benefit for code red major critical illness event. (Heart attack, stroke, coma, paralysis, major organ transplant, end stage renal failure. Riders available for cancer, sudden cardiac death.)	Yes
Personal Sickness Indemnity	Indemnity policy for sickness related hospital confinement, major diagnostic exams, in & out-patient surgeries.	No
Specified Health Event	Critical care, recovery indemnity policies for major critical illness.	Yes
Disability	All disability policies that are specific replacement of income benefits.	No
Dental	Voluntary dental. No networks, no deductibles, no pre-certifications.	No
Vision Now	Vision indemnity policy providing vision insurance, vision correction benefits.	No
Life	All life policies.	No

Central United	Company Representative – James M Kasper C/O Asset Management Group Inc. PO Box 9016 Fargo ND 58106-9016 701-232-6250 E-Mail: jmkasper@amg-nd.com	
Product Name	Product Description	Pretax Eligibility
Cancer Insurance	Provides cash benefits to covered persons for treatment of cancer.	Yes
Colonial Life	Company Representative – John Guzman Famer’s Union Insurance 4141 38th St S Ste C Fargo ND 58104 E-Mail: john.guzman@fumic.com	
Product Name	Product Description	Pretax Eligibility
Accident	Composite rated, guaranteed renewable accident product with choice of plan levels and optional riders. It provides indemnity benefits for on and off the job accidents.	Yes
Cancer	Composite rated, guaranteed renewable specified disease product with choice of plan levels and optional riders. Provides benefits for expenses related to cancer.	Yes
Disability	Age banded, guaranteed renewable short-term disability income product.	No
Medical Bridge	Age banded, guaranteed renewable hospital confinement indemnity product. Choice of plans, levels. Includes confinement, rehab unit, surgical and diagnostic procedures.	Yes
Critical Illness	Specified disease product with a lump sum benefit upon diagnosis of a covered specified disease with a choice of plan options for reoccurrence, cancer, face amounts, and optional riders.	No
Life	All life insurance policies.	No

Total Dental Administrators	Company Representative – Logan Stucki 2800 N 44th Street Ste 500 Phoenix, AZ 85008 801-268-9740 Ext. 306 E-Mail: lstucki@emihealth.com	
Product Name	Product Description	Pretax Eligibility

Elite Choice	Fully insured dental program.	Yes
USABLE	Company Representative – Matthew Sullivan Azurance Group 4510 13 Ave S Fargo ND 58121 701-277-2319 E-Mail: Matthew.Sullivan@AzuranceGroup.net	Pretax Eligibility
Product Name	Product Description	
Accident Elite	Employees can get help prevent financial hardship due to medical/travel expenses caused from an accident. Payments direct to employee.	Yes
Cancer Care Elite	Payments direct to employee for new and experimental treatment, travel, lodging, out of pocket medical costs, deductibles, co-pay amounts.	Yes
Hospital Confinement Plan	Payment direct to employee for costs related to intensive care, hospitalization, birth of a child, accidents.	Yes

Medical Spending Account:

An employee may redirect a portion of their salary for eligible medical expenses up to a maximum of \$3,050 per plan year. The total annual medical spending election amount is available to you at any time during your participation within the Plan Year. Requests for reimbursement from a medical spending account are paid throughout the year according to a participant's annual medical spending election amount.

You will receive a debit card from ASIFlex for this account. It is up to you to decide if you wish to use the card. If you do, keep your receipts in case you need to substantiate a card swipe.

Employees who are enrolled in a High Deductible Health Plan with contributions made to a health savings account (HSA) cannot participate in the medical spending component of the FlexComp Plan.

Money set aside in a medical spending reimbursement account can be used to pay for qualified health care expenses for you, your spouse and dependent children. In addition, eligibility rules have been expanded to allow you to include your adult children that no longer meet the requirements of a dependent. The extension of coverage applies to your son, daughter, stepson, stepdaughter, legally adopted and eligible foster children. It is not necessary that your child be a student, be financially supported by you, or that he or she reside with you. Both married and unmarried children can now qualify as a dependent, but coverage does not extend to any spouse of your child or to grandchildren. You may now be reimbursed for qualified health care expenses for these individuals through age 26. Eligibility ceases January 1st of the calendar year in which the family member will turn age 27.

If an employee elects to participate in a medical spending reimbursement account, they may not change or drop coverage during the plan year unless they experience an IRS Qualified Change of Status.

Dependent Care Reimbursement Account:

An employee may redirect a portion of their salary up to a maximum of \$5,000 per year for a single parent, \$5,000 per year for a married couple filing a joint tax return or \$2,500 for a married person filing separately. Requests for reimbursement from a Dependent Care Reimbursement Account will be paid according to the dollars available in your account to date.

If an employee elects to participate in a dependent care reimbursement account, they may not change or drop coverage during the plan year unless they experience an IRS Qualified Change of Status.

Eligible Dependent Care expenses must:

- Be for the purpose of enabling you or you and your spouse to be employed.
- Be for a child under 13 years of age who is your dependent under Federal Tax Rules. The child must reside with you at least one-half of the taxable year.
- Be provided by someone other than your spouse or another dependent child.
- The dependent care account can also be used for the care of a spouse or dependent over the age of 13 who is incapable of self-care. The adult dependent who is incapable of self-care must live with you for more than one-half the taxable year and not have more than \$4,300 per year in gross income.

Eligible expenses may also include:

- Before and after school care.
- Registration fees if the fee must be paid in order to obtain care.
- Day camp.
- Preschool/nursery school.
- Transportation expenses, if expenses are for transporting a child to or from the place where care is provided and transportation is furnished by the day care provider.
- Late "pick-up" fee.

You cannot obtain reimbursement for:

- Costs incurred before coverage is effective.
- Food if billed separately from the dependent care expenses.
- Late payment fees.
- Educational expenses, tuition for kindergarten or higher education.

Dependent Care Reimbursement Account vs. Dependent Care Tax Credit:

The dependent care reimbursement account is an alternative to taking a dependent care tax credit on your income tax return. You must choose whether to take the tax credit or enroll in the dependent care reimbursement account. The IRS will not allow you to receive two tax breaks on the same expenses.

Your income level, or that of you and your spouse, will determine whether the dependent care reimbursement account or the income tax credit is more favorable for you. Contact a qualified tax consultant for complete details.

Payments made to you from a dependent care account are not taxable, but the amount redirected

will appear on your W-2 form. This will inform the IRS that you have received a tax break on that expense through the FlexComp Plan. You are required to file IRS Form 2441 with your tax return.

Please note that this is for general information only and is not intended to provide specific advice or recommendations. We suggest you consult your accountant or tax advisor with regard to your individual situation.

Important IRS Rules:

Grace Period:

Amounts remaining in a participant's medical spending and/or dependent care account at the end of the plan year can be used to reimburse expenses that are incurred between January 1 and March 15 of the new plan year under the following conditions:

Coverage must be in effect on the last day of the plan year on December 31.

There may be taxable income to an individual if reimbursements from a dependent care expense account exceed Internal Revenue Service - permitted amounts in a calendar year. We suggest you consult your accountant or tax advisor with regard to your individual situation.

Use-or-Lose Rule:

The deadline to file claims to your medical spending or dependant care account(s) is 4 (four) months after the end of the plan year on December 31, or April 30. Any amounts remaining in your accounts after April 30 is forfeited.

Change in Participation:

The IRS requires that once you elect to participate, your payroll deductions may not be stopped or changed until the start of the next plan year. The only exception is if you experience an IRS - Qualified Change of Status.

Separate Accounts:

You may participate in either or both spending accounts. However, the Medical Spending Account and Dependent Care Account are separate accounts. You may not use money from one account to cover expenses related to the other.

ASIFlex Quick Guide

FSA Debit Card and Account Access

Manage Your FSA Account at www.asiflex.com

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



ASIFlex FSA Debit Card

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

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

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

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

What Needs Documentation?

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

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

All other expenses require documentation.

HOW TO ACCESS YOUR BENEFITS

ASIFlex Card

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

ASIFlex Mobile App

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

Online Claim Filing

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

Fax or Mail

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

Contact

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

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

Fax: 877.879.9038

PO Box 6044
Columbia, MO 65205-6044



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

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

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

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

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

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

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



ASIFlex Mobile App

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

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

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

Go Green!

Save time, save postage, save trees!

Sign up for Direct Deposit!

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

Switch from Mail Box to In Box!

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

QuickGuide_12_2021



Dependent Day Care Flexible Spending Account

What is a Dependent Day Care Flexible Spending Account?

A Dependent Day Care Flexible Spending Account (DCFSA) allows you to set aside money from your paycheck pretax to pay child day care expenses and, in some cases, elder care expenses. When you pay less in taxes, you have more money in your pocket. Most people save at least 30 percent on each dollar set aside pretax.

How much can I contribute to my DCFSA?

Your contribution limit is determined by your tax filing status.

Tax filing status	Limit
Married, filing separately	\$2,500
Single, head of household	\$5,000
Married, filing jointly	\$5,000

What types of expenses qualify?

Eligible expenses are those incurred while you and your spouse, if married, work or are looking for work. This can include: daycare; general purpose day camps (overnight camp is not eligible); regular babysitting; before and after school care; nursery or preschool; and pre-kindergarten expenses.

Does a DCFSA impact the tax credit on my income tax return?

You cannot claim a tax credit for amounts contributed to your DCFSA. However, you may be able to claim a tax credit for amounts, up to IRS limits, not contributed to your DCFSA.

How do I submit claims?

Your funds are available as you contribute throughout the year. ASIFlex offers several easy ways to submit claims.

- **ASIFlex Automatic Reimbursement** Download and complete the claim form. Submit annually to receive automatic reimbursement during the plan year.
- **ASIFlex Recurring Direct Payment** Log in to your account at asiflex.com to schedule recurring payments to be sent directly to your day care provider.
- **ASIFlex Reimbursement** Download the general claim form. Submit each time you want to receive a reimbursement.
- **ASIFlex mobile app** Download the app and log in to your account. Then, just snap a picture of your itemized receipt and submit a claim via the app.
- **ASIFlex Online** Log in to your online account to submit a claim.

Reimbursements will be made to you within three business days following receipt of a complete claim, provided you have available funds in the account. Log in to your ASIFlex account to sign up for direct deposit, as well as email and text alerts.

For more information, view the employer plan document or visit ASIFlex.com to obtain IRS Publication 503 Child and Dependent Care Expenses; a list of eligible expenses; and general plan information. Be sure to consult with a qualified tax advisor for questions related to your personal tax situation.

Manage your

account Register your account at ASIFlex.com to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

Get the ASIFlex app!

- Submit claims.
- Submit documentation.
- Access your balance and account statement.

Search ASIFlex Self Service and download the app today.



ASIFlex Customer Service

ASIFlex.com
asi@asiflex.com
P: 800.659.3035
F: 877.879.9038
P.O. Box 6044
Columbia, MO 65205-6044



LONG TERM CARE INSURANCE



ENROLLMENT:

There are many reasons why you should consider obtaining Long Term Care Insurance. Here are just a few:

- 75% of the population will need long-term care services at some point in their lifetime.
- Protect your assets!
- Health insurance plans & Medicare typically do not cover long term care services.
- You can receive up to a **\$500 (married couple) or \$250 (single) tax credit** through the ND Long-Term Care Partnership Program for having long-term care insurance.

North Dakota Partnership Plan and LTC Information:

<https://www.nd.gov/ndins/long-term-care>

Federal Government LTC Information:

<http://longtermcare.gov/>