

**WELCOME TO THE.....**

**NORTH DAKOTA PUBLIC  
EMPLOYEES RETIREMENT  
SYSTEM (NDPERS)**

# HB 1179

- Authorized the requirement that the Garrison Diversion Conservancy District & District Health to participate in the uniform group insurance program under the same terms & conditions as state agencies.
- This includes:
  - Health
  - Life
  - Dental
  - Vision
  - Long Term Care
  - Employee Assistance Program

# Agenda

- 8:00 – 8:45 Welcome
- 8:45 – 10:15 Health, Life, & Employee Assistance Program
- 10:15 – 10:45 Break
- 10:45 – 12:00 Vision, Dental, & Long Term Care

# Materials/Forms

- Copy of Power Point
- Forms & Due Date
- Sample of Employer Guide
- Sample of Employee Forms
- Supplemental Employer Forms for Groups NOT on NDPERS
  - Appointment of Authorized Agent SFN 17029
  - Employee Eligibility Report SFN 54119
  - Wellness Application

# NDPERS Group Health Insurance



# Group Health Insurance

- NDCC 54-52.1
- Full-time and Part-time employees
  - State Agency
  - University System
  - District Health Units
  - Garrison Diversion Conservancy Dist
  - Political Subdivision
    - County
    - City
    - School District

# Employee Eligibility

- Full-time Employee
  - Works at least 20 hours per week for 20 or more weeks per year
  - Is at least 18 years of age
  - Holds a position that is regularly funded and not of limited duration
- Part-time/Temporary Employee
  - Works at least 20 hours a week for 20 or more weeks per year
  - Holds a position that is not regularly funded and is of limited duration
- Paid members of Board/Commission

# Dependent Eligibility



- Legally married spouse
- Dependent children
- Adopted children
- Dependent children appointed by legal guardianship

# Enrollment Periods

- **Date of Hire**
- **Qualifying Event**
  - Note the effective date of coverage
  - Submit required documentation with application
- **Annual Enrollment Season – Oct - Nov**
  - Coverage effective January 1<sup>st</sup>
- **Life Change Event**
  - Employee responsible to remove dependent(s) who are no longer meet eligibility criteria

# In State Networks

- **Preferred Provider Organization (PPO):** The Preferred Provider Organization (PPO) is a group of hospitals, clinics and physicians who have agreed to discount their services to members of NDPERS. Subscribers have "freedom of choice" in selecting which physician or medical facility to use for services. No referral is needed.
  - lower out-of-pocket for copayments and coinsurance
- **Exclusive Provider Organization (EPO):** The Exclusive Provider Organization (EPO) is a managed care program and encourages the use of a Primary Care Physician. Subscribers and each eligible family members may use any Primary Care Physician affiliated with their designated EPO provider.
  - lower out-of-pocket for annual deductibles, co-payments and coinsurance
  - Affiliation is for one year. The plan year runs from July 1 through June 30 of the following year.

# NDPERS EPO Networks

- MedCenter One, Inc., Bismarck
- PrimeCare health group, Bismarck
- MeritCare Medical Group, Fargo
- Dakota Clinic, Ltd., Fargo
- Altru Health Systems, Grand Forks
- Craven-Hagan, Ltd., Williston

# Deductible

	PPO	EPO	Basic/Self Referral
Individual	\$400	\$200	\$400
Family	\$1200	\$600	\$1200

# Coinsurance Annual Maximums

	PPO	EPO	Basic/Self Referral
Coinsurance	20%	15%	25%
Individual Maximums	\$750	\$500	\$1,250
Family Maximums	\$1,500	\$1,000	\$2,500

# Copayment Amounts



	PPO	EPO	Basic/Self Referral
Office Call (per visit)	\$25	\$20	\$30
Emergency Room Visit (per visit)	\$50	\$50	\$50

# Total Annual Out-of-Pocket Maximum

**\*Includes deductible and coinsurance only**

	PPO	EPO	Basic/Self Referral
Individual	\$1,150	\$ 700	\$1,650
Family	\$2,700	\$1,600	\$3,700

# Prescription Drug Coverage



- Formulary Generic
  - \$5 copayment + **15% coinsurance\***
- Formulary Brand Name
  - \$20 copayment + **25% coinsurance\***
- Nonformulary Generic/Brand
  - \$25 copayment + 50% coinsurance

\*\$1,000 Formulary coinsurance maximum per person per benefit period. After maximum met, only copayment applies.

# Application Requirements

- Must be filed with NDPERS within 31-days of enrollment periods
- Applications required
  - Enrollment
    - NDPERS Group Health Application
    - EPO Selection Form (if applicable)
    - Out-of-Area Waiver (if applicable)
  - Waive Coverage
    - Waiver of Health
- Proper Documentation (see Employer Guide)

Note:  
Incomplete applications will be returned and can delay the coverage effective date.

# Notice of Change (SFN 10766)



- Name Change
- Marital Status Change
- Address Change
  - Carrier will be notified by  
NDPERS

# Notice of Status or Employment Change (SFN 53611)

- Employee Leave of Absence
- Classification Change Within Agency
- Reduction in Hours/Permanent to Part-Time Status
- Separation of Employment
  - Special Kits Being Developed to include:
    - Retirement
    - Deferred Retirement
    - Refund/Rollover
    - Disability

# Notice of Transfer (SFN 53706)

- Transfer of employment between participating employers.
- Transfer Kit has been developed.
- Notice of Transfer is employer notification form.
- Kit includes information regarding all NDPERS plans.

# Premium Payment

- Board/Commissions
  - Must be same or less than what is paid by employer on employees behalf
- Political Subdivision
  - Minimum employer contribution as of May 1, 2004 is 50% of single premium amount
  - Remaining premium may be paid by employee or employer
- State Agency, District Health Units, Garrison Diversion, or University System
  - Premium paid by 100% by employer
- Temporary/Part-time Employees
  - Premium Paid by either the employee or employer

# Rates

## ACTIVE EMPLOYEES

## EFFECTIVE 7-1-07

**“A” Rate**

**“B” Rate**

PER CONTRACT PER MONTH

\$658.08

\$664.66

## LEAVE OF ABSENCE/PART-TIME TEMPORARY

SINGLE

\$318.30

\$321.48

FAMILY

\$764.02

\$771.66

## COBRA RATES

SINGLE

\$324.58

\$324.58

FAMILY

\$779.22

\$779.22

# Employer Based Wellness Program

N.D.C.C.54-52.1-14. Wellness Program. The board shall develop an employer-based wellness program. The program must encourage employers to adopt a board-developed wellness program by either charging extra health insurance premium to nonparticipating employers or reducing premium for participating employers.

**1% Premium Discount**

# Overview of Program



- Our goal
  - To have 100% of our employers supporting a wellness message at their worksite
  - Have our members get a greater understanding of wellness
  - Create a better quality of life

# Overview of Program

- Commitment Agreement signed by agency head by July 15<sup>th</sup>
- Wellness Coordinator appointed by July 15<sup>th</sup>
- Wellness Coordinator attends or views online the Wellness Forum
- Distribute communication materials to agency employees on a monthly basis and promote the PERS Smoking Cessation Program
- Develop & submit Wellness Program (Wellness Discount Application) by September 30<sup>th</sup>
- Implement Wellness Program during plan year (July 1, 2007 through June 30, 2008)

# Overview of Program



- Total of 5 points needed
  - Communication materials and promotion of PERS Smoking Cessation program = 1 point (required)
  - One Day Program = 1 point
  - Multi-Day Program = 2 points
  - Comprehensive Wellness Plan = 4 points

# Services and Resources for Employers

- Objectives are to complement and encourage use of the member education programs available from BCBS and other resources



**PERS 5 A Day  
Challenge**



# Services and Resources for Employers

- NDPERS 5-a-day
- BCBS Walking Works
- BCBS Member Education
- American Heart Association
- NDSU Extension Services
- PERS Communications - Health Dialog posters and communications
- Others vary by employer
- Resource library available to employers

# Monthly Billing

- State Agency

- Due in NDPERS office by the 15<sup>th</sup> of the month
- Reconcile insurance billing with the deduction report from PeopleSoft
- Report add/deletion on final page of billing

- University System, District Health Units, Garrison, & Political Subdivisions

- Due by 10<sup>th</sup> of the month
- Reconcile insurance billing with the agency payroll report(s)
- Report add/deletion on final page of billing & return to NDPERS

Refer to the Employer Guide for Monthly Reconciling Procedures

# Contact Information



NDPERS

(800) 803-7377

(701) 328-3900

[ndpers-info@state.nd.us](mailto:ndpers-info@state.nd.us) (email)

[www.nd.gov/ndpers](http://www.nd.gov/ndpers) (web address)

# NDPERS Term Life Insurance



# Group Life Insurance

- NDCC 54-52.1
- Full-time and Part-time employees
  - State Agency
  - University System
  - District Health Units
  - Garrison Diversion Conservancy Dist
  - Political Subdivision
    - County
    - City
    - School District

# Employee Eligibility

- Full-time Employee
  - Works at least 20 hours per week for 20 or more weeks per year
  - Is at least 18 years of age
  - Holds a position that is regularly funded and not of limited duration
- Part-time/Temporary Employee
  - Works at least 20 hours per week for 20 or more weeks per year
  - Holds a position that is not regularly funded and is of limited duration
  - Must be medically underwritten & approved
- Paid members of Board/Commission

# Dependent Eligibility

- Legally married spouse
- Dependent children
- Adopted children
- Dependent children appointed by legal guardianship

# Enrollment Periods

- **Date of Hire**
  - No Evidence of Insurability required
  - No Evidence of Insurability for the 1<sup>st</sup> \$50,000 for spouse
  - Evidence of Insurability is require for all levels of coverage for temporary/Part-time employees
- **Qualifying Event**
  - No Evidence of Insurability required
  - No Evidence of Insurability for the 1<sup>st</sup> \$50,000 for spouse
  - Evidence of Insurability is require for all levels of coverage for temporary/Part-time employees
- **Annual Enrollment (OCT – NOV)**
  - Evidence of Insurability required for all levels of coverage
- **Life Change Event**
  - Employee responsible to remove dependent(s) who are no longer meet eligibility criteria

# Levels of Coverage

- Basic = \$1,300 (coverage paid by employer)
- Employee Supplemental \*

  - Up to \$200,000 total

- Basic Dependent \*

  - \$2,000 or \$5,000

- Spouse Supplemental \*

  - Up to 50% of Employee Supplemental amount

# Application Requirements

- Must be filed with NDPERS within 31-day of enrollment period
- Applications required
  - Life Insurance Enrollment/Change Form (SFN 53803)
  - Evidence of Insurability (if applicable)

# Notice of Change (SFN 10766)

- Name Change
- Marital Status Change
- Address Change
  - Carrier will be notified by NDPERS

# Notice of Status or Employment Change (SFN 53611)

- Employee Leave of Absence
- Classification Change Within Agency
- Reduction in Hours/Permanent to Part-Time Status
- Separation of Employment
  - Special Kits Being Developed to include:
    - Retirement
    - Deferred Retirement
    - Refund/Rollover
    - Disability

# Notice of Transfer (SFN 53706)

- Transfer of employment between participating employers.
- Transfer Kit has been developed.
- Notice of Transfer is employer notification form.
- Kit includes information regarding all NDPERS plans.

# Premium Payment

- Employer Paid
  - Basic Life
  - \$.28 per month
- Temporary/Part-time Employees pay 100%
- Employee Paid based on employee's age and level of coverage
  - Supplemental Life
  - Dependent Life
  - Supplemental Spouse Life

# Monthly Billing

- State Agency
  - Due in NDPERS office by the 15<sup>th</sup> of the month
  - Reconcile insurance billing with the deduction report from PeopleSoft
  - Report add/deletion on final page of billing
- University System, District Health Units, Garrison, & Political Subdivisions
  - Due by 10<sup>th</sup> of the month
  - Reconcile insurance billing with the agency payroll report(s)
  - Report add/deletion on final page of billing & return to NDPERS

Refer to the Employer Guide for Monthly Reconciling Procedures

# Contact Information

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[www.nd.gov/ndpers](http://www.nd.gov/ndpers) (web address)

# Employee Assistance Program



# Employee Assistance Program

- NDCC 54-52.1
- Full-time employees
  - State Agency
  - University System
  - District Health Units
  - Garrison Diversion Conservancy Dist

# Employee Eligibility

- Full-time Employee
  - Works at least 20 hours per week for 20 or more weeks per year
  - Is at least 18 years of age
  - Holds a position that is regularly funded and not of limited duration

# Dependent Eligibility

- Legally married spouse
- Dependent children
- Adopted children
- Dependent children appointed by legal guardianship

# Enrollment

- Automatically enrolled in the Employee Assistance Program when the employer enrolls the individual in the Basic Life Insurance plan

# Premium Payment

- Employer Paid
- Employer determines who EAP provider is for agency

St. Alexius EAP	\$1.42
MedCenter One EAP	\$1.40
The Village Family Services	\$1.42
Deer Oakes EAP	\$1.42

# Program Description

- Provide special assistance in guidance & counseling to determine appropriate diagnosis/treatment to employees and eligible dependents
- Educational seminars and brochures



# Services

- 6 individual sessions per issue per year
  - Phone counseling
  - Toll-free number
  - 24-hour crisis hot line
- 

# Range of Counseling Services

- Alcohol & drug dependence
- Job stress concerns
- Family/marriage problems
- Financial Issue
- Work-related problems
- Emotional problems
- Behavioral problems
- Gambling Issues
- Physical or sexual abuse
- Family Relationships

# Confidentiality

- The cornerstone of the EAP is the strict confidentiality 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.

# Monthly Billing

- State Agency
  - Due in NDPERS office by the 15<sup>th</sup> of the month
  - Reconcile insurance billing with the deduction report from PeopleSoft
  - Report add/deletion on final page of billing
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# NDPERS Voluntary Dental Insurance



# Voluntary Dental Insurance

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- NDCC 54-52.1
- Full-time employees
  - State Agency
  - University System
  - District Health Units
  - Garrison Diversion Conservancy Dist

# Employee Eligibility

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- Full-time Employee
  - Works at least 20 hours per week for 20 or more weeks per year
  - Is at least 18 years of age
  - Holds a position that is regularly funded and not of limited duration
- Part-time/Temporary Employee
  - NOT eligible

# Dependent Eligibility

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- Legally married spouse
- Dependent children
- Adopted children
- Dependent children appointed by legal guardianship

# Enrollment Periods

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- Date of Hire
- Qualifying Event
- Annual Enrollment (Oct – Nov)
- Life Change Event
  - Employee responsible to remove dependent(s) who are no longer meet eligibility criteria

# Plan Design

Services	Deductible	Coinsurance
<i>Preventive and Diagnostic Care (cleanings &amp; x-rays)</i>	None	100%
<i>Basic Restorative Care (fillings, oral surgery, periodontics)</i>	\$50 Per person, per year	80%
<i>Major Restorative Care (crowns, bridges, dentures)</i>	\$50 Per person, per year	50%
<i>Orthodontia</i>	None	50%

# Application Requirements

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- Must be filed with carrier within 31-days of enrollment period – they are not filed with NDPERS
- Applications required for:
  - **Enrollment**
    - Voluntary Dental Enrollment/Change Form
  - **Waive Coverage**
    - Voluntary Dental Enrollment/Change Form (waiver section)
    - Proper Documentation

# Notice of Change (SFN 10766)

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Employer must notify Carrier by submitting a FAX for a:

- Name Change
- Marital Status Change
- Address Change

# Notice of Status or Employment Change (SFN 53611)

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- Employee Leave of Absence
- Classification Change Within Agency
- Reduction in Hours/Permanent to Part-Time Status
- Separation of Employment
  - Special Kits Being Developed to include:
    - Retirement
    - Deferred Retirement
    - Refund/Rollover
    - Disability

# Notice of Transfer (SFN 53706)

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- Transfer of employment between participating employers.
- Transfer Kit has been developed.
- Notice of Transfer is employer notification form.
- Kit includes information regarding all NDPERS plans.

# Premiums

The following premiums are in effect  
January 1, 2007 through December 31, 2008:

	<b>Monthly Premium</b>
Employee only	\$ 32.20
Empl. & spouse	\$ 62.16
Empl. & child(ren)	\$ 72.16
Family (employee spouse, children)	\$102.12

# Premium Payment

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- All premium is collected from employee by payroll deduction
- Premium is due in Carrier's office by the 15<sup>th</sup> of the month
- Employer must reconcile with the a payroll deduction report
- Report any additions/deletions to NDPERS
- Keep a copy

Refer to the Employer Guide for Monthly Reconciling Procedures

# Contact Information

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# NDPERS Voluntary Vision Insurance



# Voluntary Vision Insurance

- **NDCC 54-52.1**
- **Full-time employees**
  - State Agency
  - University System
  - District Health Units
  - Garrison Diversion Conservancy Dist

# Employee Eligibility

- **Full-time Employee**
  - Works at least 20 hours per week for 20 or more weeks per year
  - Is at least 18 years of age
  - Holds a position that is regularly funded and not of limited duration
- **Part-time/Temporary Employee**
  - NOT eligible

# Dependent Eligibility

- **Legally married spouse**
- **Dependent children**
- **Adopted children**
- **Dependent children appointed by legal guardianship**

# Enrollment Periods

- **Date of Hire**
- **Qualifying Event**
- **Annual Enrollment (Oct – Nov)**
- **Life Change Event**
  - Employee responsible to remove dependent(s) who are no longer meet eligibility criteria

# Plan Highlights

Services – once every 12 months	Lifetime Deductible	Benefit Amount
<b>Vision Examination</b>	<b>None</b>	<b>Up to \$40</b>
<b>Frames</b>	<b>\$40</b>	<b>Up to \$40</b>
<b>Lenses* (Per Pair)</b> <b>Single Vision</b> <b>Bifocal</b> <b>Trifocal</b> <b>No Line Bifocal or Progressive</b> <b>Lenticular (cataract surgery)</b>	<b>None</b>	<b>Up to \$35</b> <b>Up to \$50</b> <b>Up to \$65</b> <b>Up to \$70</b> <b>Up to \$70</b>
<b>Contact Lenses*</b>	<b>\$40</b>	<b>Up to \$75</b>

\*Benefits will be paid for either glasses or contact lenses once every 12 months.

# Application Requirements

- **Must be filed with carrier within 31-days of enrollment period – they are not filed with NDPERS**
- **Applications required for:**
  - **Enrollment**
    - **Voluntary Vision Enrollment/Change Form**
    - **Proper Documentation**
  - **Waive Coverage**
    - **Voluntary Vision Enrollment/Change Form (waiver section)**

# Notice of Change (SFN 10766)

**Employer must notify Carrier by submitting a FAX for a:**

- **Name Change**
- **Marital Status Change**
- **Address Change**

# Notice of Status or Employment Change (SFN 53611)

- **Employee Leave of Absence**
- **Classification Change Within Agency**
- **Reduction in Hours/Permanent to Part-Time Status**
- **Separation of Employment**
  - **Special Kits Being Developed to include:**
    - Retirement
    - Deferred Retirement
    - Refund/Rollover
    - Disability

# Notice of Transfer (SFN 53706)

- **Transfer of employment between participating employers.**
- **Transfer Kit has been developed.**
- **Notice of Transfer is employer notification form.**
- **Kit includes information regarding all NDPERS plans.**

# Premium Information

## 2007 Premium Amounts

- **Individual only** **\$ 5.16**
- **Individual & spouse** **\$10.32**
- **Individual & child(ren)** **\$ 9.40**
- **Family** **\$14.56**

# Premium Payment

- **All premium is collected from employee by payroll deduction**
- **Premium is due in Carrier's office by the 15<sup>th</sup> of the month**
- **Employer must reconcile with the a payroll deduction report**
- **Report any additions/deletions to NDPERS**
- **Keep a copy**

Refer to the Employer Guide for Monthly Reconciling Procedures

# Contact Information

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# NDPERS Long-Term Care Insurance



# Long-Term Care Insurance

- NDCC 54-52.1
- Full-time employees
  - State Agency
  - University System
  - District Health Units
  - Garrison Diversion Conservancy Dist

# Employee Eligibility

- **Full-time Employee**
  - Works at least 20 hours per week for 20 or more weeks per year
  - Is at least 18 years of age
  - Holds a position that is regularly funded and not of limited duration
- **Part-time/Temporary Employee**
  - NOT eligible

# Dependent Eligibility

- Legally married spouse

# Enrollment Periods

- Any time
- Coverage begins upon approval
- Increase/Decrease anytime
- Premiums are based on age of applicant
- Rates will not increase with age

# When Benefits Begin

- Benefits begin after 90 days
- Loss of Functional Capacity
  - Loss of 2 of 6 activities of daily living
- Cognitive Impairment
  - Deterioration or loss of intellectual capacity
- Under care of a Physician

# Activities of Daily Living (ADL's)

- Bathing
- Dressing
- Toileting
- Transferring
- Continence
- Eating

# Cognitive Impairment

- Deterioration/Loss intellectual capacity
  - Memory
  - Orientation
  - Deductive reasoning
- Results from
  - Advanced age
  - Alzheimer's disease
  - Irreversible dementia

# Benefit Duration

## Lifetime Maximum

\$108,000

\$180,000

- A Bank of Dollars
- Depletes as you receive benefits

# Levels of Care

- Nursing Home/Long Term Care Facility
  - \$3,000 Monthly Benefit
- Assisted Living Facility
  - \$1,800 Monthly Benefit
- Professional Home Care
  - \$50 Daily Benefit
- Total Home Care
  - \$1,500 Monthly Benefit

# Additional Plan Features

- Paid Up Feature
  - Protection for non-payment of premium
    - Coverage must be in force for 5 Years
    - # of years you paid premiums
- Inflation Protection
  - Protects benefit from inflation
    - Increase equal to 5% of original benefit

# Application Requirements

- Long-Term Care Benefit Election Form
- Long-Term Care Insurance Benefit Application
- File with carrier

# Notice of Change (SFN 10766)

- Name Change
- Marital Status Change
- Address Change
  - Employee must notify carrier

# Notice of Status or Employment Change (SFN 53611)

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  - Special Kits Being Developed to include:
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    - Disability

# Notice of Transfer (SFN 53706)

- Transfer of employment between participating employers
- Transfer Kit has been developed
- Notice of Transfer is employer notification form
- Kit includes information regarding all NDPERS plans

# Premium Payment

- Upon employee approval by the carrier NDPERS will be notified
- NDPERS will then notify the employer
- Employer will set up payroll deduction through PeopleSoft
- Employer will remit monthly premium to NDPERS by the 15<sup>th</sup> of the month

# Contact Information

**NDPERS**

**(800) 803-7377**

**(701) 328-3900**

**ndpers-info@state.nd.us (email)**

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