



North Dakota Public Employees Retirement System

Non-Central Payroll Administration Manual

For ReliaStar Dental Plan





EMPLOYEE BENEFITS



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Introduction

Thank you for sponsoring Voluntary Dental Insurance. We're confident that this product will enhance the value of your employee benefit program.

This guide has been designed as a reference tool to address questions that you may have about Voluntary Dental Insurance. If you can't find the answer to your question, please refer to the Quick Plan Reference in this guide for the appropriate contact.

We look forward to serving you in the years ahead. The ReliaStar employees that will be servicing your account are listed on the Quick Plan Reference on page 4. Please do not hesitate to contact us, should you require assistance.

Quick Plan Reference

Group Name: North Dakota Public Employees Retirement System

Your Plan Number is: GH-28275-8
(please use it on all correspondence)

Your Plan Anniversary Date is: January 1

| | |
|--|--|
| Contact us at the following address or phone number with your administration and billing questions: <ul style="list-style-type: none">• General policy and coverage questions• Service type requests• Eligibility questions• Plan renewal | Ruth Bahnemann, Account Executive ING Employee Benefits Regional Office 100 Washington Square, Suite 730 Minneapolis, MN 55401 ☎ 1-800-213-0613 or (612) 342-7050 ☎ FAX: (612) 342-3646 ✉ Email: ruth.bahnemann@us.ing.com |
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| | |
|--|--|
| The premium submission address is: <i>Your premium is due on the Due Date indicated on your Statement of Payment Due.</i> | ReliaStar Life Insurance Company 22624 Network Place Chicago IL 60673-1226 |
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| | |
|--|---|
| For questions related to your Statement of Payment Due and/or premium payment: | The name of your Billing Administrator is provided on your Statement of Payment Due. Please call: ☎ 1-800-955-7736 |
|--|---|

| | |
|---|---|
| Enrollment <ul style="list-style-type: none">• Submit enrollment forms• Adds/changes/cancels | Paul Wilkins, Dental Enrollment Specialist ING Employee Benefits P O Box 20 Route number 7544 Minneapolis MN 55440-0020 ☎ 1-800-955-7736 or 612-342-7092 ☎ FAX: 612-372-5791 ✉ Email: paul.wilkins@us.ing.com |
|---|---|

| | |
|--|---|
| Dental Claims: <ul style="list-style-type: none">• To file a Dental Claim• To discuss claim procedures• Dental eligibility questions | WellPoint Dental Services A Division of UNICARE Life & Health Insurance Company PO Box 9200 Oxnard CA 93031-9200 ☎ 1-877-527-6173 |
|--|---|

Eligibility

When can an employee enroll in this coverage?

New employees will have 31 days following their permanent employment date to enroll in this dental plan. Employees who do not enroll within 31 days may enroll during the annual enrollment season each year from October 1 through November 15.

When can employee's spouse and/or children enroll in this coverage?

The employee must enroll in the coverage in order for the spouse and/or dependent children to enroll. An employee can enroll their spouse and any eligible child(ren) either at the time of initial enrollment of the member or during the annual enrollment season. For full definition of dependent child, refer to the certificate booklet.

Note: If the employee or eligible dependent is re-enrolling in this coverage, they must complete the three-year Re-Enrollment Restriction Period. (This does not apply to re-hires.)

Change of Family Status

In the case of a qualifying event (i.e., marriage, birth, death, divorce, etc.) an employee is eligible to change their dental insurance coverage election. A Dental Insurance Enrollment/Change Form must be completed and sent to the Enrollment Specialist at ReliaStar. This must be done within 31 days of the change.

Waiver of Coverage

If an eligible member elects not to enroll their eligible dependent(s) in the dental plan, the Waiver of Dental Coverage section of the Dental Insurance Enrollment/Change Form must be completed to indicate which dependent(s) are not being covered. Completing a waiver on a dependent does not prohibit the dependent from being added to the plan at a later date either due to a qualifying event or during the annual enrollment season.

Enrollment

ANNUAL ENROLLMENT

Annual enrollment for the Voluntary Dental plan is done each year in October 1 through November 15. Coverage enrolled at that time will be effective January 1 of the following year. Newly enrolled employees will appear on the January 1 eligibility report.

ON-GOING ENROLLMENT

Key steps in the on-going enrollment process are listed below:

1. New employees receive and return completed enrollment forms to their Payroll/Human Resource Office within 31 days of their permanent employment date or change of family status.
2. You review the forms for any errors or omissions and send the completed enrollment forms to the Enrollment Specialist who is listed in the Quick Plan Reference of this Guide. We prefer that you send them via fax. See the Quick Plan Reference on page 4 for the fax number.
3. ReliaStar's Enrollment Specialist will process the enrollment forms.
4. ReliaStar will provide you with an Eligibility Report that is run on the sixth working day of each month.

Enrollment Forms

The NDPERS central office in Bismarck will provide you with a supply of Dental Insurance Enrollment/Change Forms. The form is also available on the NDPERS website www.discovernd.com/ndpers. Please contact the NDPERS main office if you need additional copies of the form.

Completed Enrollment Forms should be faxed to the Enrollment Specialist identified in the Quick Plan Reference section of this manual (page 4). Please be certain to check the fax confirmation sheet to assure that the fax transmitted properly.

Effective Date of Coverage

New Hires

Employees must elect coverage within 31 days of their hire date. Coverage for new hires will be effective on the first day of the month following the date of permanent employment. If they do not elect coverage within 31 days they must wait until the annual enrollment period to enroll.

You will need to communicate the coverage effective date for all new hires to the Enrollment Specialist via the Dental Insurance Enrollment/Change Form.

Annual Enrollment

Coverage enrolled during the annual enrollment season will be effective January 1 of the following year. Newly enrolled employees will appear on the January 1 eligibility report.

Certificate Booklets/I.D. Cards

I.D. CARDS AND CERTIFICATE (PLAN BOOKLET) DISTRIBUTION

A supply of generic ID cards and certificate booklets will be kept in each Payroll Office that offers the ReliaStar Dental Insurance Plan to its eligible employees. When an employee turns in their completed Enrollment form, you need to provide them with the following materials:

1. ID Card
2. Dental Plan Booklet (or website address to access booklet electronically)
3. Copy of ING's Privacy Statement

Additional cards and booklets should be kept on hand in the event that an insured needs a replacement.

The I.D. card should be presented to the provider when the insured person receives dental services. The certificate booklet describes the benefits provided under your plan and is the employee's written record of plan benefits.

I.D. CARDS AND PLAN BOOKLET SUPPLY ORDERING

The I.D. cards and plan booklets will be stocked at the NDPERS central office in Bismarck and can be ordered by submitting a forms request on-line at www.discovernd.com/ndpers or by calling (701) 328-3974.

Changes and Terminations

The insured may have cause to request cancellation or a change of his/her coverage. The following changes should be communicated to ReliaStar:

- Change of Address
- Change of Name
- Addition or Deletion of Dependents
- New Hire
- Termination
- Cancellation of Coverage
- Change of Agency
- Loss of other Dental Coverage
- Retirement
- COBRA Enrollment

Processing a Request for a Cancellation or Change

1. Complete the Dental Insurance Enrollment/Change Form and have it signed by the employee.
2. Send the completed form to the Enrollment Specialist identified in the Quick Plan Reference section of this manual.

If you have questions, call your Account Manager listed in the Quick Plan Reference section of this manual.

Terminations

When an employee's dental coverage is terminating due to resignation, departmental transfer or retirement, you will need to complete a Dental Insurance Enrollment/Change Form. You (the Payroll Contract) may sign the form if the terminating employee's signature is not readily available. Please fax this form to the Enrollment Specialist.

Eligibility Confirmation

An eligibility file will be transferred electronically from ReliaStar to you on the sixth working day of each month. The file will contain the following information:

- Employee's Name
- Social Security Number
- Premium Amount
- Level of Dental Coverage

This file can be used as a tool to confirm eligibility, confirm that adds/changes/terminations have been processed, and verify the number of eligible lives in the plan for use in completing the Monthly Premium Statement. This report should not be returned to ReliaStar with the premium payment. It is a tool for your use only. We are unable to add or delete employees from the plan via the Eligibility Report. All changes must be communicated using the Dental Insurance Enrollment/Change Form. The form can be faxed to Paul Wilkins at (612) 372-5791 or you can send an e-mail to Paul.Wilkins@us.ing.com. An employee's signature is required for enrollment changes. You (the Payroll Contact) will need to sign the form authorizing the change.

Premium Payment

(Please refer to the sample invoice that is located in the Appendix Section of this Manual.)

How to Process

A monthly Premium Statement will be sent to you including a pre-addressed return remittance envelope. The Premium Statement will display premium numbers based on the previous month's enrollment in each class of dental coverage. Each month you must complete the Premium Statement on each policy number and billed organization for which you are remitting premium.

The items listed below must be completed on the Premium Statement:

Note: Shaded items will be pre-printed on the Premium Statement.

| | |
|--|--|
| Invoice No. | The invoice number assigned to the Premium Statement. <i>Please write the invoice number on your check.</i> |
| Group Benefit Plan Number | The group number as given in the group contract. |
| Billing Period | Beginning and ending dates of coverage for which premium is due. |
| Billed Organization | The name of the billed company or division. |
| Total Payment Due Date | The month, day and year when all premium is due for the stated billing period. |
| Coverage/Description | The appropriate descriptions for the plan benefits, each on a separate line. |
| Rate | The premium rate for each level of coverage. (Employee only, employee plus child(ren), etc.) |
| Adjustments | Enter any premium adjustment that normally would have been reflected in a previous month's statement but is being reported on the current statement. Give a brief explanation on the bottom of the form. |
| Total Premium Due (for each Coverage) | For each coverage, enter the sum of the "Estimated Premium" and the "Adjustments". |
| Total Premium Due | Enter the sum of the Total Premium Due column. |
| Amount Enclosed | Enter the amount of your payment. |

Premium Payment cont.

Sending in Your Premium Payment

After completing the Premium Statement, make a copy for your files. Be sure to use our standard pre-addressed premium payment envelope sent to you each month with your Premium Statement. Send the following items to our payment processing center:

1. Your total payment equal to the amount on the Amount Enclosed line on the statement.
2. Your completed Premium Statement. **Note: Checks submitted without a statement will greatly delay processing and may not be applied to your account. Lapse of your group's benefits could result.**

IMPORTANT

Make all checks payable to: **ReliaStar Life Insurance Company**

(It is important to include your group benefit plan number and invoice number on each check)

The premium remittance address is:

ReliaStar Life Insurance Company
22624 Network Place
Chicago, IL 60673-1226

Lapse Procedure

A grace period of 31 days after the due date is standard allowance for remittance of premium payment. Consult your group contract for your exact grace period. If payment is not received within the grace period, the group coverage will automatically lapse.

Lapse of the group coverage will result in a "hold" being placed on dental claims processing until premium is received at ReliaStar. It is imperative that premium be remitted in a timely manner to avoid an interruption in claim payments.

Refer to the **Lapse Procedure** section of this manual for complete information.

Questions?

For premium statement or payment related questions, call your Account Manager listed in the Quick Plan Reference section of this manual or the Billing Administrator named on your Statement of Payment Due.

Lapse Procedure

Summary of Billing Cycle

We produce and mail each Statement of Payment Due ten days prior to the payment due date.

When we do not receive timely premium payments from you, it is our procedure to follow up with the appropriate correspondence to remind you of payments past due.

A Reminder Letter will be mailed to you if we have not received payment by 17 days after the payment due date, as indicated on your Statement of Payment Due.

A Lapse Letter will be mailed if your payment has not been received by the end of your grace period (as stated in your group contract). This letter will state that your coverage has lapsed and give you the effective date of the lapse.

A Grace Period Premium Letter will be mailed to you approximately three weeks after a lapse of coverage has occurred. This letter will request premium payment for coverage that was continued during the grace period.

Lapse Procedure

A grace period of 31 days after the due date is standard allowance for remittance of premium payment. Consult your group contract for your exact grace period. If payment is not received within the grace period, the group coverage will automatically lapse.

Lapse notification is sent to your plan administrator at the end of the grace period. Claims incurred after the end of the grace period will not be paid until your premium payment is received.

If you allow your policy to lapse and do not plan to replace it by another policy or plan providing similar coverage, you are required to distribute a Lapse Notice to all covered employees (and to all owners of coverage if other than the employees). A template of the Lapse Notice is provided on the following page in this manual. Please produce a duplicate of the template omitting the page number at the bottom of the page. On your template, enter the current date and the effective date of lapse. Add your group name and group policy number if not already displayed. Produce and distribute copies of the Lapse Notice to your employees at least 10 days prior to the date of policy cancellation.

Please note: If employees contribute to the cost of coverage under this policy, state law may require that if you or any other entity continue to collect contributions for coverage beyond the date the policy is cancelled, that you or the other entity may be held solely liable for the benefits with respect to which the contributions have been collected.

If you have questions, call your Account Manager listed in the Quick Plan Reference section of this manual or the Billing Administrator named on your Statement of Payment Due.



EMPLOYEE BENEFITS

ReliaStar Life Insurance Company
20 Washington Ave South
Minneapolis, MN 55401

LAPSE NOTICE

For Distribution to All Owners of Coverage Insured under the Policy

Date: _____

Group Name: _____

Group Policy Number: _____

This notice is being sent to inform you that the policy noted above will be cancelled due to non-payment of premium effective 12:01 AM, _____. All coverage under the policy will end on this date. Unless otherwise provided for in the policy, the insurance company will not be liable for any claims or losses incurred after this date.

You are urged to refer to your policy or certificate of coverage in order to determine what rights, if any, are available to you at this time.

Customer Service
Worksite Administration
1-800-955-7736

Dental Claim Submission

ReliaStar strives for the prompt payment of Dental claims. All claims are to be submitted to the Claim Center identified in the Quick Plan Reference section of this manual.

The employee, their covered dependent(s) or the dental care provider must send a proof of claim or an itemized bill. Claims submitted must include:

- Employee's name
- Patient name
- Employee's social security number
- Group plan number

When the claim is received, the plan may require that the employee or their covered dependent(s) provide additional information.

Unless your state requires longer timeframes, claims should be sent to the Claim Center within 90 days after the date of service or as soon as reasonably possible. Unless prohibited by state law, claims will not be accepted more than one year and 90 days following the date of service, except in the case of legal incapacity.

Important Information about Claims Filing

We recommend a pretreatment estimate for charges expected to exceed \$350.00.

If the provider requests electronic payment, the Payer ID Number, 80314, must be included when submitting the claim.

Plan Design

Questions about the plan design and available benefits can be answered by:

1. Referring to the certificate booklet, or
2. Calling the Claim Center identified in the Quick Plan Reference section of this manual.

GROUP DENTAL PLAN COBRA ADMINISTRATION PROCEDURES

The following procedures will apply to administration of COBRA continuation for terminating and retiring participants in the group dental plan.

1. Each dental plan participant, leaving employment for any reason, must be given a NDPERS Continuation of Group Dental Insurance Coverage (COBRA) Form (SFN 53266).
2. The authorized payroll agent must complete Part A providing the name and address of the member, and complete Section C and sign and date the form.
3. The terminating employee must read and complete Section B, and return the form to the form to NDPERS within 60 days from the date of termination.
4. If the employee does not return the Continuation of Group Dental Insurance Coverage (COBRA) Form, at the end of the 60 days, the agency must make a copy of the form for its files and send a copy of the form to NDPERS. This is a mandatory step in order to ensure COBRA compliance under federal law.
5. Upon receipt, NDPERS will verify coverage, collect the premiums, and forward the required paperwork to ReliaStar.
6. NDPERS will reconcile the monthly COBRA billing.

Dental Administration Forms

The following Dental Administration forms can be ordered from NDPERS by submitting a forms request on-line at www.discovernd.com/ndpers or by calling (701) 328-3974:

1. Dental Insurance Enrollment/Change Form
2. Continuation of Group Dental Insurance Coverage (COBRA) Form (SFN 53266)
3. I.D. Cards
4. Plan Booklets
5. Sample Premium Statement

APPENDIX

WellPoint Dental ID Card