

# Perspectives

FOR RETIRED  
MEMBERS  
OF THE  
NORTH DAKOTA  
PUBLIC  
EMPLOYEES  
RETIREMENT  
SYSTEM

SPRING 2007 • VOLUME 16, NUMBER 1

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This newsletter is published by  
the North Dakota Public  
Employees Retirement System  
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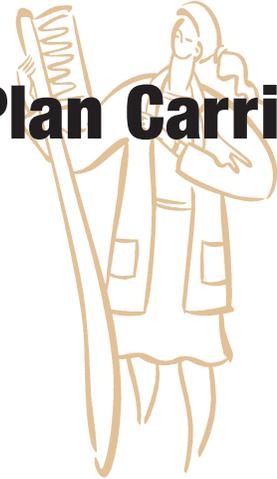
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## CIGNA Your NEW Dental Plan Carrier



On January 1, CIGNA became the new carrier for the state's group dental plan. If you were previously enrolled in the plan with ING/Reliastar, you were automatically enrolled in the CIGNA plan effective January 1, 2007 unless you opted to cancel your coverage. Notice was sent to the home addresses of all ING/Reliastar participants on record as of December 1, 2006.

With the change in carrier, there are some administrative changes. Following is information we hope you find useful in accessing dental services and expediting your claims processing:

- **Member ID Card:** ID cards are available and may be printed from the PERS web site at [www.nd.gov/ndpers](http://www.nd.gov/ndpers). Select Forms & Publications from the menu and then the Group Dental Plan Insurance. The card contains the NDPERS group account number 3328472 as well as the necessary information for you or your provider to file a claim. This card DOES NOT contain your Member ID number. To obtain your Member ID number, you must register on the [myCIGNA.com](http://myCIGNA.com) web site or call CIGNA Customer Support.

- **Member ID Number:** Your Member ID number is a unique number used to identify each plan participant. It starts with a 'U' followed by 9 digits and an individual identifier number beginning with 01 for the subscriber, 02 for the spouse, 03 for first dependent, etc. You have two options available to obtain your Member ID number:

1. If you have not already done so, go to [myCIGNA.com](http://myCIGNA.com) web site home page and

- select the register button. Complete the personal information as requested. Where it asks for Member ID, provide your social security number and select continue. This will take you to the registration screen. After completing this step you can continue and will be provided with a profile of your account. You may download and print your Member ID card(s) which contains coverage information as well as your personal Member ID number and NDPERS group account number.

2. If you do not have access to the internet, call CIGNA Customer Support at 1.800.244.6224. Respond 'dental' for type of coverage and 'eligibility' for type of information. A customer service representative will then ask you to verify some personal information before providing you with your Member ID number. CIGNA will not mail out ID cards so record the number and retain it for future reference.

- **Member Resources:** At [myCIGNA.com](http://myCIGNA.com), you also have convenient access to your personalized information and a variety of on-line resources. At [myCIGNA.com](http://myCIGNA.com) you can:

- Download and print dental claim forms,

...continued inside



**Medicare Eligible Retirees**

Following are the proposed premiums effective July 1, 2007. The current premium amount will not be reflective of your current rate if you have a health insurance credit offset. These premiums are being provided for planning purposes only and may be subject to change contingent on the outcome of the legislative session.

	Current Premium	Proposed 7/1/07	Percent Increase
A&B Single	\$175.72	\$ 214.00	21.8%
A&B Family	\$341.88	\$ 418.28	22.3%
Family (1/1*)	\$495.22	\$621.70	25.5%

\*One Medicare and one non-Medicare

The above rates include the rate for your Medicare D prescription drug coverage and are effective through December 31, 2007. Medicare D rates are subject to change January 1, 2008 subject to the Centers for Medicare & Medicaid Services (CMS) guidelines.

Following is the benefit schedule for your MedicareBlue Rx (Medicare D) prescription drug coverage for in-network retail

formulary drugs for each 31 or 90-day supply of an authorized prescription drug and for a 90-day supply of an authorized mail order drug.

	Copayment	Coinsurance
Generic drugs	\$5	15%
Preferred Brand drugs	\$15	25%
Brand Name drugs	\$25	50%
Specialty drugs	\$15	25%

After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:

- \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or
- 5% coinsurance.

For further details, refer to the "Group MedicareBlue Rx 2007 Summary of Benefits Option E" on the NDPERS website at [www.nd.gov/ndpers](http://www.nd.gov/ndpers).

**Following are the Medicare premium, deductible, and coinsurance rates that are in effect in 2007:**

- Part B: (Medical Insurance) Premium**
- \$93.50 per month

**Medicare Deductible and Coinsurance Amounts for 2007:**

**Part A:** (pays for inpatient hospital, skilled nursing facility, and some home health care). For each benefit period Medicare pays all covered costs except the Medicare Part A deductible (2007 = \$992) during the first 60 days and coinsurance amounts for hospital stays that last beyond 60 days and no more than 150 days.

**For each benefit period you pay:**

- A total of \$992 for a hospital stay of 1-60 days.
- \$248 per day for days 61-90 of a hospital stay.
- \$496 per day for days 91-150 of a hospital stay (Lifetime Reserve Days).
- All costs for each day beyond 150 days.

**Skilled Nursing Facility Coinsurance**

- \$124.00 per day for days 21 through 100 each benefit period.

**Part B:** (covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment).

- \$131.00 per year. (Note: You pay 20% of the Medicare-approved amount for services after you meet the \$131.00 deductible.)

Additional information about the Medicare premiums, deductibles, and coinsurance rates for 2007 is available in the September 16, 2006 Fact Sheet titled, "Medicare Premiums and Deductibles for 2007" on the [www.cms.gov](http://www.cms.gov) website.

2007 Legislative Update North Dakota Public Employees Retirement System			
Bill No.	Sponsor	Summary	Committee Action
SB2044	PERS	Would allow the Board to provide for a one-time post-retirement payment equal to 75% of the member's, beneficiary's, disability retiree's or prior service retiree's current monthly benefit payment amount payable in January of either 2008 or 2009, if the trust fund's total annualized return on investments is at least 9.16% for the fiscal year ending June of 2007 or 2008, applicable to both the Hybrid Plan (except the Judges retirement plan) and the Highway Patrol Retirement System. This is a potential one-time payment in the biennium.	Passed in the Senate  Passed in the House  Signed by the Governor
SB2050	PERS	Would increase the required monthly contribution to the Retiree Health Benefit Fund from 1.00% of monthly salary to 1.15% of monthly salary and increase the monthly retiree health credit from \$4.50 per year of credited service to \$5.00 per year of credited service. There is also a corresponding contribution rate increase for non-teaching employees of the superintendent of public instruction with a higher contribution rate for a specified period that is intended to fund past service.	Passed in the Senate  Failed in the House
SB2051	PERS	Would increase the employer contribution rate from 16.7% to 20.65% of salary for the Highway Patrolmen's Retirement System and from 4.12% to 5.12% of salary for the Hybrid Plan and Defined Contribution Plan. In addition, the proposed legislation would provide for an increase of 2% of monthly retirement benefits to retirees and their beneficiaries in both the Hybrid Plan and the Highway Patrolmen's Retirement System effective August 1, 2009.	Passed in the Senate  Failed in the House

## Rural Route Address Update

NDPERS wants to hear from you. We have numerous incorrect or insufficient addresses on file resulting in undeliverable mail. So we must update our mailing database. If you have recently moved or have had a temporary change of address, please submit a Notice of Change form (form number SFN 10766) to PERS to update your address to the U.S. Postal Service approved address. An example of an undeliverable address would be “Rural Route 1”; an example of the correct address would be “28861 182nd Ave. West”.

If you have an address change, a copy of the Notice of Change form is available on our website at [www.state.nd.us/ndpers/forms-and-publications/forms-pubs-db.html](http://www.state.nd.us/ndpers/forms-and-publications/forms-pubs-db.html). You may request the form by phone at 1-800-803-7377 or 328-3600.

You may also submit your address change in writing to PERS (be sure to sign the letter and include your social security number).

To complete the Notice of Change form for an address change:

- Go to Part A, Member Information, and complete your name, social security number, department name, department number

and daytime telephone number; if you are a retiree, please complete your name, social security number and daytime telephone number

- Go to Part C, Address Change
- Enter the effective date
- Enter your former address and new address
- Sign Part G, Authorization

*Thank you for your cooperation in this matter.*

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