

Perspectives

FOR RETIRED
MEMBERS
OF THE
NORTH DAKOTA
PUBLIC
EMPLOYEES
RETIREMENT
SYSTEM

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This newsletter is published by the North Dakota Public Employees Retirement System
Box 1657, Bismarck, ND 58502
701-328-3900

Toll free: 1-800-803-7377
nd.gov/ndpers

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NDPERS Board Reviews Annual Actuarial Valuations

At its November meeting, the NDPERS Board reviewed the annual actuarial valuations as of June 30, 2011 with the systems' actuary, The Segal Company. Valuations were presented for the NDPERS Fund which includes the Main System, Judges, National Guard and Law Enforcement Systems. The actuary also reported on the status of the Highway Patrol and Job Service Systems and the Retiree Health Insurance Credit Program (RHIC). See below for a review of the funds' assets both at market value and actuarial value; the market value return on assets; liabilities and the funded status.

of active members for NDPERS and the Highway Patrol combined is 20,695 and the average age is 47.2 years.

- The number of pensions in force in the Main System is 6,990 and the average age of these pensioners is 72.2 years. The number of pensions in force for NDPERS and the Highway Patrol combined is 7,055 and the average age is 72.2 years.
- During fiscal year ended June 30, 2011, 552 new pensions were awarded. Since benefits became payable, a total of 9,985 retirement pensions have been paid of which 7,055 remained on the June 2011 rolls.

RETIREMENT SYSTEMS	ASSETS		ACTUARIAL VALUE \$\$\$	LIABILITIES \$\$\$\$	FUNDED STATUS
	MARKET VALUE \$\$\$	%Return			%
NDPERS Fund	1.7 billion	21.1	1.6 billion	2.3 billion	70.5
Highway Patrol	52.7 million	21.2	49.5 million	67.1 million	73.7
Job Service	85.7 million	15.8	74.2 million	68.2 million	108.7
Retiree Health	58.7 million	20.7	53.7 million	108.3 million	49.6

- The returns on investment for the NDPERS, Highway Patrol and RHIC funds exceeded the 8% assumed rate of return. The Job Service fund exceeded its assumed rate of return of 7.5%.
- The number of active members in NDPERS is 20,359 and the average age of these members is 47.3 years. The number

- The average monthly pension benefit is \$959 and the average age is 72.2 years.

More information about the performance and demographics of specific funds is available on our web site at www.nd.gov/ndpers under NDPERS News and select Actuarial Valuation.

What is Your NDPERS Member ID?

If you have called the NDPERS office over the last year, or completed any NDPERS forms you have been asked for your PERSLink member ID number. We receive many questions related to “What is my member ID number?” or “How do I find out what my member ID is?”

In October of 2010, NDPERS launched its new business system – PERSLink – “Your Online guide to Benefits Administered by NDPERS.” The new system includes functionality for each of the plans administered by NDPERS and will include web-enabled self-service functionality for members, retirees, beneficiaries, and employers.

One of the features of our new system is the ability to assign each member a unique NDPERS Member ID. This ID is the primary identifier to access your personal and confidential information. As a member, all documents you receive from NDPERS will contain this unique Member ID in lieu of your social security number.

Prior to the PERSLink system going live in October of 2010, you were sent a letter that contained your personal ID number. If you are an active employee and have misplaced this document, your payroll/human resource department can provide you with your number. If you are retired, contact the NDPERS office for assistance. Also, for an additional reference, refer to any personal correspondence you have received from the PERS office. You will find the Member ID printed in the upper right-hand area of the page.

We expect to have the PERSLink Member Self-Service (MSS) portal available sometime in the first half of 2012. You will be notified when this service becomes functional.

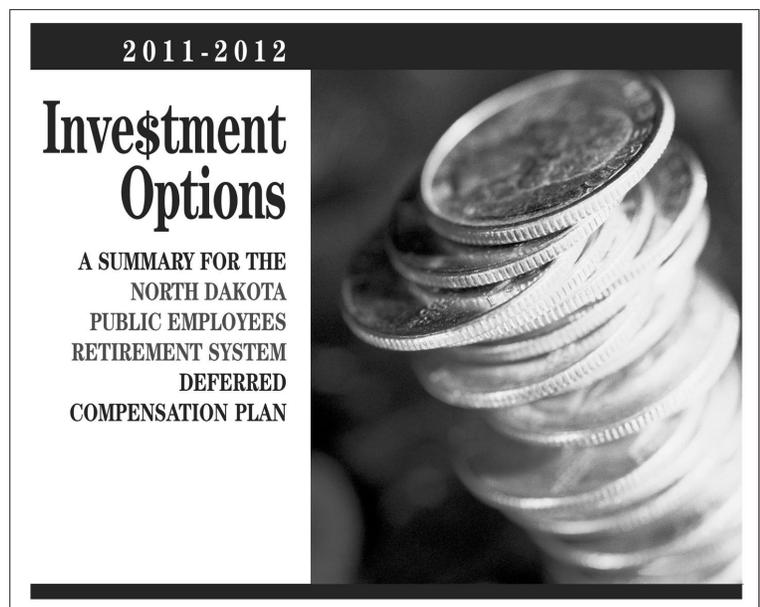
2012 Medicare Premiums, Deductibles and Coinsurance

The standard monthly Part B premium and deductible will both decrease by just over 13 percent and the Part A deductible and coinsurance will increase by just over 2 percent. The following table shows the changes that will be effective January 1, 2012:

Cost-Sharing Requirement	2011	2012
Standard Monthly Part B Premium	\$115.40	\$99.90
Medicare Part B Deductible	\$162.00	\$140.00
Base Part D Beneficiary Premium	\$32.34	\$31.08
First-Day Part A Hospital Deductible	\$1,132.00	\$1,156.00
Daily Part A Coinsurance for the 61st through 90th Day of a Hospital Stay	\$283.00	\$289.00
Daily Part A Coinsurance for Hospital Stays Longer than 90 Days	\$566.00	\$578.00
Daily Part A Coinsurance for the 21st through 100th day in a Skilled Nursing Facility	\$141.50	\$144.50

Investment Options Summary

The updated Investment Options Summary for the NDPERS 457 Deferred Compensation Plan is now available. The booklet contains information on all the providers and investment options available in the plan. Inside you will find a description of the investments options available and the contact information for all the active providers. For each provider, all the investments are listed along with their investment objective, associated expenses and historical performance. The investment options summary is located on the NDPERS web site at: <http://www.nd.gov/ndpers/forms-and-publications/publications/investment-options.pdf>.



Taking Your Meds for the Long Haul

Taking medications isn't always easy. Side effects, high costs and uncertainty about whether a drug is working are some reasons people quit taking their medications. Blue Cross Blue Shield of North Dakota (BCBSND) wants to help members stay on track with their medications.

For the medications to be effective, patients must stick to the prescribed regimen. That's true whether you're finishing a course of antibiotics or taking a maintenance medication daily for high blood pressure.

Take as Directed

Doctors usually assume their patients are taking their medications as prescribed. Because doctors are seen as the authority figure, patients can be reluctant to tell their physicians they are not taking their medication. Studies have shown older people cut back on their prescriptions to save money.

"Only your doctor should change the dosage or frequency of your meds," said Brent Solseng, Pharm.D., pharmacist educator at BCBSND. "Skipping doses may prevent the medication from helping you at all."

Rx Vital Sign

Pharmacy claims history helps insurers such as BCBSND track how well members keep up with their medications. One tracking method is known as the medication possession ratio (MPR). If you take your medication nine days out of 10, you have a 90 percent MPR. While a 90 percent MPR is good, it could indicate problems. For example, a 90 percent MPR throughout a year means you have missed nearly 40 days of taking a medication. Missing your meds for four 10-day stretches or for 40 straight days is much more serious than missing your meds three days out of each month during a year.

Calculating the maximum days gap (MDG) will indicate if you have long periods of not taking your meds. The MDG tracks the number of doses you received and the number of days between prescription refills.

In the future, these tools could help your physician monitor your health. "The MPR gives your doctor something to assess like a vital sign," Solseng said. "Combined with the MDG, it may identify preventable reasons for not taking your meds such as high cost or side effects. You might want to switch to a different medication or if the current medication is working, perhaps the pharmacy could send refill reminders."

Talk with Your Doctor

If you can't afford your medication, talk to your doctor. High out-of-pocket costs are a leading reason for poor medication adherence. Fortunately, drugs to treat high cholesterol, depression and high blood pressure now have several less expensive generic alternatives available.

If a drug gives you unwanted side effects, ask if you can have a lower dosage or switch to another medication. Frustrated with the number of medications you take? Ask your doctor to simplify your dosage. Several drugs commonly used together come in combined dosage forms, allowing you to reduce the number of pills you take. Also, some extended release medications allow for once daily doses instead of several doses throughout the day.

The Long Haul

Remember some medications require your patience. Antidepressants require four to six weeks to affect the neurotransmitters they target. Many people don't realize that and end up giving up on the drugs too soon.

People who take medications for migraines and pain are most likely to take their medications because they often find relief. The same goes for antibiotics. But those who have chronic conditions without symptoms, such as high cholesterol, high blood pressure, osteoporosis or diabetes, are much more likely to quit taking their medications. However, not taking meds today may cause serious health problems later.

- Information Provided by BCBS of North Dakota

Transition to New Companion Plan Provider

Effective November 1, 2011, the new investment menu for the NDPERS Companion Plan is now available to you through the new plan provider, TIAA CREF. If you were already participating in the Companion Plan when Fidelity was the provider, but did not select a new allocation for your portfolio, you were default-invested in a TIAA-CREF age-appropriate Lifecycle Fund.

While a Lifecycle Fund may be a good investment option for you, be sure to review the plan's wide array of enhanced

fund choices and determine what is the best fit for your savings goals. If you are not currently participating in the 457 supplemental retirement plan companion plan option and wish to, you may do so at any time. Whether you are an existing participant or a new one, a TIAA-CREF consultant can help you make the right investment choices for your needs. If you have questions about the plan changes asset allocations, etc., please call TIAA-CREF at 800-842-2252, Monday through Friday, 7 a.m. to 9 p.m. and Saturday, 8 a.m. to 5 p.m. (CT).

CIGNA Dental Plan Premiums

At its July meeting the NDPERS Board approved the renewal proposal for the CIGNA Dental Plan. The proposal called for a 3.32% across the board increase in premiums.

The following monthly premiums will be in effect from January 1, 2012 through December 31, 2012:

Individual Only	\$ 41.14
Individual & Spouse	\$ 79.42
Individual & Child(ren)	\$ 92.18
Family (employee, spouse, & child(ren))	\$ 131.26

Only employees of the State of North Dakota, the University System, District Health Units and Garrison Diversion Conservancy District are eligible to participate in this plan.

2012 Mailing Schedule

NDPERS mails your retirement benefit check the first working day of each month. Check mail dates for 2012 are:

January 2nd	July 2nd
February 1st	August 1st
March 1st	September 4th
April 2nd	October 1st
May 1st	November 1st
June 1st	December 3rd

If you do not receive your annuity check by the 10th of the month, please report the missing check to the NDPERS Retirement Accountant by calling 701-328-3900 or 1-800-803-7377 if outside the Bismarck-Mandan calling area. A "stop payment" order will be placed on the check and a new one will be issued.

To avoid delays or lost checks, we encourage you to sign up for direct deposit. This is a safe and secure option that ensures your check is deposited electronically to your bank account each month. The form for application of this service is available from our web site at www.nd.gov/ndpers under "Forms & Publications" for Defined Benefit Hybrid Plan. If you do not have internet access, please contact our office at the phone numbers referenced above.

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North Dakota Public Employees Retirement System
Box 1657
Bismarck, ND 58502-1657



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