

**GROUP DENTAL PLAN
MONTHLY RECONCILING PROCEDURES
For State of North Dakota and University System Employers**

Central Payroll Agencies

The group dental plan carrier is CIGNA Healthcare.

• Monthly Billings

CIGNA will provide a monthly billing statement to NDPERS on approximately the tenth of each month. NDPERS will calculate premium due based on count of members enrolled per level of coverage times the respective premium. NDPERS will submit the monthly billing statement along with a detailed listing of employees and the premiums collected plus/minus any adjustments for previous month's coverage.

Any adjustments that need to be made to the premium amount should be handled as a one-time adjustment on the payroll system.

The following applies when premium adjustments cannot be processed through a one-time adjustment on the payroll system:

- If an employee owes additional premium, a personal check made payable to NDPERS must be sent to NDPERS by the 15th of the month. Include an explanation indicating what month(s) the check is for.
- If an employee is owed a refund of premium, a written request for refund must be provided to NDPERS by the 15th of the month. The request for refund should include the following information: the employee's name, social security number and the amount of the refund.

• Changes in Coverage

Payroll must communicate changes in coverage by having a Voluntary Dental Enrollment/Change Form completed. The forms must be used for the following:

GROUP DENTAL PLAN

- Change of Address
- Change of Name
- Addition/Deletion of Dependents
- New Hire
- Termination

The completed form must be sent or faxed to the Billings Administrator by the 24th of the month in order to be reflected on the following month's billings.

Send to: Deb Holcombe
 CIGNA Healthcare
 P O Box 42018
 Phoenix, AZ 85080
 FAX: 860-298-1790

GROUP DENTAL PLAN MONTHLY RECONCILING PROCEDURES (continued)

Non-Central Payroll Agencies

• Monthly Billings

CIGNA will provide a monthly billing statement to each employer on approximately the tenth of each month. The statement will list the premium due for each employee enrolled in the plan, based upon enrollment activity submitted to the CIGNA Employer Service Center in time to be included on the current billing statement.

Payroll/personnel will reconcile the premiums withheld from the employee's paycheck to CIGNA's billing statement. Note any adjustments on the billing.

After the billing statement is reconciled, send the CIGNA billing statement, with the premium remittance, to CIGNA, by the 24th of each month. The premium remittance must equal the amount of premium due from the billing statement, plus/minus any adjustments for additions or changes to coverage that were not reflected on the billing statement.

• Changes In Coverage

Payroll must communicate changes in coverage by having a Voluntary Dental Enrollment/Change Form completed. The forms must be used for the following:

- Change of Address
- Change of Name
- Addition/Deletion of Dependents
- New Hire
- Termination

GROUP DENTAL PLAN MONTHLY RECONCILING PROCEDURES (continued)

The completed form must be sent or faxed to Billings Administrator by the 24th of the month in order to be reflected on the following month's billing.

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