



North Dakota Public Employees Retirement System

# Central Payroll Administration Manual

For ReliaStar Dental Plan



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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

<p>Contact us at the following address or phone number with your administration and billing questions:</p> <ul style="list-style-type: none"><li>• General policy and coverage questions</li><li>• Service type requests</li><li>• Eligibility questions</li><li>• Plan renewal</li></ul>	<p><b>Ruth Bahnemann, Account Executive</b> ING Employee Benefits Regional Office 100 Washington Square, Suite 730 Minneapolis, MN 55401</p> <p>☎ 1-800-213-0613 or (612) 342-7050 ☎ FAX: (612) 342-3646 ✉ Email: <a href="mailto:ruth.bahnemann@us.ing.com">ruth.bahnemann@us.ing.com</a></p>
<p>The premium submission address is: <i>Your premium is due on the Due Date indicated on your Statement of Payment Due.</i></p>	<p>ReliaStar Life Insurance Company 22624 Network Place Chicago IL 60673-1226</p>
<p>For questions related to your Statement of Payment Due and/or premium payment:</p>	<p>The name of your Billing Administrator is provided on your Statement of Payment Due.</p> <p>Please call: ☎ 1-800-955-7736</p>
<p>Enrollment</p> <ul style="list-style-type: none"><li>• Submit enrollment forms</li><li>• Adds/changes/cancels</li></ul>	<p>Paul Wilkins, Dental Enrollment Specialist ING Employee Benefits P O Box 20 Route number 7544 Minneapolis MN 55440-0020</p> <p>☎ 1-800-955-7736 or 612-342-7092 ☎ FAX: 612-372-5791 ✉ Email: <a href="mailto:paul.wilkins@us.ing.com">paul.wilkins@us.ing.com</a></p>
<p>Dental Claims:</p> <ul style="list-style-type: none"><li>• To file a Dental Claim</li><li>• To discuss claim procedures</li><li>• Dental eligibility questions</li></ul>	<p>WellPoint Dental Services A Division of UNICARE Life &amp; Health Insurance Company PO Box 9200 Oxnard CA 93031-9200</p> <p>☎ 1-877-527-6173</p>
<p>Contact NDPERS with questions on:</p> <ul style="list-style-type: none"><li>• Exception Report</li><li>• Premium Adjustments (refunds, personal checks, etc.)</li></ul>	<p><b>Vickie Johnson, Insurance Accountant</b> ND Public Employees Retirement System PO Box 1657 Bismarck, ND 58502</p> <p>☎ 701 328-3907 or 1-800-803-7377 ☎ FAX 701 328-3920 E:mail <a href="mailto:vjohnson@state.nd.us">vjohnson@state.nd.us</a></p>

## 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 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 NDPERS 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](http://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 next 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](http://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 NDPERS on the sixth working day of each month. The file will be overlaid against the payroll system data. Any information that does not match exactly will print out on an Exception Report. NDPERS will send out the Exception Reports by the 10<sup>th</sup> of each month. If there are no exceptions for your department, you will not receive an Exception Report. The Exception Report will contain the following information:

- Division/Department
- Employee's Name
- Social Security Number
- Paid (Payroll Deduction)
- Amount Billed (by ReliaStar)

This report will indicate only those employees who appear to have discrepancies—rather than to give you a complete listing of all insureds for you to audit. To change or correct eligibility information, you will need to fax a Dental Insurance Enrollment/Change Form to the Eligibility Specialist at 612-372-5791 or send an e-mail to [Paul.Wilkins@us.ing.com](mailto:Paul.Wilkins@us.ing.com). An employee's signature is not required for changes. You (the Payroll Contact) need to sign the form authorizing the change.

## Premium Payment Adjustments

NDPERS is responsible for paying the monthly premium to ReliaStar.

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 15<sup>th</sup> 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 15<sup>th</sup> 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.

## 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 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](http://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

# APPENDIX