

# ADMINISTRATIVE BENEFIT / CONTRACT CLARIFICATION

**This information, along with your Certificate of Coverage, constitutes the SUMMARY PLAN DESCRIPTION.**

## **GENERAL INFORMATION**

**Plan Name:** North Dakota Public Employees Retirement System (NDPERS)

**Name and Address of Policyholder:**

North Dakota Public Employees Retirement System (NDPERS)  
400 East Broadway, Suite 505  
Bismark, ND 58505

**Plan Sponsor's IRS Employer Identification Number:** 45-0282090

**Group Number:** 29854

**Plan Type:** Group Vision Insurance

**Type of Plan Administration:**

Group Insurance Policy underwritten by:  
National Guardian Life Insurance Company  
2 East Gilman Street, Madison, WI 53701

**Name, Address and Telephone Number of Plan Administrator:**

Kathy Allen  
North Dakota Public Employees Retirement System (NDPERS)  
400 East Broadway, Suite 505  
Bismark, ND 58505  
(701) 328-3918

**Premium Payments:** Employee contributes to the cost.

**Plan Year:** January 1 to December 31

**Agent for Legal Process:** Plan Administrator.

**Trustee:** None

**Collective Bargaining or Multiple Employer Agreements under which Plan is established:** None

**Eligibility Requirements:** See Eligibility Determination section in the Insurance Certificate.

**Description of Benefits:** Your insurance Certificate describes the benefits provided by your Certificate, including the Covered Services and Materials, Premiums, Co-payments; Limitations and Exclusions, Claims Procedures, and any basis for termination of the plan.

**Qualified Medical Child Support Orders ("QMCSO"):** As a plan participant you can obtain, without charge, a copy of the procedures governing qualified medical child support order (QMCSO) determinations, from your Plan Administrator.

## **RIGHTS TO CONTINUATION OF INSURANCE COVERAGE UNDER COBRA**

If you or your Eligible Dependents lose vision coverage under the Master Group Policy as a result of a Qualifying Event, you may be entitled to extend coverage for a period of time under federal legislation known as the Consolidated Omnibus Budget Reconciliation Act (COBRA). However, Domestic Partners and Eligible Dependents of Domestic Partners do not qualify for COBRA coverage.

You may elect to continue vision coverage under the Master Group Policy. Contact Your Human Resources or Employee Benefits office for more information.

### **Qualifying Events**

COBRA continuation coverage may be elected if coverage under the Superior Vision Plan ends due to one or more of the following “Qualifying Events”:

- Your employment ends (except for termination due to gross misconduct or fraud).
- Your work hours are reduced.
- You become entitled to Medicare benefits.
- Your death.
- Divorce or legal separation.
- Loss of dependent eligibility.
- If You are a covered retiree, filing by the Policyholder for bankruptcy under Title XI of the United States Code.

### **Continuation Period**

Coverage may be continued under COBRA for up to the maximum period of time specified below. The length of time depends on the Qualifying Event(s) and circumstances.

**18-Month Continuation Period.** If You lose coverage due to termination of Your employment for any reason (other than gross misconduct), or due to reduced work hours, You may continue coverage for Yourself and Your Eligible Dependents for up to eighteen (18) months following the termination or work reduction date.

**29-Month Continuation Period.** If the Social Security Administration (SSA) determines that You are disabled at any time during the first sixty (60) days of continued coverage, and the Qualifying Event for continued coverage was termination of employment or a reduction in work hours, You may extend COBRA coverage by an additional eleven (11) months, for a total of twenty-nine (29) months of coverage subject to the certain conditions.

- You must notify the Policyholder’s plan administrator of the disability within sixty (60) days of the SSA determination and before the end of the original eighteen (18) month COBRA continuation period; and
- You must agree to pay any increase in the required payment necessary to continue the coverage for the additional eleven (11) months.
- If You have any non-disabled Covered Dependents entitled to COBRA, they are also entitled to extend COBRA coverage by an additional eleven (11) months of coverage.

**36-Month Continuation Period.** Coverage may be continued for up to thirty-six (36) months from the date coverage would have stopped due to a Qualified Event other than described above.

If a second Qualifying Event occurs within the original eighteen (18) month continuation period, coverage may be continued for a total of thirty-six (36) months from the date of the first Qualifying Event. Coverage will stop for the same reasons as coverage would have stopped for the first Qualifying Event.

## **Notification Requirements**

You must notify Your Human Resources or Employee Benefits office in writing within sixty (60) days when either of the following Qualifying Events occur:

- Divorce or legal separation
- A child loses eligibility as a dependent.

Your Human Resources or Employee Benefits office will send You the appropriate forms within fourteen (14) days after receiving Your notice.

## **Election Period**

You have at least sixty (60) days to elect to continue coverage under COBRA. The election period ends on the later of:

- Sixty (60) days after the date coverage would have stopped due to a Qualifying Event; or
- Sixty (60) days after the date You receive notice of COBRA continuation rights.

Unless otherwise specified, You or Your spouse's election to continue coverage will be considered an election on behalf of all other Covered Dependents who would also lose coverage because of the same Qualifying Event.

## **Required Payment**

You must pay for COBRA continuation coverage. Contact your Human Resources or Employee Benefits office for the total cost.

You have forty-five (45) days from the date of election to make the first required payment for COBRA continuation coverage. The first required payment will include any required payment for coverage that was continued from the time of loss of group coverage but prior to the date of election.

## **Continued Coverage Ends**

Continuation of coverage under COBRA will end for You or Your Eligible Dependents on the earliest of the following dates:

1. The date Your maximum COBRA period ends.
2. The date You fail to make the required payment for continued coverage within the thirty (30) day grace period.
3. The date You become covered under any other group health plan that provides routine vision benefits.
4. For a spouse or dependent who was entitled to Medicare prior to a Qualifying Event due to termination of employment or reduction of work hours, eighteen (18) months after the Qualifying Event, or if later, thirty-six (36) months from the date you become entitled to Medicare.
5. The date the Master Group Policy terminates.

## **USERRA**

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) is a federal law which gives Insured employees certain rights to continuation of coverage under the Master Group Policy during a military leave, and to certain reinstatement rights upon return from a military leave. You may have additional protections under state laws. Under USERRA, employers must continue coverage for Covered Employees and their Covered Dependents during a military leave.

## **FMLA - Family and Medical Leave Act of 1993**

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage and any dependents coverage you have under the Group Policy will remain in force so long as you continue to meet the requirements as set forth in the FMLA.

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**Contact Your Human Resources or Employee Benefits office for more information about the information contained in this Administrative Benefit / Contract Clarification Sheet.**