

ENROLLMENT

A member or surviving spouse must apply within 31 days from any one of the following “qualifying events”:

1. Date of retirement, defined as either:
 - The last day of active employment if member does not defer his/her retirement benefit or take a lump-sum refund of his/her retirement account, or
 - Date of first retirement check if member deferred his/her retirement benefit.
2. Member’s 65th birthday or eligibility for Medicare;
3. Member’s spouse or eligible dependent’s 65th birthday or eligibility for Medicare;
4. The loss of coverage in a health plan sponsored or provided by member’s employer or member’s spouse’s employer, if covered through spouse’s employer group plan. This includes loss of coverage due to the death of, or divorce from a spouse as well as completion of COBRA continuation coverage.
5. Marriage
6. Birth, adoption, or appointment of children for legal guardianship.

If a member or surviving spouse does not enroll within 31 days of any one of the above qualifying events, he/she will have forfeited his/her rights to enroll in the Plan in the future.

COVERAGE EFFECTIVE DATE

If a member is enrolled in the Dakota Plan as an active employee, coverage will become effective on the first of the month following the final date of coverage provided by his/her employer. If a member was not enrolled in the Dakota Plan at the time of application, coverage will become effective on the first day of the month following one of the “qualifying events” listed above.

PREMIUM PAYMENT POLICY

Retirement Plan	Payment Method
NDPERS Defined Benefit ¹	Benefit Check Bank Account
NDPERS Defined Contribution ³	Bank Account
NDHPRS ¹	Benefit Check Bank Account
Job Service ¹	Benefit Check Bank Account
TFFR ²	Benefit Check Bank Account
TIAA-CREF ³	Bank Account
Approved Employer Sponsored ³	Bank Account

1. If retirement allowance is large enough to deduct the entire monthly premium, the premium will automatically be withheld from the benefit check. If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50134](#). It is the policy of NDPERS that a member's net annuity payment can not be less than \$50.00.
2. If TFFR retirement allowance is large enough to deduct the entire monthly premium, an election to have premiums withheld from a benefit check must be made. Complete a [Payroll Deduction Authorization \(313\) SFN 19182](#). If retirement allowance is not large enough, premium must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50134](#).
3. If retirement allowance is issued from the NDPERS Defined Contribution plan, TIAA-CREF, or a Board approved employer sponsored retirement plan, premiums must be withheld from a bank account. Complete an [Authorization for Automatic Premium Deduction SFN 50134](#).

CANCELLATION POLICY

To cancel NDPERS health coverage, a written request must be submitted. The request must provide the contract holder's name, social security number and effective date. NDPERS must receive a cancellation request by the **15th** of the month prior to the effective date. Cancellations will only be done at the end of the month. We cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

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Dakota Plan

Enroll in this plan if you and your spouse are not eligible for Medicare

Are you currently enrolled in NDPERS Dakota Plan as an active employee?

No

Read the END OF COBRA PERIOD OR NEW COVERAGE and the Dakota Plan Features

Do you want to enroll in the Dakota Plan?

No

Yes

Complete the Retiree Group Health Insurance Application SFN 16277 to enroll or waive coverage

Yes

Read COBRA CONTINUATION and Dakota Plan Features

Do you want to continue your coverage in the Dakota Plan?

No

Yes

Complete Retiree Continuation of Group Health Insurance Coverage (COBRA) SFN 5379 to continue coverage or to waive coverage

Complete COBRA Premium Subsidy Election Form SFN 59065

DAKOTA PLAN



The plan feature and premiums listed in this publication are effective July 1, 2009

COBRA CONTINUATION

A member is eligible for COBRA continuation if enrolled in the Dakota Plan as an active employee and is not eligible for Medicare. A member will have the option to continue coverage for 18 months under COBRA or until eligible for Medicare, whichever occurs first. Options will vary based on the following:

- A member **deferred his/her retirement allowance or took a lump sum payment** of retirement account. After the 18 months has expired and if member is not yet receiving a retirement allowance from one of the eligible retirement systems listed previously, he/she has the option to enroll under a conversion health plan. For details about the conversion option, contact BCBSND at 1-800-223-1704 or (701) 282-1400 in the Fargo area.
- A member elects to begin receiving a **retirement allowance immediately** from an eligible retirement system. At the conclusion of the 18 months or when member or eligible dependent becomes eligible for Medicare, the option to enroll in the "Dakota Plan" or the "Dakota Retiree Plan" becomes available, subject to the eligibility requirements.

The following COBRA premiums are in effect through June 30, 2011:

	<u>Single</u>	<u>Family</u>
State Agencies	\$408.06	\$982.10
Political Subdivisions, enrolled prior to July 1, 2009	\$433.46	\$1047.14

The following COBRA premiums are in effect for political Subdivisions enrolled after July 1, 2009:

	<u>Single</u>	<u>Family</u>
Premiums through June 30, 2010	\$412.96	\$997.44
Premiums from July 1, 2010 through June 30, 2011	\$453.96	\$1096.86

END OF COBRA PERIOD OR NEW COVERAGE

If eligibility continues upon completion of COBRA or member is applying for new coverage, the following premiums are in effect through June 30, 2011:

	<u>Single</u>	<u>Family</u>
Non-Medicare	\$600.08	\$1200.16
Non-Medicare (3 or more)		\$1500.20

EXTENDED COBRA

Disability

A member or their dependent determined to have been disabled by Social Security may extend the continuation of coverage to 29 months. If you or your dependent becomes disabled at any time during the first 60 days of COBRA continuation coverage the member **must** provide notice of such determination to NDPERS within 60 days after the date of any final determination of disability and before the end of the 18 month continuation period.

Death

Continuation of coverage may be extended for a period up to 36 months for an eligible dependent.

CANCELLATION OF COBRA

Coverage may be cancelled when a person receiving continuation of coverage becomes covered under another benefit plan providing the same or similar coverage or for non-payment of premium. If you wish to cancel your NDPERS health coverage you must submit a written request providing the contract holders name, contract number and effective cancellation date. Cancellations will only be done at the end of the month. We cannot cancel your policy for a partial month or do a retroactive cancellation of a policy. NDPERS must receive your cancellation request by the 15th of the month prior to the effective cancellation date.

DAKOTA HEALTH PLAN FEATURES

The plan features listed in this publication are effective July 1, 2009. For Complete features of the Dakota Plan, please visit www.nd.gov/ndpers.



Preferred Provider Organization (PPO)

The Preferred Provider Organization (PPO) is a group of hospitals, clinics and physicians who have agreed to discount their services to members of NDPERS. You have "freedom of choice" in selecting which physician or medical facility to use for services. No referral is needed. If you choose a provider who participates in the PPO program, you will have lower out-of-pocket expenses. PPO benefits are only available in the State of North Dakota, unless the medical facility provides services at a satellite location in another State.

DEDUCTIBLE AND COINSURANCE

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

<u>Plan Features:</u>	<u>Basic</u> (Self Referral or Out-of- State)	<u>PPO</u>
Deductible for All Services		
-Per Person	\$400	\$400
-Per Family	\$1200	\$1200
Copayment for Physician Office Visits (no limit)	\$ 30	\$ 25
Copayment for Emergency Room	\$ 50	\$ 50
Coinsurance on all covered services EXCEPT Physician Office Visits	75/25	80/20
Annual Coinsurance Maximum		
-Individual	\$1250	\$750
-Family	\$2500	\$1500
Annual Out-of-Pocket Maximums (Deductible and Coinsurance)**		
-Individual	\$1650	\$1150
-Family	\$3700	\$2700
*Out-of-network coverage is at the Basic level. **Office visit and emergency room copayments and prescription drug copayments and coinsurance are additional		

DISEASE MANAGEMENT PROGRAM

A disease management program is offered through BCBSND. Please contact the BCBSND service unit at 1-800-223-1704.

WELLNESS PROGRAMS

Health Club Credit:

Covered members and their eligible spouse can earn up to a \$20 credit monthly for visiting a participating health club a minimum of 12 days a month.

MyHealthCenter:

Covered members and their eligible spouse can earn points to apply toward incentive prizes in this online program. MyHealthCenter provides personal coaching, the QuitNet tobacco cessation program, customized plans for fitness and nutrition, and family tools for kids.

You will receive a wellness packet with your new health ID cards which will include:

- 1) A letter that explains both programs in detail, as well as, the member's enrollment process.
- 2) Health Club Credit Schedule and list of frequently asked questions.
- 3) Login/Know Your Numbers Card.

PREVENTIVE SCREENING SERVICES- PPO/BASIC COVERAGE

Wellness Services				
	Copayment	PPO Plan	Basic Plan	Special Conditions
Well Child Care (to member's 6th birthday)	\$25/\$30	100%	100%	Deductible does not apply.
Preventive Screening Services (members 6 and older)	\$25/\$30	100%	100%	Maximum benefit allowance of \$200 per member per benefit period. Deductible does not apply. Benefits beyond the maximum benefit allowance will be subject to cost sharing amounts. Deductible does not apply.
Immunizations		100%	100%	Deductible does not apply.
Mammography & Pap Smear Screening Services		100%	100%	The number of visits for mammography varies by age group. Maximum benefit allowance of 1 Pap smear per benefit period. Refer to benefit plan for details.
Prostate Cancer Screening Services		80%	75%	Refer to the benefit plan for details. Deductible does not apply.

For a Complete list of benefits please refer to the schedule of benefits

PRESCRIPTION DRUG COVERAGE

Deductible, copayments, and coinsurance maximums accrue on a "Calendar-Year" basis, January 1 - December 31.

<u>Plan Features:</u>	<u>Basic</u> (Self Referral or Out-of-State)	<u>PPO</u>
Prescription Formulary Generic Drug		
-Copayment	\$5	\$5
- Coinsurance (\$1,000 maximum per person per benefit period, covered at 100% after \$1,000 maximum is met)	15%	15%
Prescription Formulary Brand-Name Drug***		
-Copayment	\$20	\$20
- Coinsurance (\$1,000 maximum per person per benefit period, covered at 100% after \$1,000 maximum is met)	25%	25%
Prescription Non-Formulary Drug		
-Copayment	\$25	\$25
-Coinsurance	50%	50%

***One copayment amount per prescription order or refill for a 1–34 day supply.
Two copayment amounts per prescription order or refill for a 35–100 day supply. Benefits are subject to the Outpatient Prescription Drug Coinsurance Maximum Amount. Deductible does not apply

MAIL ORDER PRESCRIPTION DRUGS:

Please contact BCBSND at 1-800-223-1704 regarding the mail order prescription plan.

MEMBER REBATE ACCOUNTS

Member rebate accounts for rebates on prescription drugs. Please contact the BCBSND service unit at 1-800-223-1704.

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Dakota Retiree Plan

To enroll in this plan you and/or your spouse must be eligible for Medicare

Read the Dakota Retiree Plan, Dakota Retiree Plan Prescription Drug Coverage and Notice of Credible Coverage

Do you want to enroll in the Dakota Retiree Plan?

No

Complete the Retiree Group Health Insurance Application SFN 16277 to waive coverage

Yes

Complete the Retiree Group Health Insurance Application SFN 16277 to enroll

Complete the Medicare Blue Rx application for each eligible member

Attach a photocopy of your Medicare card showing Part A and Part B effective dates for each eligible member.



Dakota Retiree Plan

The Dakota Retiree Plan provides health care coverage as a secondary payer to Medicare. The Dakota Retiree Plan design has changed effective July 1, 2009. Under the new plan design you will no longer be assessed deductible or coinsurance amounts. Please refer to the schedule of benefits outlined below.

The following information is intended to provide a brief summary of your benefits. It should not be used to determine whether your health care expenses will be paid. The written Benefit Plan governs the benefits available. Covered Services are subject to your Benefit Plan Cost Sharing Amounts, unless otherwise indicated.

* The Dakota Retiree plan provides you with prescription drug coverage, see group MedicareBlue Rx 2009 Summary of Benefits.

A member or eligible dependent is eligible to enroll in this health coverage at the time of Medicare eligibility. If covered under the Dakota Plan at the time, a member will receive a notification approximately 60 days prior to the eligibility date regarding the enrollment procedures. To enroll, you must comply with the following requirements:

- The eligible member(s)/dependent(s) must have both parts A and B of Medicare. If the eligible member(s)/dependent(s) continue to be covered by an "active" employer group policy, Medicare Part B may be waived until the contract holder terminates employment.
- The eligible member(s)/dependent(s) must complete the Retiree Group Health Insurance Application as well as a Medicare Blue Rx Application for each person who is Medicare eligible and also include a copy of the Medicare card.

If the above requirements are met and member enrolled prior to July 1, 2009, the following premiums are in effect through Jun 30, 2011:

	<u>Single</u>	<u>Family</u> *
One Medicare/One Non-Medicare Medicare Eligible (must have both Medicare A & B)	\$231.86	\$559.98 \$460.92

If the above requirements are met and member enrolled in the plan on or after July 1, 2009 the following premiums are in effect through June 30, 2010:

	<u>Single</u>	<u>Family</u> *
One Medicare/One Non-Medicare Medicare Eligible (must have both Medicare A & B)	\$229.42	\$552.66 \$456.04

If the above requirements are met and member enrolled in the plan on or after July 1, 2009 the following premiums are in effect from July 1, 2010 through June 30, 2011:

	<u>Single</u>	<u>Family*</u>
One Medicare/One Non-Medicare Medicare Eligible (must have both Medicare A & B)	\$234.30	\$567.30 \$465.80

***NOTE:** If you have more than two people on your health insurance policy, please contact NDPERS for your rate.
If member/dependent did not enroll in the plan at the time he/she is eligible, coverage will cease on the first day of the month in which the member or dependent(s) became eligible.

Services	Medicare Pays	Dakota Retiree Plan pays	Member Pays
<i>Part A- Hospital Benefits for Medicare Approved Services</i>			
Hospitalization- Semiprivate room and board, general nursing and misc services and supplies			
First 60 days	All but \$ 1,068	\$1,068	\$0
61 st thru 90 th day	All but \$267 a day	\$267 a day	\$0
91 st day and after	All but \$534 a day	\$534 a day	\$0
While using 60 lifetime reserved days, once lifetime reserve days are used	\$0	100% of Medicare eligible expenses \$0	\$0*
Beyond the additional 365 days	\$0		All costs
Skilled Nursing Facility Care- You must meet Medicare requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st thru 100 th day	All but \$133.50 a day	Up to \$133.50 a day	\$0
101 st day and after	\$0	\$0	All cost
Blood First Three Pints- Additional Amounts-	\$0 100%	Three Pints \$0	\$0 \$0

<p>Hospice Care- Available as long as your doctor certifies you are terminally ill and you elect to receive these services All but very limited Coinsurance for Outpatient drugs and Inpatient respite care</p>	All but very limited	\$0	Balance
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Part B- Hospital Outpatient and Physician Benefits for Medicare Approved Services			
Services	Medicare Pays	Dakota Retiree Plan Pays	Member Pays
<p>Medical Expenses- In or Out of the hospital and out patient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment First \$135 of Medicare-Approved Amounts** Remainder of Medicare-Approved Amounts Part B Excess Charges- (Above Medicare Approved Amounts)</p>	<p>\$0 Generally 80% \$0</p>	<p>\$135 (Part B deductible) Generally 20% 100%</p>	<p>\$0 \$0 \$0</p>
<p>Blood- First Three Pints- Next \$135 of Medicare-Approved Amounts** Remainder of Medicare Approved Amounts</p>	<p>\$0 \$0 80%</p>	<p>All costs \$135 (Part B deductible) 20%</p>	<p>\$0 \$0 \$0</p>
<p>Clinical Laboratory Services- Blood Tests for Diagnostic Services-</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>
Part A and B- Hospital and Physician Benefits for Medicare Approved Services			

Home Health Care- Medically Necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment- First \$135 of Medicare- Approved Amounts-**	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare- Approved Amounts-	80%	20%	\$0

Other Benefits Not Covered by Medicare			
Services	Medicare Pays	Dakota Retiree Plan Pays	Member Pays
Foreign Travel- Not Covered by Medicare- Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year- Remainder of Charges-	\$0 \$0	\$0 80% to a lifetime Maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 Lifetime Maximum

These are some Items Not Covered

- *Services that are experimental or investigative in nature or that are not medically necessary as determined by Medicare.
 - *Services received prior to the effective date of your benefit plan.
 - *Services when benefits are provided by any governmental unit or social agency except Medicaid or when a payment had been made under Medicare Part A or Part B.
 - *Outpatient prescription drugs, unless eligible under Medicare. Covered under your Part D Plan.
 - *Custodial care provided in a hospital or by a home health agency
 - *Skilled nursing facility care costs beyond what is covered by Medicare and your benefit plan.
 - *Surgery to approve appearance.
 - *Services, treatments or supplies that are not a Medicare eligible expense.
- *NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

** Once you have been billed \$135 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

WELLNESS PROGRAMS

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MyHealthCenter:

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- 1) A letter that explains both programs in detail, as well as, the member's enrollment process.
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DAKOTA RETIREE PLAN PRESCRIPTION DRUG COVERAGE

Retail Pharmacy				
	Deductible	Copay	Coinsurance	Days supply of drugs
Generic Drugs	\$0	\$5	15%	31 days
Preferred Brand Drugs Covered	\$0	\$15	25%	31 days
Brand Name Drugs Covered	\$0	\$25	50%	31 days
Specialty Drugs	\$0	\$15	25%	31 days
Mail Order/Preferred Extended Supply				
	Deductible	Copay	Coinsurance	Days supply of drugs
Generic Drugs	\$0	\$5	15%	90 days
Preferred Brand Drugs Covered	\$0	\$15	25%	90 days
Brand Drugs Covered	\$0	\$25	50%	90 days
Specialty Drugs	\$0	\$15	25%	90 days
Long-Term Care Pharmacy				
	Deductible	Copay	Coinsurance	Days supply of drugs
Generic Drugs	\$0	\$5	15%	31 days
Preferred Brand Drugs Covered	\$0	\$15	25%	31 days
Brand Drugs Covered	\$0	\$25	50%	31 days
Specialty Drugs	\$0	\$15	25%	31 days

Catastrophic Coverage-

After you yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:

- \$2.40 for generic (including brand drugs treated as generic) and \$6.00 copay for all other drugs, or
- 5% coinsurance

Out-of-Network Coverage- No Coverage

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Group MedicareBlue Rx. Please contact Group MedicareBlue Rx for details.

For further details refer to the "Group MedicareBlue Rx 2009 Summary of Benefits" on the NDPERS website at www.nd.gov/ndpers/

Supplemental Drugs- Group Medicare Blue Rx provides coverage for a number of drugs that are excluded from the Medicare Part D program. You will pay a 25% coinsurance for these drugs. Because they are excluded from the Part D program, they will not count toward your annual out-of-pocket maximum. Please contact Group Medicare Blue Rx for details.