# Dakota Retiree Plan

The Dakota Retiree Plan provides health care coverage through Sanford Health Plan as a secondary payer to Medicare. You will not 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 Humana Group Medicare Summary of Benefits. Humana Group Medicare is the prescription drug plan vendor. The NDPERS Board has opted to bundle the medical coverage with the prescription drug plan coverage to provide affordable coverage through group rates in both products.

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) and dependent(s) must complete the Retiree Health Insurance with Medicare Application SFN 59562 as well as, Medicare Prescription Drug Plan (PDP) Individual Enrollment Form – SFN 58860 for each person who is Medicare eligible and also include a copy of the Medicare card showing both Part A and B. **Please note that the Medicare Prescription Drug Plan (PDP) Individual Enrollment Form – SFN 58860 cannot be signed or submitted more than 90 days prior to the requested effective date or coverage. You also must provide a letter of creditable coverage from your previous insurance carrier.**

**In order to avoid being assessed a Late Enrollment Penalty, (LEP), be sure to respond to all requests from Humana or the Center for Medicaid or Medicare Services regarding previous coverage you had.**

If the above requirements are met and member enrolled prior to July 1, 2021, the following premiums are in effect through June 30, 2023:

***NOTE:** These rates are subject to Medicare Part D increase at the beginning of each calendar year

| | Single* | Family* |
|---|---|---|
| One Medicare/One Non-Medicare | | $851.30 |
| Medicare Eligible (Must have both Medicare A & B) | $281.92 | $561.02 |

If the above requirements are met and member enrolled in the plan on or after July 1, 2021, the following premiums are applicable:

| Premiums through June 30, 2022 : | Single* | Family* |
|---|---|---|
| One Medicare/One Non-Medicare | | $833.74 |
| Medicare Eligible (Must have both Medicare A & B) | $279.16 | $555.50 |

| Premiums from July 1, 2022 to June 30, 2023: | Single* | Family* |
|---|---|---|
| One Medicare/One Non-Medicare | | $868.88 |
| Medicare Eligible (Must have both Medicare A & B) | $284.68 | $566.54 |

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.

## DAKOTA WELLNESS PROGRAM

### Wellness Portal, powered by WebMD:

Resources available on the portal include a Health Assessment (a confidential report and custom resources), Wellness Tracking, and Daily Habits (guided programs to help with healthy habits and condition management). Covered members and their eligible spouses can earn points to be redeemed towards gift cards and prizes.

After you receive your health insurance ID cards, you will receive a member packet that will explain the wellness program in detail.

### Fitness Center Reimbursement:

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.

## REFERENCE MATERIALS AVAILABLE:

As a health plan accredited with the National Committee for Quality Assurance (NCQA), Sanford Health Plan is required to provide you with additional information as you make decisions regarding your medical benefit plan. This information, including accessing your provider network, pharmacy information and other important notices can be found -

https://www.ndpers.nd.gov/retired-members/insurance-plans-retired-members/health-insurance-plans-retired-members/dakota

Provider Network

- Networks available

Member Handbook

- How to read an Explanation of Benefits (EOB)
- What to do in an emergency
- Special communication services
- How claims are paid

Special Notices

- Learn about Sanford Health Plan's privacy policy
- Find out more about the claims appeal process

Feel free to contact Sanford Health Plan with any questions that you may have at (701) 751-4125 or toll-free at (800) 499-3416.

## PREMIUM PAYMENT POLICY

| Retirement Plan | Payment Method |
|---|---|
| NDPERS Defined Benefit[1] | Benefit Check<br>Bank Account |
| NDPERS Defined Contribution[3] | Bank Account |
| NDHPRS[1] | Benefit Check<br>Bank Account |
| Job Service[1] | Benefit Check<br>Bank Account |
| TFFR[2] | Benefit Check<br>Bank Account |
| TIAA[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 (TFFR) 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, 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 Request to Cancel Retiree Health Insurance Coverage SFN 58269 must be submitted. NDPERS must receive a cancellation request by the end 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.

# NDPERS Dakota Retiree Plan

## Outline of Medicare Supplement Coverage

SANFORD HEALTH PLAN

# Outline of Medicare Supplement Coverage

## Disclosures

Use this outline to compare benefits and premiums among policies. You do not need more than one Medicare Supplement Policy. You must be enrolled in Part A and Part B Medicare coverage and use a Medicare-certified hospital.

## Read Your Policy Very Carefully

This is only an outline describing your Policy's most important features. The Policy is your insurance contract. You must read the Policy itself to understand all of the rights and duties of both you and Sanford Health Plan.

## Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new Policy and are sure you want to keep it.

## Notice

Items in brackets [ ] follow current Medicare amounts.

The service area includes all counties in North Dakota.

This Policy may not fully cover all of your medical costs.

Neither Sanford Health Plan nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your Social Security Office or consult the "Medicare & You" Handbook for more details.

## NDPERS Dakota Retiree Plan Medicare (Part A) Hospital Services – Per Benefit Period

| Services | Medicare Pays | Dakota Retiree Plan Pays | You Pay |
|---|---|---|---|
| **Hospitalization**<br>Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| • First 60 days | All but $[1,556] | $[1,556] (Part A deductible) | $0 |
| • 61st thru 90th day | All but $[389] a day | $[389] a day | $0 |
| • 91st day and after: | | | |
| - While using 60 lifetime reserve days | All but $[778] a day | $[778] a day | $0 |
| • Once lifetime reserve days are used: | | | |
| - Additional 365 days | | 100% of Medicare eligible expenses | $0 |
| - Beyond the additional 365 days | | $0 | All costs |
| **Skilled Nursing Facility Care**[1]<br>You must meet Medicare's 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 | $0<br>$0 | | |
| • First 20 days | All approved amounts | $0 | $0 |
| • 21st thru 100th day | All but $[194.50] a day | Up to $[194.50] a day | $0 |
| • 101st day and after | $0 | $0 | All costs |
| **Blood** | | | |
| • First 3 pints | $0 | 3 pints | $0 |
| • Additional amounts | 100% | $0 | $0 |
| **Hospice Care**<br>You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

| NDPERS Dakota Retiree Plan | Medicare (Part B) Hospital Services – Per Calendar Year | | |
|---|---|---|---|
| **Services** | **Medicare Pays** | **Dakota Retiree Plan Pays** | **You Pay** |
| **Medical Expenses**<br>In or Out of Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatientand outpatient medical and surgical services and supplies, physical and speech therapy, diagnostictests, durable medical equipment<br>• First $[233] of Medicare approved amounts[3]<br>• Remainder of Medicare approved amounts | $0<br>Generally 80% | $[233] (Part B deductible)<br>Generally 20%[4] | $0<br>$0 |
| **Part B Excess Charges**<br>(Above Medicare approved amounts) | $0 | 100% | $0 |
| **Blood**<br>• First 3 pints<br>• Next $[233] of Medicare approved amounts[3]<br>• Remainder of Medicare approved amounts | $0<br>$0<br>80% | All costs<br>$[233] (Part B deductible)20% | $0<br>$0<br>$0 |
| **Clinical Laboratory Services**<br>Blood tests for Diagnostic Services | 100% | $0 | $0 |

| Parts A & B | | | |
|---|---|---|---|
| **Services** | **Medicare Pays** | **Dakota Retiree Plan Pays** | **You Pay** |
| **Home Health Care**<br>Medicare Approved Services<br>• Medically necessary skilled careservices and medical supplies<br>• Durable medical equipment<br>- First $[233] of Medicare approved amounts[3]<br>- Remainder of Medicare approved amounts | 100%<br>$0<br>80% | $0<br>$[233] (Part B deductible)20% | $0<br>$0<br>$0 |

| **NDPERS Dakota Retiree Plan** Medicare (Part A) Hospital Services – Per Benefit Period | | | |
|---|---|---|---|
| **Services** | **Medicare Pays** | **Dakota Retiree Plan Pays** | **You Pay** |
| Other Benefits – Not Covered by Medicare | | | |
| **Foreign Travel**<br>Not covered by Medicare, medically necessary emergency care services<br>• Beginning during the first 60 days of each trip outside the USA<br>- First $[250] each calendar year<br>- Remainder of charges | $0<br>$0 | $0<br>80% to a lifetime maximumbenefit of $[50,000] | $[250]<br>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 payment has been madeunder Medicare Part A or Part B.
- Outpatient prescription drugs, unless eligible under Medicare.
- Custodial care provided in a hospital or by a home health agency.
- Surgery to improve appearance.
- Services, treatments or supplies that are not a Medicare eligible expense.

[1]A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whateveramount 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.

[3] Once you have been billed $[233] of Medicare Approved Amounts for covered services, you Part B Deductible will have been met for the calendar year.

[4] Part B Coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital outpatient services under a prospective payment system, applicable copay amounts.

2022

# Summary of Benefits

**Humana Group Medicare PDP Plan**
**PDP 037/161**

**North Dakota Public Employees Retirement System (NDPERS)**

NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Humana®

Our service area includes the United States and Puerto Rico.

# Let's talk about the **Humana Group Medicare PDP** Plan.

Find out more about the Humana Group Medicare PDP plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage".

## To be eligible

To join the Humana Group Medicare PDP plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

## Plan name:

Humana Group Medicare PDP plan

## How to reach us:

Members should call toll-free **1-800-585-7417** for questions **(TTY/TDD 711)**

Call Monday – Friday, 7 a.m. - 8 p.m. Central Time.

Or visit our website: **Humana.com**

## Deductible

**Pharmacy (Part D) deductible** This plan does not have a deductible.

## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)
You pay the following until your total yearly drug costs reach **$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

| Tier | Standard Retail Pharmacy | Standard Mail Order |
|---|---|---|
| **30-day supply** | | |
| **1 (Generic or Preferred Generic)** | **$5** copay and you pay **15%** of the remaining cost share | **$5** copay and you pay **15%** of the remaining cost share |
| **2 (Preferred Brand)** | **$15** copay and you pay **25%** of the remaining cost share | **$15** copay and you pay **25%** of the remaining cost share |
| **3 (Non-Preferred Drug)** | **$25** copay and you pay **50%** of the remaining cost share | **$25** copay and you pay **50%** of the remaining cost share |
| **4 (Specialty Tier)** | **$25** copay and you pay **50%** of the remaining cost share | **$25** copay and you pay **50%** of the remaining cost share |
| **90-day supply** | | |
| **1 (Generic or Preferred Generic)** | **$5** copay and you pay **15%** of the remaining cost share | **$5** copay and you pay **15%** of the remaining cost share |
| **2 (Preferred Brand)** | **$15** copay and you pay **25%** of the remaining cost share | **$15** copay and you pay **25%** of the remaining cost share |
| **3 (Non-Preferred Drug)** | **$25** copay and you pay **50%** of the remaining cost share | **$25** copay and you pay **50%** of the remaining cost share |
| **4 (Specialty Tier)** | N/A | N/A |

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary.

## ADDITIONAL DRUG COVERAGE

| | |
|---|---|
| **Home Infusion Therapy Drugs** | If you take certain types of infusion drugs covered under our Medicare Prescription Drug plans (M/PD), you may qualify for this service, which helps you and your doctor manage your care without ongoing hospitalization. In some situations home infusion drugs will be covered based on the tier of the drug at the same cost share amount as listed in the chart above when you have reached a total yearly drug cost of **$4,430**. This service includes coverage for the "Coverage Gap" portion of your plan. Drugs included in this coverage are those that would be used as an alternative to inpatient treatment. Your cost for the medication may be the same as it is before the coverage gap sets in. Your out-of-pocket expenses while using this service apply to your "true out-of-pocket" maximum, which is **$7,050** for 2022. |
| **Original Medicare excluded drugs** | Certain drugs excluded by Original Medicare are covered under this plan. You pay the cost share associated with the tier level for certain Cough/Cold, Erectile Dysfunction drugs. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage stage.<br>Contact Humana Group Medicare Customer Care at the phone number on the back of your membership card for more details. |

## Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **$4,430**. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **$7,050**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **$7,050**, you pay the greater of:

- **$3.95** for generic (including brand drugs treated as generic) and a **$9.85** copay for all other drugs, or
- **5%** coinsurance

# Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
  If you need help filing a grievance, call **1-800-585-7417** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

## Auxiliary aids and services, free of charge, are available to you. 1-800-585-7417 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Language assistance services, free of charge, are available to you.**
**1-800-585-7417 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę́ niká'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0220

# Find out **more**

You can see your plan's pharmacy directory at **https://www.humana.com/finder/pharmacy/** or call us at the number listed at the beginning of this booklet and we will send you one.

You can see your plan's drug formulary at **www.humana.com/medicaredruglist** or call us at the number listed at the beginning of this booklet and we will send you one.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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