{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: GROUP HEALTH INSURANCE AND MEDICARE ELIGIBILITY**

Dear {stdMbrSalutation}:

Our records indicate {PersonFirstName} is turning age 65 in {BirthDayMonth65} and eligible for Medicare coverage. Therefore, {PersonFirstName} will no longer be eligible in the NDPERS Dakota Plan. {PersonFirstName}’s last date of coverage is **{LastDayofcoverage}**. However, you have the option to continue coverage under the NDPERS Dakota Retiree Plan when used with Medicare. To continue coverage under this plan both Parts A and B of Medicare are required. Enclosed is a brochure that outlines the health and prescription coverage information and premium.

To enroll in the NDPERS Dakota Retiree Plan including NDPERS prescription drug coverage provided by Express Scripts Inc (ESI), you must complete and return the enclosed Retiree Health Insurance Application with Medicare Application SFN 59562, Medicare Prescription Drug Plan (PDP) Individual Enrollment Form SFN 58860, and a copy of the {PersonFirstName}’s Medicare ID card to NDPERS by 10th of {PriorMonth} in order to avoid a lapse in coverage. If a lapse occurs, the right to enroll in the NDPERS Dakota Retiree Plan in the future may be forfeited.

When electing this coverage, a new identification card for the Dakota Retiree Plan, an identification card for the Express Scripts Inc (ESI) prescription drug coverage, and a Certificate of Insurance handbook explaining the benefits will be sent to you. There will also be an adjustment to the NDPERS Dakota Retiree Plan premium based on your current level of coverage.

If you decline this coverage**,** please send the Retiree Health Insurance Application with Medicare Application SFN 59562 back to us, marked accordingly. Be advised, current coverage pays for other health expenses, in addition to prescription drugs. When choosing to enroll in a Medicare supplement health plan and Medicare Part D prescription drug plan, {PersonFirstName} will not remain eligible to receive all the current health and prescription drug benefits through NDPERS. When cancelling coverage with NDPERS and enrolling in a Medicare supplement health plan and Medicare Part D prescription drug plan, {PersonFirstName} may not be able to get this coverage back at a future time.

Questions concerning completing the application form or premium adjustment should be directed to the NDPERS office by calling {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

For questions, contact:

|  |  |
| --- | --- |
| Health Plan & Claiming Processing | Sanford Health Plan (800) 499-3416 |
| NDPERS Prescription Drug Coverage | Express Scripts Inc. (855) 315-4569 |
| Medicare Parts A & B Eligibility | Local Social Security office servicing your area |
| Medicare Prescription Drug Plans | * www.medicare.gov for personalized help * Call Senior Health Insurance Counseling (SHIC), a program of the North Dakota Insurance Department, at 1-800-247-0560 * Call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048 |

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division

Enclosure - Retiree Health Insurance Application with Medicare Application SFN 59562

Medicare Prescription Drug Plan (PDP) Individual Enrollment Form SFN 58860

{tmp SFN-59562}

{tmp SFN-58860}