



# SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN

## FY18 PLAN YEAR

July 1, 2017 – June 30, 2018

### FY18 COBRA MONTHLY CONTRIBUTION RATES

Coverage Level	Low Deductible Health Plan	High Deductible Health Plan (HSA Compatible)
Participation Only	\$585.76	\$549.05
Participant + Spouse	\$1,265.10	\$1,185.41
Participant + Child(ren)	\$899.92	\$845.30
Family	\$1,578.64	\$1,481.04

\*\$60 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products

### DENTAL - DELTA DENTAL

	Base Dental Plan Premiums	Enhanced Dental Plan Premiums
Participant Only	\$33.05	\$53.39
Participant + Spouse	\$65.99	\$106.59
Participant + Child(ren)	\$72.24	\$108.69
Participant + Family	\$105.18	\$161.91

### VISION - METLIFE

Coverage Level	Monthly Premiums
Participant Only	\$6.79
Participant + Spouse	\$13.61
Participant + Child(ren)	\$11.53
Participant + Family	\$18.99