

FY18 Decision Guide



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FY18 Decision Guide

The goal of the South Dakota State Employee Benefits Program is to provide you and your family with quality, affordable health care and flexible benefits options. We hope you will take the time to read the information in this Decision Guide; utilize the resources provided online, like ALEX; and ask questions to make the right choices for you and your family.

What is Annual Enrollment?

This is the only time during the plan year that you can make changes to your benefits without a valid family status change. You are encouraged to actively select health and flexible benefits for next plan year during Annual Enrollment, which is May 1-15, 2017. Visit <http://benefits.sd.gov/FY18AE.aspx> to enroll.

Annual Enrollment To-Do List

Mark your calendar for Annual Enrollment. The online enrollment website will be available May 1-15, 2017. Reserve time on your calendar now to enroll.

Read this Decision Guide.

Gather information.

- Find out how many medical claims and how much you paid for claims in FY17 by logging into your account at <https://www.dakotacare.com>.
- Check to see if your maintenance drug is on the list of the preventive formulary prescriptions that will be available at lower or no cost on the High Deductible Plan. <http://benefits.sd.gov/FY18AE.aspx>.
- Ask DAKOTACARE to provide you with the costs of your existing prescriptions for the High Deductible Health Plan. You can request the information on a form available at <http://benefits.sd.gov/FY18AE.aspx>. The deadline for this request is May 11, 2017.

Ask Questions.

- Come to a Benefits Fair. More information can be found on page 3 of this guide.
- Attend a Digital Dakota Network (DDN) presentation. We will have two sessions via DDN. Check page 3 of this guide for more info.
- Watch our short video about benefits changes available at <http://benefits.sd.gov/FY18AE.aspx>.
- Visit our online FAQs page <http://benefits.sd.gov/FY18AE.aspx>.

Enroll. Visit <http://benefits.sd.gov/FY18AE.aspx> between May 1-15, 2017 to elect your health plan, dependent coverage, and flexible benefits which will begin on July 1, 2017.



This guide contains basic information to help members of the South Dakota State Employee Benefits Program prepare for FY18 Annual Enrollment. Complete plan information and the fine print can be found at <http://benefits.sd.gov>.

What's New

FY18 Plan Changes

• Family status change forms are due to the Bureau of Human Resources within **30 days** following a qualifying event, such as:

- birth
- marriage
- adoption
- divorce

If you miss the deadline, your next opportunity to add or remove someone from your benefits is during Annual Enrollment for next year.

• If you want to continue to contribute pretax money from your paycheck to a medical flexible spending account or dependent care flexible spending account, you must select to do so during annual enrollment. Your current payroll deductions for those accounts will not be automatically continued.

• The Low Deductible Health Plan deductible will be \$850.

• The Low Deductible Health Plan prescription deductible is increasing to \$100 per person and copayments will increase by \$5. Also, there is a new 60-90 day pharmacy benefit.

Terminology Check

• DAKOTACARE Network and Sanford providers are all considered in-network providers.

• Since deductible amounts change, the health plans will now be referred to as the Low Deductible Health Plan and the High Deductible Health Plan.

• The preventive drug formulary is a list of prescription drugs prescribed to prevent illness, disease and other health problems for members on the High Deductible Health Plan.

How to Enroll

For security reasons, you will have to provide an email address and verify receipt of an email from that account before entering enrollment selections. Here are the steps for the initial process:

1. Go to <https://apps.sd.gov/EB07Website/>.
2. Click the 'Register Button.'
3. Enter an email address, username, and password.
4. Re-enter the password.
5. Click the check box next to the text, "I'm not a robot." (A popup of image tiles will appear. Follow the instructions in the popup.)
6. Click the 'Register' button.
7. An email will be sent to the address you entered.
8. Open the confirmation email sent to your account

• The High Deductible Health Plan generic drugs included on the preventive formulary list will be available to you at no cost. You'll pay a maximum of \$90 for a 30-day supply for brand name drugs before you reach your deductible.

• The out-of-pocket maximums for both health plans will increase by \$500. See chart on page 7.

• The Annual Maximum Benefit and the Lifetime Orthodontic Benefit on the Enhanced Dental Plan will increase to \$2,000.

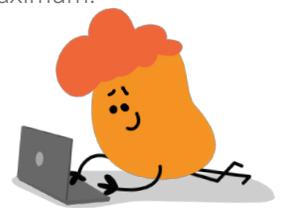
• Short Term Disability benefits start after 30 days. You do not have to exhaust your sick leave before the benefit starts.

• You cannot continue the basic life insurance coverage if you leave state employment. If you currently only have basic life insurance, you will have the opportunity to add 1x your salary supplemental life during Annual Enrollment. If you do not sign up during Annual Enrollment and later want to, you will need to go through an approval process.

• A **deductible** is the amount that you have to pay before the plan pays anything (other than eligible preventive services).

• A **copayment** is the amount you pay for a given service or prescription.

• **Coinsurance** is the percentage of the costs you pay for any covered expense after you have met your deductible and before reaching the out-of-pocket maximum.



9. and click the link it contains.
9. You will be redirected to the login screen.
10. Login by entering the user name and password you provided earlier.
11. Click the check box next to the text "I'm not a robot." (A popup of image tiles will appear. Follow the instructions in the popup.)
12. Click the 'Login' button.

ALEX

He's back! Visit 

Picking the right benefit plans can be a challenge. Which medical plan is best for me? How much should I save in my flexible spending accounts? Should I get extra life insurance? Does a health savings account make sense for me?

The decisions are important, and a lot goes into making the right choice. To make the process easier for you, the South Dakota State Employee Benefits Program has brought in an easy-to-use online tool called ALEX.

How ALEX works is simple. All you have to do is log on and respond to ALEX's questions. ALEX will prompt you for some basic information about you and your family, ask a few questions about your personal situation (everything you say remains confidential, of course), and help you figure out what to choose based on your responses.

Talking with ALEX feels like having a conversation with a real person. ALEX uses simple language and avoids insurance jargon, so the explanations and recommendations are easy to understand.

Also, because ALEX is available from your home computer with an internet connection or any smart phone, you can use it with your family as you consider your options. And if you have any questions about how any of the benefits work, ALEX can walk you through them.

ALEX makes suggestions based upon what you tell him. In the end, you have to make the decision that feels right for you. For more information, go to <https://www.myalex.com/benefitssd/2018>.

Benefit Fairs

The South Dakota State Employee Benefits Program wants to help you better understand your health plan and flexible benefit options. We will be hosting Benefit Fairs at various locations around the State during April to help members prepare for FY18 Annual Enrollment (May 1-15).

This year's format will be a drop-in opportunity geared toward giving you answers to your individual questions. There will not be formal presentations like last year. You can swing by when it works best with your schedule to talk about your benefits options with staff members or representatives from BHR Benefits, DAKOTACARE, Health Management Partners, Discovery Benefits and our beneFIT Wellness Program.

Please get permission from your supervisor to visit the Benefits Fair during your regular working hours. Note that attendance at a session outside of your regular-working hours is unpaid time and not eligible for overtime. **Please visit <http://benefits.sd.gov/FY18AE.aspx> to see the complete schedule.**

Digital Dakota Network Sessions

If we're not going to be in your neighborhood for a Benefits Fair, you can join a video conference through the Digital Dakota Network (DDN) to learn basic information on plan changes and get answers to your questions.

- 2 p.m. CDT on Wednesday, April 5
- 11 a.m. CDT on Tuesday, April 25

You can find a list of DDN sites where you can join the sessions or watch at <http://benefits.sd.gov/FY18AE.aspx>. The first session will be posted online to view at your convenience.

You can also find our short video of the plan changes available at <http://benefits.sd.gov/FY18AE.aspx>. We look forward to seeing you in April!

What you need to know about the Health Plans

Active Members

- Health plan premiums and coinsurance percentages will remain the same for FY18.
- You must visit a DAKOTACARE network or Sanford provider to receive the highest level of benefits.
- Certain pharmacy and medical services must be pre-authorized. To view the Pre-authorization Listing visit <http://benefits.sd.gov/forms.aspx> under other.
- Eligible preventive care services are covered prior to satisfying your deductible. To view eligible preventive care services, visit <http://benefits.sd.gov/preventivecare.aspx>.
- Out-of-Network provider means:
 - A DAKOTACARE network or Sanford provider did not provide care;
 - You did not receive approval from Health Management Partners for a referral to an out-of-network provider; or
 - You failed to obtain pre-authorization when necessary.
- Expenses not covered by the Health Plan do NOT apply to the out-of-pocket maximum.



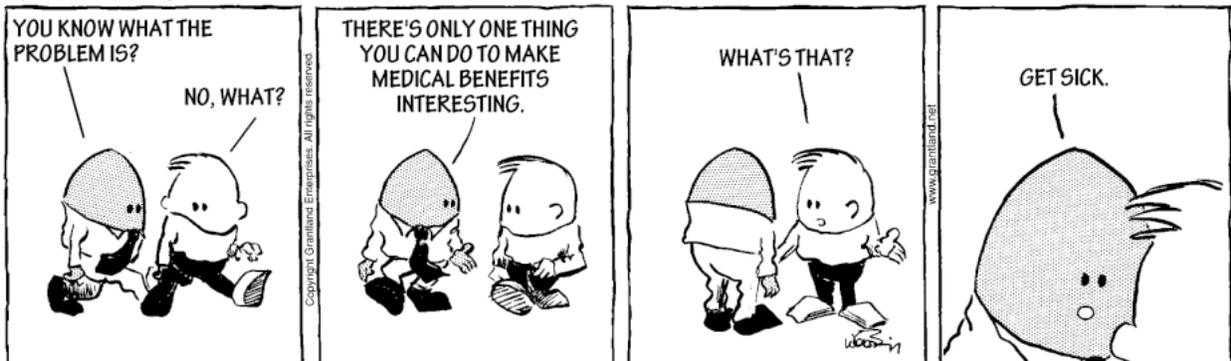
Wellness Qualifications for FY19

Plan ahead for the next annual enrollment period and complete the three wellness qualifications by March 31, 2018, to qualify for the Low Deductible Health Plan in FY19* or earn the maximum contribution for your Health Savings Account (HSA), if you choose the High Deductible Health Plan for FY19.* No matter which health plan you choose for FY19, completing the wellness qualifications will be beneficial to you.

1. **Health Assessment:** Complete the assessment questions to see how your lifestyle habits affect your health and well-being.
2. **Health Screening:** Receive valuable information to keep you healthy today and help prevent serious health problems in the future.
3. **Earn 100 Wellness Points:** Choose activities of your choice to earn 100 wellness points.

*If your spouse is on your health plan, both you and your covered spouse must complete the three qualifications to be eligible for the Low Deductible Health Plan or maximum employer HSA contribution if you choose the High Deductible Health Plan. If you're hired or added to the plan after July 1, 2017, you are not required to complete the wellness qualifications to be eligible for the Low Deductible Health Plan or the maximum employer HSA contribution, if you choose the High Deductible Health Plan.

GRANTLAND®



Low Deductible Health Plan (\$850)

- The Low Deductible Health Plan deductible will be \$850.
- The out-of-pocket maximum will increase by \$500.
- The prescription deductible is increasing to \$100. Also, there is a new 60-90 day pharmacy benefit, and copayments will increase by \$5.
- To be eligible for this plan, you and your covered spouse must have completed a Health Screening, Health Assessment, and earned 100 Wellness Program points during the designated time frames in FY17.
- If you were hired or added to the health plan after July 1, 2016, you are automatically eligible to select the Low Deductible Health Plan.
- If you and your covered spouse, if applicable, did not complete the annual wellness qualifications by March, 31, 2017, you will be defaulted into the High Deductible Health Plan.
- See comparison chart on page 7.



How Prescription Drug Coverage Works

There is a separate \$100 deductible (per person, per plan year) for prescription drugs on the Low Deductible Health Plan. Copayments apply after you meet the deductible. If the price is less than the listed copayment, you will pay the lesser of the two amounts.

PRESCRIPTION DRUG COVERAGE UNDER THE LOW DEDUCTIBLE HEALTH PLAN		
*Tiered Prescription Drug Coverage	Up to 30 Day Supply Copayment	60-90 Day Supply Copayment
Tier 1 - Generic	\$15	\$37.50
Tier 2 - Brand Preferred	\$45	\$112.50
Tier 3 - Brand Non-Preferred	\$65	\$162.50
Tier 4 - Specialty Preferred	\$65	n/a
Tier 5 - Specialty Non-Preferred	\$90	n/a

*To determine your prescription's category, please visit your local pharmacy or call CVS at 866.443.1185.

High Deductible Health Plan

(\$1,800 single coverage / \$3,600 family coverage)

High Deductible Health Plan with Health Savings Account (HSA)

- All eligible health plan expenses, including prescription drugs, apply toward the deductible.
- There is a \$1,800 deductible for single coverage and a \$3,600 deductible for family coverage (per family of two or more).
- If you have family coverage, you will pay \$3,600 before the plan pays anything (other than eligible preventive services).
- The out-of-pocket maximum has increased by \$500.
- A new preventive formulary for prescriptions has been added. (see below)
- An HSA enables you to pay for covered medical expenses with pretax dollars. The High Deductible Health Plan is paired with an HSA to allow you to pay for covered medical expenses with pretax dollars.
- An HSA is available only with the High Deductible Health Plan.
- The State contributes to your HSA to help cover the out-of-pocket expenses, like prescriptions, that insurance does not cover until the deductible (\$1,800 for single coverage or \$3,600 for family coverage of two or more people) is met.
- For more HSA information, see page 12.



How Prescription Drug Coverage Works

PRESCRIPTION DRUG COVERAGE UNDER THE HIGH DEDUCTIBLE HEALTH PLAN
Prescription Drug Coverage
Member pays for eligible prescription drug expenses directly to the pharmacy at the time of service, which then apply to the deductible.
Pharmacy charges are applied to deductible: \$1,800 single coverage or \$3,600 family coverage per family of two or more.
After the deductible has been met, the member pays 25% coinsurance for covered prescription charges. Coinsurance continues throughout the plan year until the out-of-pocket maximum is met.

PREVENTIVE FORMULARY DRUG COVERAGE ON THE HIGH DEDUCTIBLE HEALTH PLAN		
Prescriptions included on the preventive formulary list available at http://benefits.sd.gov/Forms.aspx will be available to you at a reduced price even before you meet your deductible.		
Tiered Prescription Drug Coverage	Up to 30 Day Supply Copayment	60-90 Day Supply Copayment
Tier 1 - Generic	\$0	\$0
Tier 2 - Brand Preferred	\$45	\$112.50
Tier 3 - Brand Non-Preferred	\$65	\$162.50
Tier 4 - Specialty Preferred	\$65	n/a
Tier 5 - Specialty Non-Preferred	\$90	n/a



- Only prescriptions on the preventive drug formulary list will be available to members of the High Deductible Health Plan at no cost (generic drugs) or you'll pay a maximum of \$90 for a 30-day supply for brand name drugs. This is to help you continue to take preventive maintenance drugs before satisfying the deductible. To see a complete list of prescriptions on the preventive formulary go to <http://benefits.sd.gov/FY18AE.aspx>.
- DAKOTACARE is available to assist you with determining your prescription costs on the High Deductible Health Plan before May 11, 2017. DAKOTACARE can look at your prescription costs from last year and let you know the charges under the High Deductible Health Plan. Complete the form available at <http://benefits.sd.gov/FY18AE.aspx> and return it to DAKOTACARE.

FY18 Health Plan Comparisons

Below is a comparison chart to help you understand the differences, similarities and costs of the two health plans available to you and your family.

SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN COVERAGE DETAILS FOR FY18				
Plan Details	Low Deductible Health Plan		High Deductible Health Plan with HSA	
	Network Provider ¹	Out-of-Network Provider	Network Provider ¹	Out-of-Network Provider
Eligible Preventive Services ²	Covered at 100%	Not covered ³	Covered at 100%	Not covered ³
Plan Year Deductible	<ul style="list-style-type: none"> • \$850 per person • \$2,125 per family of three or more⁴ 	<ul style="list-style-type: none"> • \$1,700 per person • \$4,250 per family of three or more 	<ul style="list-style-type: none"> • \$1,800 single coverage • \$3,600 family coverage per family of two or more 	<ul style="list-style-type: none"> • \$3,600 single coverage • \$7,200 family coverage per family of two or more
			If you have family coverage, the full family deductible must be met before benefits are paid for any family member.	
Copayment	<ul style="list-style-type: none"> • Emergency Room: \$250 • Does not count toward your deductible but does count toward your out-of-pocket maximum. 		N/A	
Coinsurance	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35% 	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35%
Plan Year Out-of-Pocket Maximum (includes deductible)	<ul style="list-style-type: none"> • \$4,100 per person • \$8,625 per family of three or more 	<ul style="list-style-type: none"> • \$7,700 per person • \$16,750 per family of three or more 	<ul style="list-style-type: none"> • \$4,100 single coverage or any one family member • \$8,625 family coverage per family of three or more 	<ul style="list-style-type: none"> • \$7,700 single coverage or any one family member • \$16,750 family coverage per family of three or more
Employer Health Savings Account Contribution	N/A		<ul style="list-style-type: none"> • \$250 for single coverage • \$500 for family coverage • These amounts are doubled if member and covered spouse, if applicable, completed wellness qualifications 	
Prescription Drugs				
Deductible	\$100 per person	\$100 per person	Included in Plan Year Deductible Preventive maintenance medications may be available at a lower cost. You can find the formulary at http://benefits.sd.gov/forms.aspx	
Pharmacy Out-of-Pocket Maximum	<ul style="list-style-type: none"> • \$1,000 per person • \$2,500 per family of three or more 		Included in Plan Year Out-of-Pocket Maximum	

¹DAKOTACARE Network plus Sanford providers make up the South Dakota State Employee Health Plan provider network.

²To view eligible preventive care services, visit <http://benefits.sd.gov/preventivecare.aspx>.

³When a covered Dependent attends school out-of-state, or when the member resides out-of-state, Preventive Care services as listed are covered by the plan if member visits a PCHS provider. If member utilizes a non-PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the member's responsibility to pay.

⁴Family deductible must be satisfied by three or more covered members.

FY18 Health Plan Contributions

If you enroll your spouse and/or dependents in one of the Health Plans, contributions are deducted on a pretax basis. The chart below shows the State Employee Health Plan contributions for FY18.

Coverage Level	24 PAY PERIODS		12 PAY PERIODS BOARD OF REGENTS EMPLOYEES	
	Low Deductible Health Plan Contributions ¹	High Deductible Health Plan with HSA Contributions ¹	Low Deductible Health Plan Contributions ³	High Deductible Health Plan with HSA Contributions ³
Employee	N/A	N/A	N/A	N/A
Employee and 1 Child	\$43.42	\$6.71	\$86.84	\$13.42
Employee and 2 Children	\$79.33	\$13.40	\$158.66	\$26.80
Employee and 3 or more Children	\$101.33	\$20.08	\$202.66	\$40.16
Employee and Spouse (Spouse Age as of July 1, 2017)²				
< 30	\$54.14	\$13.95	\$108.28	\$27.90
30 to 39	\$69.52	\$22.07	\$139.04	\$44.14
40 to 44	\$86.09	\$31.67	\$172.18	\$63.34
45 to 49	\$102.40	\$42.13	\$204.80	\$84.26
50 to 54	\$124.36	\$56.97	\$248.72	\$113.94
55 to 59	\$149.76	\$72.96	\$299.52	\$145.92
60 +	\$171.81	\$83.52	\$343.62	\$167.04
Employee and Spouse and 1 Child (Spouse Age as of July 1, 2017)²				
< 30	\$91.73	\$20.30	\$183.46	\$40.60
30 to 39	\$107.61	\$28.70	\$215.22	\$57.40
40 to 44	\$124.48	\$38.30	\$248.96	\$76.60
45 to 49	\$140.95	\$48.80	\$281.90	\$97.60
50 to 54	\$161.43	\$63.60	\$322.86	\$127.20
55 to 59	\$187.24	\$79.60	\$374.48	\$159.20
60 +	\$210.40	\$90.20	\$420.80	\$180.40
Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2017)²				
< 30	\$128.94	\$27.00	\$257.88	\$54.00
30 to 39	\$145.88	\$35.40	\$291.76	\$70.80
40 to 44	\$162.75	\$45.00	\$325.50	\$90.00
45 to 49	\$179.20	\$55.50	\$358.40	\$111.00
50 to 54	\$199.68	\$70.30	\$399.36	\$140.60
55 to 59	\$225.51	\$86.30	\$451.02	\$172.60
60 +	\$248.67	\$96.90	\$497.34	\$193.80
	¹ \$30 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products. ² For Family Status Changes or new hires during the plan year, current age determines the contribution rate.		³ \$60 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products.	

Opt-Outs

- You can opt-out of the South Dakota State Employee Health Plan if you provide proof of other creditable group health coverage or TRICARE. Medicare, Medicaid, Indian Health Services or VA coverage is NOT considered group health coverage.
- If you want to opt-out, you must do so by logging in during Annual Enrollment. If you are a current opt-out, you will default to opt-out status if you do not enroll.
- The deadline is June 9, 2017, to email your proof of creditable group coverage along with your name and department/agency to benefitswebsite@state.sd.us.
- Acceptable proof of coverage includes a Certificate of Creditable Coverage or a TRICARE identification card showing continued coverage. If you were a TRICARE Opt-Out in FY17, proof is not required at this time, but documentation may be required at any time.
- You will receive a \$300 opt-out credit in a Health Reimbursement Account with Discovery Benefits.

Married State Employees

- If you and your spouse both work for the State of South Dakota and cover dependent children, there is a combined family deductible when you both choose the Low Deductible Health Plan.
- The IRS does not allow a combined family deductible on a High Deductible Health Plan.
- To combine your deductibles, email your names and Health Plan ID numbers to benefitswebsite@state.sd.us.
- The maximum allowable calendar year contribution of \$5,000 to a dependent care flexible spending account is a household total. Please keep this in mind when electing payroll deduction amounts.
- The maximum allowable calendar year family contribution of \$6,750 to a Health Savings Account (HSA) is a household total. Please keep this in mind when electing payroll deduction amounts.
- ALEX is not able to model combined family benefits.

Spouse and Dependent Audit

The South Dakota State Employee Health Plan is preparing to conduct a spouse and dependent eligibility audit in FY18. This means employees will be required to certify that spouses and dependents enrolled in the health plan are eligible for coverage. As a reminder, employees may cover spouses and dependent children up to age 26 or up to age 29, if the child is a full-time student.

If you cover a spouse or dependents on the health plan, it is recommended that you review the eligibility requirements during Annual Enrollment. If a spouse or dependent is no longer eligible to be covered on the plan, please remove the individual from coverage during Annual Enrollment.

We will notify employees by mail with more details before the audit begins.

Discovery Benefits

Meet our Vendor:



Members receive a debit card to pay for eligible expenses, saving time filing claims and waiting for reimbursement.



The Discovery Benefits website (www.discoverybenefits.com) provides members with information about account activity and resources to maximize their tax-savings benefits. For assistance logging into your account, please call Discovery Benefits at 866.451.3399 or 877.573.7347, option 5.



The Discovery Benefits app gives members easy access to balances and account activity. It is available for free download on the Apple App Store or Google Play.

Dependent Care/Day Care Flexible Spending Account (FSA)

Discovery Benefits is the Flexible Spending Account (FSA) vendor.

- **New this year:** You must select the amount to contribute to your Dependent Care/Day Care FSA during Annual Enrollment. Your current payroll deductions for a Dependent Care/Day Care FSA will not automatically be continued.
- **Make the most of your money.** A Dependent Care/Day Care FSA provides an easy way for you to set aside pretax money to use for eligible dependent care (day care) only. This is available to any member regardless of health plan.
- **Eligible dependents.** Money set aside in your account can be used for the care of dependent children under age 13 and/or a dependent child or spouse who is physically or mentally unable to care for themselves. You should not sign up for a dependent care account if you do not have a dependent meeting these criteria.
- **Use it or lose it.** Active FSA employees have until September 14 of the following plan year to spend or incur claims related to their Dependent Care/Day Care Spending Account (unless your benefits end). You have 120 days from the end of the plan year to submit claims.
- Automatic Reimbursement can be set up through Discovery Benefits by filling out the Reoccurring Dependent Care Request Form. This form will need to be completed each plan year. Available at <http://benefits.sd.gov/forms.aspx>.
- If you leave state employment you have 60 days to make a claim, and the claim has to have occurred while you were an active employee.
- To learn more, visit <http://benefits.sd.gov/fsa/default.aspx>.

FSA	Status	2017 IRS Maximum Annual Contribution per Calendar Year	2018 IRS Maximum Annual Contribution per Calendar Year
Dependent Care/Day Care Flexible Spending Account	per household	\$5,000	\$5,000

Medical Flexible Spending Account (FSA)

Discovery Benefits is the Flexible Spending Account vendor.

- **New This Year:** You must select the amount to contribute to your Medical FSA during Annual Enrollment. Your current payroll deductions for a Medical FSA will not automatically be continued.
- **Pay for out-of-pocket medical costs with pretax dollars.** A Medical FSA helps you pay for out-of-pocket medical costs including: deductibles, copayments, dental costs, vision costs, prescriptions, and some other healthcare costs not covered by health insurance.
- If you are enrolled in the High Deductible Health Plan, have an HSA and select a Medical FSA, the FSA then becomes a combination FSA. You can only use the combination FSA toward vision and dental until your health plan deductible has been met.
- **Easy access to your money.** Discovery Benefits will provide you with a debit card to use for eligible expenses. You can avoid manually filing claims or documentation for most expenses. To learn more, visit <http://benefits.sd.gov/fsa/default.aspx>.
- **Eligible family members.** Money set aside in your account can be used to pay for out-of-pocket expenses for eligible members of your family, not just those you cover on your health plan.
- **Use it or lose it.** Active FSA employees have until September 14 of the following plan year to spend or incur claims related to their FSA (unless your benefits end). You have 120 days from the end of the plan year to submit incurred claims.
- If you leave state employment, you have 60 days to make a claim, and the claim has to have occurred while you had active benefits.

FSA	Status	IRS Maximum Annual Contribution 2017-Calendar Year	IRS Maximum Annual Contribution 2018-Calendar Year
Medical Flexible Spending Account	per employee	\$2,600	\$2,600

Health Savings Account (HSA)

- An HSA enables members enrolled in the High Deductible Health Plan to pay for covered medical, dental, and vision expenses with pretax dollars.
- High Deductible Health Plans with HSAs are becoming more popular nationally because they provide an opportunity for long term planning for medical costs. You own the money in the account. It does not expire with the plan year, and you can take it with you if you retire or leave employment with the State.
- The contributions you and the State make to the HSA grow with interest over time, if not used.
- Once you complete the terms & conditions to open an HSA with Discovery Benefits, you will receive an employer contribution from the State.
- If you already have an HSA set up with Discovery Benefits, you do not need to do anything additional to set up your account.
- You can elect or change a pretax payroll deduction to your HSA during Annual Enrollment or anytime during the plan year. The form to change your deductions during the plan year is available at <http://benefits.sd.gov/hsa/PayrollDeductionForm.pdf>.
- Employer contributions and payroll deductions will only be made to your HSA established with Discovery Benefits.
- If you have an HSA and also pick a Medical FSA, the FSA will be a combination FSA used for dental and vision expenses. Your combination FSA can only be used for medical and pharmacy expenses after you have reached your deductible.

HSA MAXIMUM CONTRIBUTIONS

In addition to the State contribution, you may also make tax-free contributions to your HSA, up to limits established by the Internal Revenue Service (IRS). The following are the maximum contributions you can make to your HSA in calendar year 2017 according to IRS regulations.

	Employer	Employee	Total HSA Contribution 2017 calendar year*
Employee only	\$500	\$2,900	\$3,400
Employee + spouse and/or children	\$1,000	\$5,750	\$6,750

* Catch-up contributions are allowed for individuals age 55 or older and each individual age 55 or older can contribute an additional \$1,000 in calendar year 2017. Consult your financial planner or accountant for more information.

You may not be eligible for an HSA if you:

- are covered by another health plan that is not a qualified High Deductible Health Plan (dual coverage),
- are covered by Tricare,
- are a dependent on someone else's tax return,
- are 65 or older and signed up for Medicare coverage, or
- have a spouse contributing to a Medical FSA that is not "limited" or "combination."

If you have questions about HSA eligibility, please contact Discovery Benefits at 866.451.3399.



For HSA funds only, money can be invested in an interest-bearing fund or mutual funds once your balance exceeds \$1,000. Discovery Benefits offers an Investment Guidance Tool through the portal to help decide which investments are right for you. Visit <http://discoverybenefits.com> for more information.

Flexible Benefits

FY18 Dental Plans

- The Base and Enhanced Dental Plans are provided by Delta Dental.
- **New this year:** The Annual Maximum Benefit and the Lifetime Orthodontic Benefit for new cases (starting after July 1, 2017) have increased to \$2,000 on the Enhanced Plan.
- The Base and Enhanced Plans pay for services based on a percentage of allowable charges.
- The member is responsible for the deductible, charges that exceed the covered percentage of allowable charges, and any charges over the annual maximum.
- Delta Dental offers a dental network that includes 98% of the dentists in South Dakota.
- You can visit the dentist of your choice but you may owe less out-of-pocket when you go to a participating/network dentist. Participating/network dentists have agreed to write off charges that exceed the allowable charges; nonparticipating dentists can balance bill those charges to the members.
- Orthodontic cases may be paid over two years based on treatment plan.
- Delta Dental will pay \$1,000 for orthodontics in the first year on either plan. In order to receive the additional \$1,000 payment in the second year on the Enhanced Plan, the enrollee must continue to be enrolled in the Enhanced Plan.
- Additional dental plan information is available at <http://benefits.sd.gov/dental.aspx>.
- To find a participating/network dentist, visit www.deltadentalsd.com and click on 'Find a Dentist.'
- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.

Base Dental Plan Premiums

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$16.20	\$32.40
Employee + Spouse	\$32.35	\$64.70
Employee + Child(ren)	\$35.41	\$70.82
Employee + Family	\$51.56	\$103.12

Premiums for coverage under the Dental Plan are made on a pretax basis.

Enhanced Dental Plan Premiums

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$26.17	\$52.34
Employee + Spouse	\$52.25	\$104.50
Employee + Child(ren)	\$53.28	\$106.56
Employee + Family	\$79.37	\$158.74

Premiums for coverage under the Dental Plan are made on a pretax basis.

Dental Plan Overview

	Base Plan	Enhanced Plan
Annual Maximum	\$1,000 per covered person	\$2,000 per covered person
Deductible (per plan year per member)	\$25	n/a
Diagnostic and Preventive Services	no waiting period	no waiting period
Routine and Restorative Services	no waiting period	no waiting period
Major and Orthodontic Services	no waiting period for FY18 one year waiting period after FY18	no waiting period for FY18 one year waiting period after FY18
Maximum Bonus Account (MBA)	n/a	up to \$2,000 per Enhanced Plan member

Dental Plan Coverage

Diagnostic and Preventive Services	Frequency	Base Plan Coverage ¹	Enhanced Plan Coverage
Routine examinations	2 per plan year	75%	100%
Routine cleanings	2 per plan year	75%	100%
Bite-wing x-rays	1 per plan year	75%	100%
Full mouth x-ray	1 in 5 years	75%	100%
Fluoride treatments	2 per plan year up to age 19	75%	100%
Space maintainers	on primary posterior teeth up to age 14	75%	100%
Dental sealants	once for unrestored 1st and 2nd permanent molars of child(ren) up to age 16	75%	100%
Routine and Restorative Services	Frequency	Base Plan Coverage ¹	Enhanced Plan Coverage
Emergency treatment	n/a	60%	80%
Non-surgical extractions	n/a	60%	80%
Amalgam (silver) and composite (tooth colored) restorations/fillings	1 every 2 years per surface	60%	80%
Periodontal maintenance	2 per plan year instead of prophylaxis	60%	80%
Denture repair	n/a	60%	80%
Anesthesia	in conjunction with surgical service	60%	80%
Major Services ²	Frequency	Base Plan Coverage ¹	Enhanced Plan Coverage
Root canals	1 every 2 years per tooth	35%	50%
Treatment of gum disease (periodontal service)	surgical-once every 3 years nonsurgical-once every 2 years	35%	50%
Crowns/onlays	1 every 5 years per tooth	35%	50%
Bridges	1 every 5 years	35%	50%
Partial and complete dentures	1 every 5 years	35%	50%
Implants	1 every 5 years	35%	50%
Surgical extractions	n/a	35%	50%
Orthodontics ²		50% up to age 19 only	50%
Lifetime orthodontic benefit	May be paid over the course of the treatment plan	\$1,000	\$2,000 ⁴ Increased
Maximum Bonus Account ³		n/a	\$2,000 Increased

¹ The covered percentage of allowable charges paid after the deductible has been satisfied.

² Members who do not enroll when initially eligible or during Annual Enrollment, will be subject to one year waiting periods for major and orthodontic services in FY19.

³ Members enrolled in the Enhanced Plan are eligible to receive \$250 per plan year in Maximum Bonus Account (MBA) benefits if they file at least one claim during the plan year and benefits paid are less than \$1,000 for the plan year. MBA maximum is \$2,000 per member.



⁴Only orthodontia treatments started after July 1, 2017 are eligible for the \$2,000 lifetime benefit. The previous benefit (\$1,500) applies to treatment already in progress.

Dental Maximum Bonus Account (MBA)



- Members enrolled in the Enhanced Plan are eligible to receive \$250 per plan year in Maximum Bonus Account (MBA) benefits if they file at least one claim during the plan year and benefits paid are less than \$1,000 for the plan year.
- The MBA maximum is \$2,000 per member.
- You must be enrolled in the Enhanced Plan for one plan year before you can earn MBA benefits.
- You, your spouse and dependents will each have their own account. MBA benefits cannot be shared.
- MBA benefits cannot be used for orthodontic claims.
- Your MBA account balance rolls over year-to-year.
- If you move from the Enhanced Plan to the Base Plan, you will lose your account balance.
- You will also lose your account balance if you have a break in coverage.
- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.



Smile Smart For Your Health

If you or someone on your dental plan has any of the following health conditions, you/they are eligible for additional benefits (per coverage year) through the Smile Smart for Your Health program.

- Gum (periodontal) disease (4 cleanings*, 2 applications of fluoride varnish)
- Diabetes (4 cleanings*)
- Pregnancy (1 additional cleaning during the time of pregnancy)
- High-risk cardiac conditions (4 cleanings*)
- Kidney failure or undergoing dialysis (4 cleanings*)
- Undergoing cancer-related chemotherapy and/or radiation(4 cleanings*, 2 applications of fluoride varnish)
- Suppressed immune systems (4 cleanings*, 2 applications of fluoride varnish)
- At risk for oral cancer (brush biopsy test for early detection of oral cancer/precancerous cells)

Let your dentist know and he/she will note the condition on your claim form. If you have questions regarding this program call Delta Dental's customer service at 605.224.7345 or 877.841.1478.

* Cleanings can either be a general (prophylaxis) cleaning or a periodontal maintenance cleaning. Periodontal maintenance cleanings are covered under the "Routine and Restorative" category, not the "Diagnostic and Preventive Services" category. Your dentist may or may not charge for exams related to added periodontal maintenance or cleanings. The additional exams are not covered.

Vision Plan

- The Vision Plan is provided by MetLife.
- The Vision Plan covers a wide range of services such as eye exams, glasses, and contact fittings.
- **You must wait one year from your last date of service/purchase before you're eligible to have the same service/purchase covered.**
- You can see the vision care doctor of your choice but you may pay the lowest out-of-pocket cost if you visit an in-network provider.
- You can find an In-network provider by visiting www.metlife.com, clicking on 'Find a Vision Provider,' entering your zip code, and selecting MetLife Vision PPO as the plan.
- Questions? Call MetLife at 800.GET.MET8 (800.438.6388) or 877.573.7347, option 7.

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$3.33	\$6.66
Employee + Spouse	\$6.67	\$13.34
Employee + Child(ren)	\$5.65	\$11.30
Employee + Family	\$9.31	\$18.62

Premiums for coverage under the Vision Care Plan are made on a pretax basis.

Service	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Exam Comprehensive exam of visual functions and prescriptive corrective eyewear	\$10 copay	reimbursed up to \$45	12 months after last exam
Materials/Eyewear Copay (either glasses or contact lenses allowed per frequency)	\$25 towards frames/lenses and does not apply to elective contact lenses. Elective contact lenses are a separate copayment.	n/a	12 months after last materials/eyewear copay
Lenses			
Single vision	covered after eyewear copay	up to \$30 allowance	12 months after last claim
Bifocal	covered after eyewear copay	up to \$50 allowance	12 months after last claim
Trifocal	covered after eyewear copay	up to \$65 allowance	12 months after last claim
Lenticular	covered after eyewear copay	up to \$100 allowance	12 months after last claim
Standard Lens Options Ultra violet coating Polycarbonate (child up to age 18)	covered after eyewear copay	applied to the allowance for the applicable corrective lens	12 months after last claim
Progressive	\$55 copay for standard. Up to \$175 for custom.	up to \$50 allowance	12 months after last claim
Polycarbonate (adult) Scratch-resistant coating Anti-reflective coating Photochromic	these options are available with "not to exceed" pricing/maximum copay	applied to allowance for applicable corrective lens	12 months after last claim
Frames ¹	up to \$130 allowance after eyewear copay \$70 allowance after eyewear copay at Costco	up to \$70 allowance	12 months after last claim
Contact Lenses Fitting and Evaluation	standard or premium fit covered in full with a copay up to \$60	applied to allowance for contact lenses	12 months after last claim
Elective Contact Lenses (in place of lens & frame benefit)	up to \$130 allowance	up to \$105 allowance	12 months after last claim
Necessary Contact Lenses (must be medically necessary)	covered after material eyewear copay	up to \$210 allowance	12 months after last claim

¹20% off the additional amount when patients choose a frame that exceeds the allowance. Available from all In-Network providers except Costco.

Accident Insurance Plan

- The Accident Insurance Plan is provided by MetLife.
- Accident insurance provides you with a lump-sum payment when you suffer a covered injury or undergo covered testing, medical services, or treatment and meet the group policy and certificate requirements. There are more than 150 covered events, and there is no limit on the number of different accidents that will be covered.
- You can use the Accident Insurance Plan benefit for any purpose you like, for example: to help pay for expenses not covered by your medical plan, deductible, coinsurance, or your out-of-pocket maximum.
- Payments will be made directly to you to use as you see fit. To view covered benefits, visit <http://benefits.sd.gov/accident.aspx>.
- There are no waiting periods for coverage and payments are made in addition to any other insurance you may have.
- The Accident Insurance Plan is portable. This means, you can continue your coverage if your employment status with the State changes.
- If covered member is age 70 or older, benefits will be reduced by 50%.
- Questions? Call MetLife at 800.GET.MET8 (800.438.6388) or 877.573.7347, option 7.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$4.03	\$8.06
Employee + Spouse	\$6.10	\$12.20
Employee + Child(ren)	\$7.99	\$15.98
Employee + Family	\$10.22	\$20.44

Premiums for coverage under the Accident Insurance Plan are made on an after tax basis.



Benefit Type ¹	Accident Insurance Plan Pays You
Injuries	
Fractures ²	\$50-\$5,000 ²
Dislocations ²	\$100-\$3,200 ²
Second and Third Degree Burns	\$100-\$6,400
Concussions	\$200
Cuts/Lacerations	\$25-\$400
Eye Injuries	\$200
Medical Services & Treatment¹	
Ambulance	\$200-\$750
Emergency Care (varies depending on location of care)	\$50-\$150
Non-Emergency Care	\$50
Physician Follow-Up	\$50
Therapy Services (including physical therapy)	\$25
Medical Testing Benefit	\$100
Medical Appliances	\$50-\$500
Inpatient Surgery	\$100-\$1,000
Dismemberment Loss & Paralysis	
Paralysis Benefit (Two limbs of Four limbs)	\$5,000-\$10,000

¹ Covered services/treatments must be the result of covered accidents as defined in the group policy/certificate. See the Outline of Coverage for more details.

² Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit

Hospital Indemnity Plan

- The Hospital Indemnity Plan (HIP) is provided by Voya Financial.
- Hospital Indemnity provides a cash benefit directly to you if you're hospitalized.
- You and/or a covered family member receive a daily benefit of \$200 per person for each day of hospitalization because of an illness or injury – up to a total of 180 days beginning with the first day of a hospital stay. There is not a lifetime maximum benefit.
- To view a short video explaining the Hospital Indemnity Plan, visit <http://benefits.sd.gov/HIP.aspx> and choose the HIP enrollment video.
- There are no waiting periods for coverage and payments are made in addition to any other insurance you may have.
- Care must be medically necessary, ordered by a physician, and take place in a hospital.
- You can use the HIP benefit for any purpose you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care cost, or any of your normal household expenses.
- You cannot add a spouse 70 years of age or older. If your spouse was added before turning 70, he or she can remain on the plan.
- Substance abuse and mental health facilities are excluded from coverage. For a complete list of exclusions, please see the HIP policy at <http://benefits.sd.gov/HIP.aspx>.
- Questions? Call Risty Benefits, Inc at 866.237.9411.

Benefit	Employee	Spouse	Child(ren)
Hospital (1x daily benefits amount) for up to 180 days	\$200	\$200	\$200
Critical Care Unit (2x daily benefits amount) for up to 15 days	\$400	\$400	\$400
Rehabilitation Facility (0.5x daily benefits amount) for up to 30 days	\$100	\$100	\$100

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$4.36	\$8.72
Employee + Spouse	\$5.81	\$11.62
Employee + Child(ren)	\$8.92	\$17.84
Employee + Family	\$11.81	\$23.62
Premiums for coverage under the Hospital Indemnity Plan are made on an after tax basis.		

Short-Term Disability / Income Protection Plan

- The Short-Term Disability Income Protection Plan is provided by Unum.
- **New this year:** You may not have to use all your sick leave before your benefits begins (if you have more than a month of sick leave).
- If you are receiving payment, you will not have to pay the premium after 90 days.
- This plan provides a benefit during eligible periods of disability.
- The benefit is 60% of your monthly salary¹ or a maximum of \$866 per week.
- For more information visit <http://benefits.sd.gov/ShortTermDisabilityPlan.aspx>.
- Questions? Call Risty Benefits, Inc at 866.237.9411.

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$3.98	\$7.96
Premiums for coverage under the Short-Term Disability Income Protection Plan are made on an after tax basis.		

Coverage	
Benefits Begin	After 30 calendar days of total disability
Monthly Benefit Amount	60% of your monthly salary ¹ , up to \$866.00 per week. Short-Term Disability Income Protection Plan benefits are paid on a weekly basis. You can use 40% of sick or vacation leave.
Participation Begins	Generally, six months after the employee enrolls in the Plan. ²
Benefits End	Earliest of: <ul style="list-style-type: none"> • End of disability (meaning the employee is physically able to return to work) • Employment in any job/occupation • The employee's death³ • 52 weeks
<p>¹ For purposes of this Plan, your salary does not include bonuses, fringe benefits, longevity pay, overtime pay, or summer school compensation.</p> <p>² Coverage for new employees generally begins six months after their first day of work, provided they enrolled within 30 days of date of hire. During annual enrollment, coverage is effective the following January 1. You will begin paying premiums in December for coverage effective January 1.</p> <p>³ Any accrued benefits will be paid to your estate upon employee death.</p>	

FY18 Life Insurance & Accidental Death & Dismemberment (AD&D)

Basic Life Insurance

- **New this year:** you are no longer able to continue the basic life insurance after you leave state employment.
- Basic Life Insurance coverage of \$25,000 is provided to benefit eligible employees through Voya Financial.
- AD&D basic coverage of \$25,000 is provided to benefit eligible employees through Voya Financial.

Employee Supplemental Life

- **New this year:** you cannot continue the basic life insurance coverage if you leave state employment. If you currently only have basic life, you will have the opportunity to add 1x your salary supplemental life during Annual Enrollment, which you can take with you when you leave state employment.
- If you do not sign up during Annual Enrollment and later want to, you will need to go through an approval process.
- You may choose supplemental life coverage levels of one, two, three, four or five times your annual earnings through Voya Financial.
- If you are applying for 2-5x your salary coverage or an increase to your current amount, outside of your 30 day new hire enrollment period, you need to go through an approval process.
- The maximum amount of supplemental coverage available is \$400,000.
- The Voya Financial Supplemental Life Insurance Plan is portable meaning you may be able to continue the policy on your own when you end employment with the State, up to age 80.

Employee Accidental Death & Dismemberment (AD&D)

- The AD&D coverage provides a benefit in the case of accidental death and dismemberment.
- AD&D coverage equals the Supplemental Life Coverage.
- If you add AD&D to your supplemental life and elect dependent life, AD&D will automatically be added to the dependent life.
- Questions? Call Risty Benefits, Inc at 866.237.9411 or visit <http://benefits.sd.gov> and select life insurance under the benefits tab.

Spouse & Dependent Life/Accidental Death & Dismemberment (AD&D)

- If you have Employee Supplemental Life, you may purchase \$10,000 of Spouse and Dependent Life Coverage and \$10,000 of Spouse and Dependent AD&D coverage. The coverage and contribution rates apply to all eligible dependents.
- If you are applying for new dependent coverage outside of your 30 day new hire period, your spouse/child(ren) will need to go through an approval process.

How to figure Supplemental Life and AD&D:

- To calculate your contribution amount(s), round your salary up to the next \$1,000 level.
- Multiply salary by desired coverage level. Then multiply by the rate for your age group.
- Finally, divide by 1,000.

Example: Employee paid 24 Pay Periods - age 46 with annual earnings of \$37,600 elects Life and AD&D coverage at 3 times annual.

Life Rate = \$0.095 per thousand

$\$38,000 \times 3 \times 0.095/1,000 = \10.83 per pay period

AD&D Rate = \$0.015 per thousand

$\$38,000 \times 3 \times 0.015/1,000 = \1.71 per pay period

RATE PER \$1,000 OF COVERAGE PER PAY PERIOD				
Age	Premiums 24 Pay Periods		Premiums 12 Pay Periods	
	Life	AD&D	Life	AD&D
Younger than 30	\$0.040	\$0.015	\$0.080	\$0.030
30 to 34	\$0.050	\$0.015	\$0.100	\$0.030
35 to 39	\$0.060	\$0.015	\$0.120	\$0.030
40 to 44	\$0.070	\$0.015	\$0.140	\$0.030
45 to 49	\$0.095	\$0.015	\$0.190	\$0.030
50 to 54	\$0.135	\$0.015	\$0.270	\$0.030
55 to 59	\$0.205	\$0.015	\$0.410	\$0.030
60 to 64	\$0.300	\$0.015	\$0.600	\$0.030
65 to 69	\$0.560	\$0.015	\$1.120	\$0.030
70+	\$0.905	\$0.015	\$1.810	\$0.030

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
\$10,000 Life	\$1.13	\$2.26
\$10,000 AD&D	\$0.15	\$0.30
You pay for coverage with after tax payroll deductions.		

Why Wellness?

About your beneFIT Well-Being Program



be well. work well. live well.

The South Dakota State Employee Benefits Program has partnered with StayWell to provide you with tools and resources to help you feel and look your best. By participating in the beneFIT Well-Being Program, you can take control of your health and be well, work well, live well.

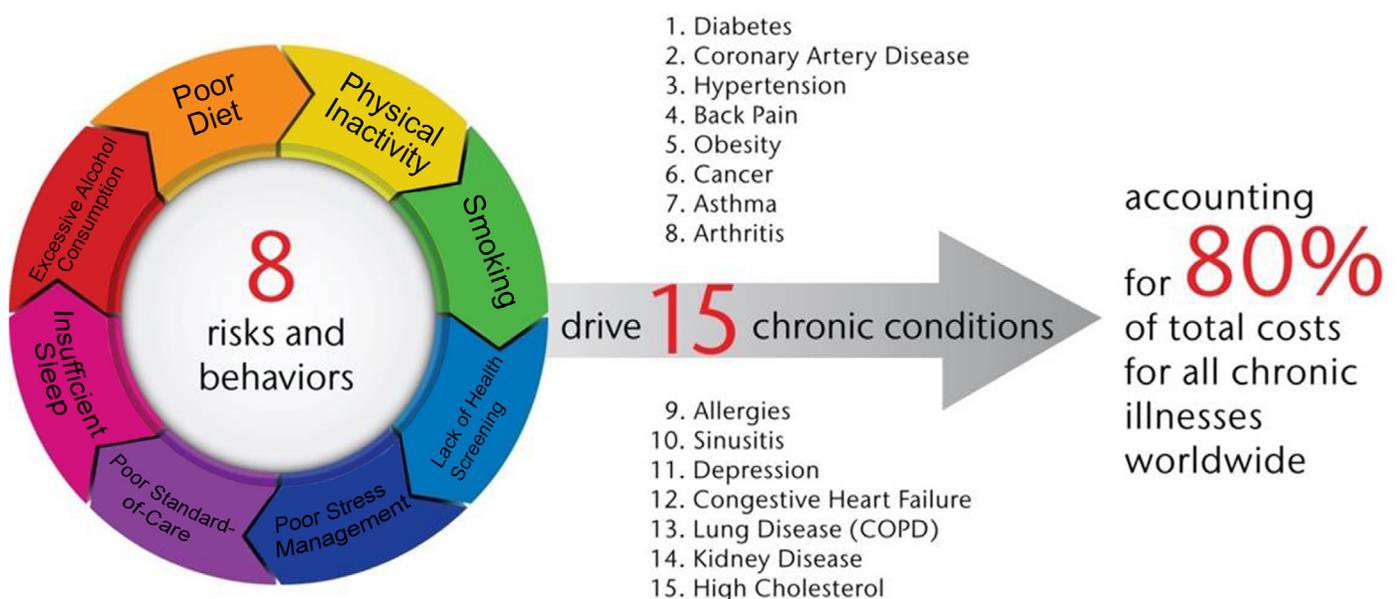
Plan ahead for the next annual enrollment period and complete the three wellness qualifications by March 31, 2018, to qualify for the Low Deductible Health Plan in FY19* or earn the maximum contribution for your Health Savings Account (HSA), if you choose the High Deductible Health Plan for FY19.* No matter which health plan you choose for FY19, completing the following wellness qualifications will be beneficial to you:

1. **Health Assessment:** Complete the assessment questions to see how your lifestyle habits affect your health and well-being.
2. **Health Screening:** Receive valuable information to keep you healthy today and help prevent serious health problems in the future.
3. **Earn 100 Wellness Points:** Choose activities of your choice to earn 100 wellness points.

*If your spouse is on your health plan, both you and your covered spouse must complete the three qualifications to be eligible for the low deductible plan or maximum employer HSA contribution if you choose the high deductible. If you're hired or added to the plan after July 1, 2017, you are not required to complete the wellness qualifications to be eligible for the Low Deductible Health Plan or the maximum employer HSA contribution, if you choose the High Deductible Health Plan.

The Big Picture

The South Dakota State Employee Benefits Program strives to promote and emphasize preventive care. There are 15 chronic conditions that drive most health plan costs nationally. The beneFIT Well Being Program is here to provide resources for employees to use preventive care and avoid the development of chronic conditions by adopting positive lifestyle choices to enhance overall well-being.



Contacts and Resources

The South Dakota State Employee Benefits Program works in partnership to provide high quality, competitively priced programs and services. Below is a listing of our contacts and resources and the services they offer.

	CONTACT	ONLINE	PHONE/FAX	
DAKOTACARE				
<ul style="list-style-type: none"> Coverage questions Provider Network Claims Processing Health Homes Questions 	DAKOTACARE P.O. Box 7406 Sioux Falls, SD 57117-7606	www.DAKOTACARE.com DAKOTACARE Access https://access.dakotacare.com/ Network look up: https://www.dakotacare.com/tools-resources/provider-search-2016/	800.831.0785 877.573.7347, option 1 Fax: 605.274.3291 (Attn: Claims)	
South Dakota State Employee Benefits Program				
<ul style="list-style-type: none"> Health Plan Questions Enrollment Questions 	Bureau of Human Resources 500 East Capitol Pierre, SD 57501	benefitswebsite@state.sd.us http://benefits.sd.gov	605.773.3148 or 877.573.7347, option 2 Fax: 605.773.6840	
benefIT Well-Being Program				
<ul style="list-style-type: none"> Health Assessment Health Screening Wellness Programs 	StayWell Health Management 3000 Ames Crossing Rd. St. Paul, MN 55121	http://benefit.staywell.com	1.800.721.2749 or 877.573.7347, option 3	
Health Management Partners (HMP)				
<ul style="list-style-type: none"> Case Management Condition Management Medical Pre-authorizations Medical Management Our Healthy Baby 	Health Management Partners 2301 West Russell St. Sioux Falls, SD 57105	http://sosd.hmpsdportal.com www.preauthonline.com	866.330.9886 or 877.573.7347, option 4 Fax: 605.731.1905	
Discovery Benefits				
<ul style="list-style-type: none"> Medical Flexible Spending Account Dependent Care Spending Account Health Savings Account Health Reimbursement Account 	Discovery Benefits PO Box 2926 Fargo, ND 58108	customerservice@discoverybenefits.com www.discoverybenefits.com	866.451.3399 or 877.573.7347, option 5	
Delta Dental				
<ul style="list-style-type: none"> Dental 	Delta Dental PO Box 1157 Pierre, SD 57501	www.deltadentalsd.com http://benefits.sd.gov/dental.aspx	605.224.7345, 877.841.1478 or 877.573.7347, option 6	
MetLife				
<ul style="list-style-type: none"> Vision Accident 	MetLife 200 Park Avenue New York, NY 10166	www.metlife.com http://benefits.sd.gov/vision.aspx	800.GET.MET8, 800.438.6388 or 877.573.7347, option 7	
Risty Benefits, Inc.				
<ul style="list-style-type: none"> Long Term Care- UNUM Hospital Indemnity- VOYA Short Term Disability- UNUM Life Insurance and AD&D- VOYA 	Risty Benefits, Inc. 1324 Minnesota Sioux Falls, SD 57105	help@ristybenefits.com www.southdakotaflexbenefits.com	866.237.9411 or 877.573.7347, option 8	
Employee Assistance Program (EAP)				
<ul style="list-style-type: none"> Family Issues Alcohol/Drugs Anxiety Parenting Workplace Managing Stress 	<ul style="list-style-type: none"> Aging Depression Grief Abuse Legal Relationships 	KEPRO 777 East Park Dr. Harrisburg, PA 17111	www.EAPHelpink.com company code: southdakota 24 hours a day, 7 days a week	800.713.6288 or 877.573.7347, option 9

Mark your calendars for Annual Enrollment: May 1-15, 2017

What happens if I don't log in and participate in Annual Enrollment?

- You may not be enrolled in the health plan you prefer.
- You will not be contributing money to a medical or dependent flexible spending account.
- Your current flexible benefits (dental, vision, etc.) will remain the same as last year.
- If you only have the basic life insurance, you will miss your opportunity to sign up for supplemental life coverage equivalent to your salary that you can take with you when you leave the State.

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