

# FY20 Decision Guide & Reference Manual

SOUTH DAKOTA  
**state employee  
benefits program**

learn. act. thrive.



Annual Enrollment: May 1-15, 2019

# FY20 Decision Guide & Reference Manual

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. Please take the time to read the information in this Decision Guide & Reference Manual. This booklet is designed to help you make the right choices for you and your family during Annual Enrollment, which is May 1-15, 2019. We hope you will keep it for reference throughout the FY20 plan year, which starts July 1, 2019 and ends June 30, 2020.

## Table of Contents

Intro; Compliance .....	2
FY20 Plan Changes; What is Annual Enrollment; Important Info .....	3
How to Enroll .....	4
Wellness Qualifications; ALEX.....	5
Low Deductible Health Plan .....	6
High Deductible Health Plan .....	7
Health Plan Comparisons.....	8
Health Plan Contributions .....	9
Opt-Outs; Married State Employees .....	10
Discovery Benefits Info; Health Savings Accounts.....	11
Health Savings Accounts .....	12
Dependent Care .....	13
Medical Flexible Spending Accounts.....	14
Dental Insurance.....	15-17
Vision Insurance.....	18-19
Accident Insurance .....	20
Hospital Indemnity Insurance .....	21
Short-Term Disability Insurance .....	22
Life Insurance; Accidental Death & Dismemberment .....	23
benefIT Well-Being Program.....	24
Employee Assistance Program; Lunch and Learn; Terminology Reference .....	25
Contacts and Resources.....	26-27

## Compliance Documents

Numerous compliance documents are always available for your review at <https://bhr.sd.gov/benefits/active/forms-documents/compliance-documents/index.html>.



This guide contains basic information to help members of the South Dakota State Employee Benefits Program prepare for FY20 Annual Enrollment. Complete plan information and the fine print can be found at [`https://bhr.sd.gov/benefits/.](https://bhr.sd.gov/benefits/)

Please note that the Health Plan Summary Plan Document (SPD) or Insurance Carrier's Plan Certificates should be consulted for coverage, benefits information, exclusions and other important information. The benefit information provided in the decision guide is not all inclusive. If there is a discrepancy between the decision guide and the SPD or Plan Certificates, the SPD or Plan Certificates prevail.

# What's New?

## FY20 Plan Changes

- The Low Deductible Health Plan now has a \$1,500 deductible for single coverage and \$3,750 deductible for family coverage (for a family of three or more).
- The Low Deductible Health Plan has a separate prescription deductible from the medical deductible above. For FY20, the prescription deductible will increase \$50 to \$150, and the individual out-of-pocket maximum will increase \$500 to \$1,500. The family out-of-pocket will increase \$1,250 to \$3,750.
- The out-of-pocket maximum on the Low Deductible Health Plan will increase by \$300 to \$4,400 for single coverage or any one family member. The out-of-pocket maximum for a family of three or more will increase by \$750 to \$9,375.
- The High Deductible Health Plan now has a \$2,200 deductible for the single coverage, and \$4,400 deductible for family coverage (for a family of two or more).
- The out-of-pocket maximum on the High Deductible Health Plan will increase by \$300 to \$5,300 for single coverage or any one family member. The out-of-pocket maximum for a family of two or more will increase by \$750 to \$10,275.
- Prescription drug copayments have increased across several tiers for both the Low Deductible Health Plan and High Deductible Health Plan. See page 6-7 for more details.
- The South Dakota State Employee Benefits Program has partnered with Dialog Direct for ongoing spouse and dependent eligibility verifications. See page 10 for more details.

## What is Annual Enrollment?

This is the only time during the plan year you can make changes to your benefits without having had 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, 2019**.

Note: Annual Enrollment will end at **noon your time** on May 15. Visit <https://bhr.sd.gov/benefits/FY20AE.html> to enroll.

## Important Info

- You must visit a DAKOTACARE network or Sanford provider to receive the highest level of benefits.
- Family status change forms are due to the Bureau of Human Resources within **30 days** following a qualifying event, such as birth, marriage, adoption, or divorce.
- Certain pharmacy and medical services must be pre-authorized. To view the pre-authorization listing, visit <https://bhr.sd.gov/benefits/active/forms-documents/index.html> under "Other."
- Eligible preventive care services are covered even before you meet your annual deductible. To view eligible preventive care services, visit <https://bhr.sd.gov/benefits/active/health-plans/preventative-care/index.html>.
- 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 deductible or the out-of-pocket maximum.

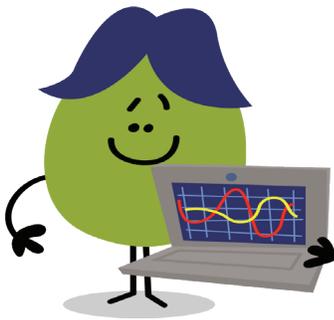


# How to Enroll

## Been here before?

If you participated in Annual Enrollment last year, enrolled for benefits in the last 12 months, logged in to change your life insurance, or logged in to view your confirmation statement anytime since April 2017, you have a user name and password already. If you don't remember, use the "Forgot your username?" or "Forgot your password?" links to recover the info. You do not need to register again.

**Note:** It is recommended that you use the Google Chrome web browser when logging in to elect your benefits.



## Time to Register?

If you have not logged in to enroll before or have not done so since before April 2017, you will need to register.

For security reasons, you will have to provide an email address and verify receipt of an email from that account before entering enrollment selections. Below 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 files 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 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 files will appear. Follow the instructions in the popup.)
12. Click the 'Log in' Button.

## Log in

**Been here before?** If you have logged into this site at any point since April 2017, you already have a user name and password. If you don't remember your login info, choose forgot user name or forgot password.

**Time to register?** You will need to register if one of the following applies to you:

- You're a new employee. (Welcome!)
- You haven't been to this site since April 2017.
- Not sure? Click forgot User Name and check the email you most likely would have used to register.

User Name

The User Name field is required.

Password

The Password field is required.

Register

Log in

[Forgot your user name?](#)



[Forgot your password?](#)



## Register.

Create a new account.

If using a personal email address it may not be accessible from within the state network.

Email

User Name

Password

Confirm password

I'm not a robot



reCAPTCHA  
Privacy - Terms

Register

# Wellness Qualifications for FY21

The benefit well-being program offers an incentive for employees and covered spouses who complete the three wellness qualifications below by April 1, 2020. By completing the three qualifications, you will either qualify for the Low Deductible Health Plan for FY21\* or you will earn the maximum State contribution for your Health Savings Account (HSA) if you choose the High Deductible Health Plan for FY21.\*

1. Online Health Assessment: This assessment can help you determine where you are in each aspect of well-being and resources will be recommended in areas of need.
2. On-site 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 healthy lifestyle activities to earn 100 wellness points including free health coaching, online videos, individual and team challenges, preventive care, and much more.

To learn more about the programs available and earning your incentive, visit

<https://bhr.sd.gov/benefits/active/benefit/> or login to your account at <https://benefit.staywell.com> to get started.

*\*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 the maximum State contribution for your HSA, if you choose the High Deductible Health Plan for FY21.*

## ALEX

He's back! Visit **alex**<sup>®</sup>

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

Health care 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.

ALEX is available anywhere that's convenient for you. Log on from your work computer, your smart phone, or your home computer with an internet connection. Use it by yourself or 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/2020>.

PLEASE NOTE: ALEX is for new employees researching enrollment options for the FY20 benefits plans. To complete your enrollment in the benefits plans please go to the new employee benefits enrollment page at <https://apps.sd.gov/eb07website/Account/Login?ReturnUrl=%2Feb07website%2F>



# Low Deductible Health Plan

## (\$1,500 single coverage / \$3,750 family coverage)

- The Low Deductible Health Plan deductible will be \$1,500 for single coverage or \$3,750 for a family of three or more.
- The in-network, out-of-pocket maximum for this plan is \$4,400 per person or \$9,375 for a family of three or more.
- The prescription deductible is \$150.
- The annual prescription out-of-pocket maximum for the Low Deductible Health Plan is \$1,500 per person or \$3,750 for a family of three or more.
- To be eligible for this plan, you and your covered spouse must have completed an On-site Health Screening, Online Health Assessment, and earned 100 Wellness Program points by April 1, 2019.
- If you were hired or added to the health plan after July 1, 2018, you are automatically eligible to select the Low Deductible Health Plan.
- See comparison chart on page 8.

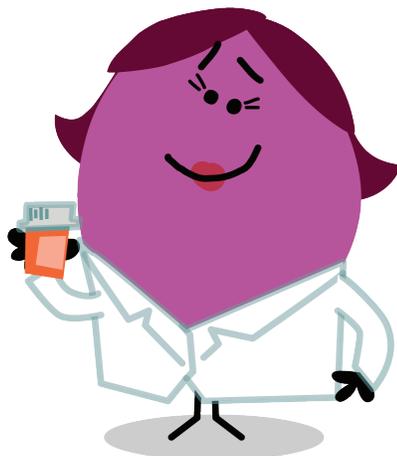
## How Prescription Drug Coverage Works

There is a separate \$150 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	\$55	\$137.50
Tier 3 - Brand Non-Preferred	\$75	\$187.50
Tier 4 - Specialty Preferred	\$85	n/a
Tier 5 - Specialty Non-Preferred	\$110	n/a

\*To determine your prescription's category, please visit your local pharmacy or call CVS at 1.866.443.1185.



# High Deductible Health Plan

(\$2,200 single coverage / \$4,400 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 \$2,200 deductible for single coverage, and a \$4,400 deductible for family coverage (for a family of two or more).
- If you have family coverage, you will pay \$4,400 before the plan pays for anything (other than eligible preventive services).
- 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 is met.
- The in-network, out-of-pocket maximum for this plan is \$5,300 per person or \$10,275 for a family of two or more.
- For more HSA information, see page 11 - 12.

## How Prescription Drug Coverage Works

### PRESCRIPTION DRUG COVERAGE UNDER THE HIGH DEDUCTIBLE HEALTH PLAN

Member pays for eligible prescription drug expenses directly to the pharmacy at the time of service, which then applies to the deductible.

Pharmacy charges are applied to deductible: \$2,200 single coverage or \$4,400 family coverage per family of two or more.

After the deductible has been met, the member pays 25% coinsurance for covered generic and brand preferred prescription charges. The member pays 37.5% coinsurance for covered brand non-preferred prescription charges. Coinsurance continues throughout the plan year until the out-of-pocket maximum is met.

### PREVENTIVE THERAPY DRUG COVERAGE ON THE HIGH DEDUCTIBLE HEALTH PLAN

Prescriptions included on the preventive therapy list at <https://bhr.sd.gov/benefits/active/forms-documents/index.html> 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	\$55	\$137.50
Tier 3 - Brand Non-Preferred	\$75	\$187.50
Tier 4 - Specialty Preferred	\$85	n/a
Tier 5 - Specialty Non-Preferred	\$110	n/a

\*To determine your prescription's category, please visit your local pharmacy or call CVS at 1.866.443.1185.

- Only prescriptions on the preventive therapy list will be available to members of the High Deductible Health Plan at no cost (generic drugs) or at a maximum of \$110 for a 30-day supply. This is to help you continue to take preventive maintenance drugs before satisfying the deductible. To see a complete list of prescriptions covered by preventive therapy, go to <https://bhr.sd.gov/benefits/active/forms-documents/index.html>



# FY20 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 FY20				
Plan Details	Low Deductible Health Plan		High Deductible Health Plan with HSA	
	Network Provider <sup>1</sup>	Out-of-Network Provider	Network Provider <sup>1</sup>	Out-of-Network Provider
Eligible Preventive Services <sup>2</sup>	Covered at 100%	Not covered <sup>3</sup>	Covered at 100%	Not covered <sup>3</sup>
Plan Year Deductible	<ul style="list-style-type: none"> <li>• \$1,500 per person</li> <li>• \$3,750 per family of three or more<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• \$3,000 per person</li> <li>• \$7,500 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,200 single coverage</li> <li>• \$4,400 family coverage per family of two or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$4,400 single coverage</li> <li>• \$8,800 family coverage per family of two or more</li> </ul>
			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"> <li>• Emergency Room: \$250</li> <li>• Does not count toward your deductible but does count toward your out-of-pocket maximum.</li> </ul>		N/A	
Coinsurance	<ul style="list-style-type: none"> <li>• Plan pays 75% after deductible</li> <li>• You pay 25%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 65% after deductible</li> <li>• You pay 35%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 75% after deductible</li> <li>• You pay 25%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 65% after deductible</li> <li>• You pay 35%</li> </ul>
Plan Year Out-of-Pocket Maximum (includes deductible)	<ul style="list-style-type: none"> <li>• \$4,400 per person</li> <li>• \$9,375 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$8,300 per person</li> <li>• \$18,250 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,300 single coverage or any one family member</li> <li>• \$10,275 family coverage per family of two or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$9,200 single coverage or any one family member</li> <li>• \$19,150 family coverage per family of two or more</li> </ul>
Employer Health Savings Account Contribution	N/A		<ul style="list-style-type: none"> <li>• \$250 for single coverage</li> <li>• \$500 for family coverage</li> <li>• These amounts are doubled if member and covered spouse, if applicable, completed wellness qualifications by April 1, 2019.</li> </ul>	
<b>Prescription Drugs</b>				
Deductible	\$150 per person	\$150 per person	<ul style="list-style-type: none"> <li>• Included in Plan Year Deductible</li> <li>• Preventive therapy medications may be available at a lower cost. You can find the list at <a href="https://bhr.sd.gov/benefits/active/forms-documents/index.html">https://bhr.sd.gov/benefits/active/forms-documents/index.html</a></li> </ul>	
Pharmacy Out-of-Pocket Maximum	<ul style="list-style-type: none"> <li>• \$1,500 per person</li> <li>• \$3,750 per family of three or more</li> </ul>		Included in Plan Year Out-of-Pocket Maximum	

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

<sup>2</sup>To view eligible preventive care services, visit <https://bhr.sd.gov/benefits/active/health-plans/preventative-care/>

<sup>3</sup>When a covered spouse or dependent attends an out-of-state school, or when the member resides out-of-state, Preventive Care services as listed in the Summary Plan Descriptions are covered by the plan if member visits a PHCS provider. If member utilizes a non-PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the member's responsibility to pay.

<sup>4</sup>Family deductible must be satisfied by three or more covered members.

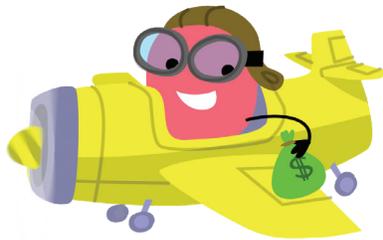
# FY20 Health Plan Contributions

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 FY20. These rates have not changed since FY14.

	24 PAY PERIODS		12 PAY PERIODS BOARD OF REGENTS EMPLOYEES	
Coverage Level	Low Deductible Health Plan Contributions <sup>1</sup>	High Deductible Health Plan with HSA Contributions <sup>1</sup>	Low Deductible Health Plan Contributions <sup>3</sup>	High Deductible Health Plan with HSA Contributions <sup>3</sup>
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
<b>Employee and Spouse (Spouse Age as of July 1, 2019)<sup>2</sup></b>				
< 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
<b>Employee and Spouse and 1 Child (Spouse Age as of July 1, 2019)<sup>2</sup></b>				
< 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
<b>Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2019)<sup>2</sup></b>				
< 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
<sup>1</sup> \$30 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products.	<sup>2</sup> For Family Status Changes or new hires during the plan year, spouse's age as of July 1 determines the contribution rate.		<sup>3</sup> \$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. Please note Medicare, Medicaid, Indian Health Services, or VA coverage are NOT considered creditable 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 3, 2019, to provide your proof of creditable group coverage along with your name and department/agency. You may email it to [benefitswebsite@state.sd.us](mailto:benefitswebsite@state.sd.us) or fax it to 605.773.6840.
- Acceptable proof of coverage includes a Certificate of Creditable Coverage from your other insurance carrier or a TRICARE identification card showing continued coverage. If you were a TRICARE opt-out in FY19, proof is not required at this time, but documentation may be required at any time.
- If you opt-out, you will receive \$300 in a Combination Health Reimbursement Account (HRA) at Discovery Benefits.



# Married State Employees

- If you and your spouse both work for the State of South Dakota *and* cover dependent children, you may request a combined family deductible if you both choose the Low Deductible Health Plan.
- To combine your deductibles, email your names and Health Plan ID numbers to [benefitswebsite@state.sd.us](mailto:benefitswebsite@state.sd.us).
- The IRS does not allow a combined family deductible on a High Deductible Health Plan.
- 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 2019 family contribution of \$7,000 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/Dependent Verification Process

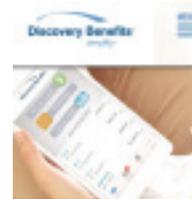
- The South Dakota State Employee Benefits Program has partnered with Dialog Direct to administer on-going eligibility verification of spouses and dependents who are added to the health plan and/or flexible benefits. If you add a spouse or dependent during your enrollment period, information will be sent to your home instructing you on how to submit documentation verifying your spouse and/or dependent are eligible for coverage.
- Visit the <https://bhr.sd.gov/benefits/spouseanddependentaudit.html> for more information.

# Discovery Benefits

Convenience at your fingertips:



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](http://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.

## Health Savings Accounts (HSA)

**Discovery Benefits is the Health Savings Account (HSA) vendor.**

- An HSA enables members enrolled in the High Deductible Health Plan to pay for covered medical, dental, and vision expenses with pretax dollars.
- HSAs 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 and 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 <https://bhr.sd.gov/benefits/FY19Files/PayrollDeductionForm.pdf>.
- Employer contributions and payroll deductions will only be made to your HSA established with Discovery Benefits.
- If you have an HSA and pick a Medical Flexible Spending Account (FSA), the FSA will be a Combination FSA for dental and vision expenses. Your Combination FSA can only be used for medical and pharmacy expenses after you have reached your health plan deductible and submit a deductible verification form, which can be found at <https://bhr.sd.gov/benefits/active/health-plans/flexible-spending-accounts/index.html>.

# Health Savings Account (HSA)

## 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 2019 according to IRS regulations.

	Employer	Employee	Total HSA Contribution 2019 calendar year*
Employee only	\$500	\$3,000	\$3,500
Employee + spouse and/or children	\$1,000	\$6,000	\$7,000

\* 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 2019. Consult your financial planner or accountant for more information.

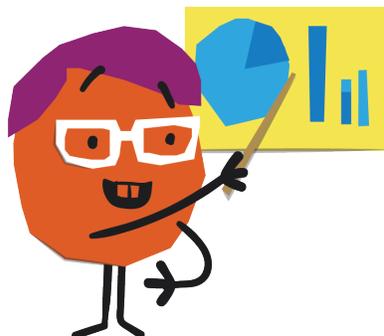
### You may not be eligible for an HSA if you:

- 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 "combination."

If you have questions about HSA eligibility, please contact Discovery Benefits at 1.866.451.3399.

If you select the High Deductible Health Plan, you will be asked to select one of the four HSA options below. Each option is explained below to assist you in making the right selection when enrolling online.

Selection	Plan Description	Employee Contribution
<input type="radio"/>	I am not eligible. (Explanation: I cannot have an HSA because of one of the five reasons above.)	\$0
<input type="radio"/>	I prefer not to have an HSA and will forfeit my state contribution. (Explanation: I do not want the \$250-\$1,000 the health plan will contribute to my HSA.)	\$0
<input type="radio"/>	I want an HSA without payroll contributions. (Explanation: I want the money the health plan will contribute to my HSA.)	\$0
<input type="radio"/>	I want an HSA and will contribute the following amount each pay period. (Explanation: I want the health plan contribution <i>and</i> want to add my own pretax money to my HSA.)	\$_____



# Dependent Care/Day Care Flexible Spending Account (FSA)

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

- 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 expenses) 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.
- If you do NOT have a dependent under the age of 13 and/or a dependent child or spouse who is physically or mentally unable to care for themselves, do NOT select to have a Dependent Care/Day Care FSA.
- 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.
- Use it or lose it. Active employees have until September 14 of the following plan year to spend or incur claims related to their Dependent Care/Day Care Spending Account. You have until October 28 to submit claims.
- Automatic Reimbursement can be set up through Discovery Benefits by filling out the Recurring Dependent Care Request form. This form will need to be completed each plan year. Available at <https://bhr.sd.gov/benefits/active/forms-documents/index.html>.
- If you leave state employment or terminate your account, you have 60 days to submit a claim. The claim has to have occurred while you were an active employee.
- To learn more, visit <https://bhr.sd.gov/benefits/active/health-plans/flexible-spending-accounts/index.html>.

FSA	Status	2019 IRS Maximum Annual Contribution per Calendar Year
Dependent Care/Day Care Flexible Spending Account	per household	\$5,000



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

# Medical Flexible Spending Account (FSA)

## Discovery Benefits is the Medical Flexible Spending Account vendor.

- 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.
- You must select the amount to contribute to your Medical FSA during Annual Enrollment. Your current payroll deductions for a Medical or Combination FSA will not automatically be continued.
- 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 for vision and dental expenses until your health plan deductible has been met. Once you have met your annual health plan deductible, you must submit the Deductible Verification form (<https://bhr.sd.gov/benefits/active/health-plans/flexible-spending-accounts/index.html>) before you can use your Combination FSA money for medical or prescription expenses.
- 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 <https://bhr.sd.gov/benefits/active/health-plans/flexible-spending-accounts/index.html>.
- 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 employees have until September 14 of the following plan year to spend or incur claims related to their FSA. You have until October 28 to submit claims.
- If you leave state employment or terminate your account, you have 60 days to submit a claim. The claim has to have occurred while you had active benefits.

FSA	Status	2019 IRS Maximum Annual Contribution per Calendar Year
Medical Flexible Spending Account	per employee	\$2,700



## FY20 Dental Plans

- The Base and Enhanced Dental Plans are provided by Delta Dental.
- 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 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; non-participating dentists can bill you for the remaining amount.
- 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 <https://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/>.
- To find a participating/network dentist, visit [www.deltadentalsd.com](http://www.deltadentalsd.com) and click on 'Find a Dentist.'
- **Questions? Call Delta Dental at 605.224.7345 or 1.877.841.1478.**

## 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	no waiting period
Maximum Bonus Account (MBA)	n/a	up to \$2,000 per Enhanced Plan member

## 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 Coverage



Diagnostic and Preventive Services	Frequency	Base Plan Coverage <sup>1</sup>	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 <sup>1</sup>	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	Frequency	Base Plan Coverage <sup>1</sup>	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		50% up to age 19 only	50%
Lifetime orthodontic benefit	May be paid over the course of the treatment plan	\$1,000	\$2,000
Maximum Bonus Account <sup>2</sup>		n/a	\$2,000

<sup>1</sup> The covered percentage of allowable charges paid after the \$25 deductible has been satisfied.

<sup>2</sup> 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.

# 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 1.877.841.1478.



## 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 1.877.841.1478

\*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.



**The Vision Plan is provided by EyeMed Vision Care, LLC.**

- Your eligibility for services will reset on July 1 of each year.
- 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 <https://eyemedvisioncare.com/sosd>, clicking on 'Provider Locator', entering your zip code, and choosing the network, Insight. Walmart is also an in-network provider.
- No in-network provider within 20 miles of where you live? Unable to schedule an in-network appointment within two weeks? Complete the Network Adequacy part of the out-of-network claim form, and be reimbursed as if you visited an in-network provider. If you visit an out-of-network provider for your eye exam because there are no providers within 20 miles of where you live, you will be charged the retail price at point of service. For example, If you were charged \$100 for your eye exam, EyeMed would reimburse you \$90 (because the in-network copay is \$10), if you complete the Network Adequacy part of the out-of-network claim form.

**Call EyeMed at 1.888.626.6334 to answer any benefit questions and confirm your provider options.**

Coverage Level	Premiums - 24 Pay Periods	Premiums - 12 Pay Periods
Employee	\$3.54	\$7.08
Employee + Spouse	\$7.09	\$14.18
Employee + Child(ren)	\$6.00	\$12.00
Employee + Family	\$9.90	\$19.80
Premiums for coverage under the Vision Care Plan are made on a pretax basis.		

## Submitting an Out-of-Network Claim

If your eye care provider is out-of-network, you can still be reimbursed partially for services received. To do this, you will need to complete the fields located on page 4 of the Out of Network claim form. Your form must be filled out and submitted within 15 months of the date of service.

- Visit <https://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/> and click on the Instructions form.
- After viewing the instructions, please click on and view the out-of-network claim form.
- After completing the form, you may upload it or mail it in.

**Please note:** You will be reimbursed for services and/or lenses at the out-of-network rate if you go to an out-of-network provider when an in-network provider is within 20 miles of where you live. For example, members who live in Pierre can purchase corrective lenses at Wal-Mart at in-network rates. However, because Pierre has no in-network provider for services, members receive reimbursement at the in-network rates when using out-of-network providers for exams.

### OUT-OF-NETWORK VISION SERVICES CLAIM FORM

Check the boxes that apply. I acknowledge that I fit into one or more of the following criteria:

I was unable to schedule a visit within two-weeks with a participating provider. Please provide the participating provider's name, location and contact information in which you attempted to schedule an appointment:

Provider's Name Provider Telephone Number (000-000-0000)

Provider Street Address

City State Zip Code

I was unable to locate a participating provider within a 10-mile radius in an urban-suburban area. Please provide the zip code in which you were attempting to locate a provider:

Zip Code

**OR**

I was unable to locate a participating provider within a 20-mile radius in a rural area. Please provide the zip code in which you were attempting to locate a provider:

Zip Code

Should you fail to provide the requested information associated with the criteria you selected above, you agree that we can process your claim as an out-of-network claim.

Service	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Exam, with dilation as necessary	\$10 copay	up to \$45	Once every plan year
Frames <sup>1</sup>	\$0 copay, \$130 allowance, 20% off balance over \$130	up to \$70	Once every plan year
Lenses (in place of contact lenses)			
Single Vision	\$25 copay	up to \$30	Once every plan year
Bifocal	\$25 copay	up to \$50	Once every plan year
Trifocal	\$25 copay	up to \$65	Once every plan year
Lenticular	\$25 copay	up to \$100	Once every plan year
Standard Progressive	\$80 copay	up to \$50	Once every plan year
Premium Progressive Tiers 1-3 <sup>2</sup>	\$100-125 copay	up to \$50	
Premium Progressive Tier 4	\$80 copay; 20% off Retail Price less \$120 Allowance	up to \$50	
Standard Lens Options			
UV Treatment	\$0 copay	up to \$5	Once every plan year
Standard Polycarbonate (under age 19)	\$0 copay	up to \$5	Once every plan year
Standard Plastic Scratch Coating	\$0 copay	up to \$5	Once every plan year
Tint (Solid & Gradient)	\$0 copay	up to \$5	Once every plan year
Standard Polycarbonate (age 19 & over)	\$40	N/A	Once every plan year
Anti-Reflective Coating Tiers 1-2 <sup>3</sup>	\$45-\$68	N/A	
Anti-Reflective Coating Tier 3	\$75	N/A	
Photochromic (Plastic)	\$75		
All other lens options	20% off retail price	N/A	Once every plan year
Standard Contact Lens Fit and Follow-Up	\$40	N/A	Contact lens fit and two follow-up visits are available every plan year (once a comprehensive eye exam has been completed)
Premium Contact Lens Fit and Follow-Up	10% off retail price	N/A	
Elective Contact Lenses (in place of eyeglass lenses)	up to \$130 allowance	up to \$105	Once every plan year
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance		
Medically Necessary Contact Lenses (in place of eyeglass lenses)	\$0 copay, covered in full	up to \$210	Once every plan year
Retinal Imaging Benefit	up to \$39	N/A	Once every plan year

<sup>1</sup>20% off the balance when patients choose a frame that exceeds the allowance. Available from all in-network providers.

<sup>2</sup> & <sup>3</sup> Discuss your lens options with your in-network provider.

# 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 no limit on the number of different accidents 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.
- There are no waiting periods for coverage and payments are made in addition to any other insurance you may have.
- Payments will be made directly to you to use as you see fit. Visit <https://bhr.sd.gov/benefits/active/flexible-benefits/accident-insurance-plan/> for coverage info.
- 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%.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$2.28	\$4.56
Employee + Spouse	\$4.37	\$8.74
Employee + Child(ren)	\$4.85	\$9.70
Employee + Family	\$6.08	\$12.16

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

## Questions? Call MetLife at 1.800.GET.MET8 (1.800.438.6388).

Benefit Type <sup>1</sup>	Accident Insurance Plan Pays You
<b>Injuries</b>	
Fractures <sup>2</sup>	\$50-\$5,000 <sup>2</sup>
Dislocations <sup>2</sup>	\$100-\$3,200 <sup>2</sup>
Second and Third Degree Burns	\$100-\$6,400
Concussions	\$200
Cuts/Lacerations	\$25-\$400
Eye Injuries	\$200
<b>Medical Services &amp; Treatment<sup>1</sup></b>	
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
<b>Dismemberment Loss &amp; Paralysis</b>	
Paralysis Benefit (Two limbs of Four limbs)	\$5,000-\$10,000



<sup>1</sup> 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.

<sup>2</sup> Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

# Hospital Indemnity Insurance



## The Hospital Indemnity Plan (HIP) is provided by MetLife.

- This plan provides a benefit for hospitalization and associated treatment.
- 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 no lifetime maximum benefit.
- There is no coordination with other insurance benefits, so payments are made in addition to any other insurance you may have.
- There are no waiting periods for coverage.
- Employees are paid a lump sum benefit to use as they see fit.
- Substance abuse and mental health facilities are excluded from coverage. For a complete list of exclusions, please see the Hospital Indemnity Insurance policy at <https://bhr.sd.gov/benefits/active/flexible-benefits/hospital-indemnity-plans/>.
- The Hospital Indemnity Insurance is portable. This gives employees the ability to keep existing coverage when their employment status changes.

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$4.19	\$8.38
Employee + Spouse	\$6.65	\$13.30
Employee + Child(ren)	\$8.66	\$17.32
Employee + Family	\$11.20	\$22.40

Premiums for coverage under the Hospital Indemnity Plan are made on an after tax basis.

**Questions? Call MetLife at 1.800.GET.MET8 (1.800.438.6388).**

Benefit Type	MetLife Hospital Indemnity Insurance Pays YOU
<b>Hospital Coverage (Accident)</b>	
<b>Confinement</b> must occur within 180 days of the accident	\$200 a day (non-ICU) for up to 180 days \$400 a day (ICU) for up to 30 days
<b>Inpatient Rehab</b> stays must occur immediately following hospital confinement and occur within 365 days of accident	\$100 a day, up to 15 days per accident and 30 days per calendar year.
<b>Hospital Coverage (Sickness)</b>	
<b>Confinement</b> Paid per sickness	\$200 a day (non ICU) for up to 180 days \$400 a day (ICU) for up to 30 days



# Short-Term Disability / Income



The Short-Term Disability Income Protection Plan is provided by MetLife.

- This plan provides a benefit during eligible periods of disability.
- The benefit is 60% of your monthly salary<sup>1</sup> or a maximum of \$1,200 per week. Your premium will be \$0.254 per \$10 weekly benefit.
- If you are receiving a short-term disability benefit, you will not have to pay the premium after 90 days.
- This policy has a provision for a trial return to work period. You will not have to restart the 30-day elimination period. See the STD Summary Plan Description for details by visiting: <https://bhr.sd.gov/benefits/active/forms-documents/spd/index.html>.
- For more information visit <https://bhr.sd.gov/benefits/active/flexible-benefits/short-term-disability/>.
- **Questions? Call MetLife at 1.800.GET.MET8 (1.800.438.6388)**

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$0.127 per \$10 weekly benefit up to \$1,200	\$0.254 per \$10 weekly benefit up to \$1,200
Premiums for coverage under the Short-Term Disability Income Protection Plan are made on an after tax basis.		

## How to calculate full-time employee contribution premium:

Example 1	Example 2 (max \$1,200 benefit)	Figure Your Rate			
A. Hourly Rate =	\$16.50	A. Hourly Rate =	\$50.00	A. Hourly Rate =	\$
B. Annual Earnings <sup>1</sup> = (A x 2088)	\$34,452	B. Annual Earnings <sup>1</sup> = (A x 2088)	\$104,400.00	B. Annual Earnings <sup>1</sup> = (A x 2088)	\$
C. Weekly Earnings = (B ÷ 52)	\$662.54	C. Weekly Earnings = (B ÷ 52)	\$2,007.69	C. Weekly Earnings = (B ÷ 52)	\$
D. Weekly Benefit = (C x 0.6)	\$397.52	D. Weekly Benefit = (C x 0.6)	\$1,200.00	D. Weekly Benefit = (C x 0.6)	\$
E. Value Per \$10 = (D ÷ 10)	\$39.75	E. Value Per \$10 = (D ÷ 10)	\$120.00	E. Value Per \$10 = (D ÷ 10)	\$
F. Estimated Monthly Contribution = *(E x by 0.254)	\$10.10	F. Estimated Monthly Contribution = *(E x by 0.254)	\$30.48	F. Estimated Monthly Contribution = *(E x by 0.254)	\$

\*If you are paid two times per month, you would multiply by 0.127 to get your semi-monthly contribution.

Coverage	
Benefits Begin	After 30 calendar days of total disability.
Monthly Benefit Amount	60% of your monthly salary <sup>1</sup> , up to \$1,200 per week. Short-Term Disability Income Protection Plan benefits are paid on a weekly basis. You can use 40% of sick or vacation leave to supplement your pay.
Participation Begins	Generally, six months after the employee enrolls in the Plan. <sup>2</sup>
Benefits End	Earliest of: <ul style="list-style-type: none"> <li>• End of disability (meaning the employee is physically able to return to work)</li> <li>• Employment in any job/occupation</li> <li>• The employee's death<sup>3</sup></li> <li>• 52 weeks</li> </ul>
<p><sup>1</sup> For purposes of this Plan, your salary does not include bonuses, fringe benefits, longevity pay, overtime pay, or summer school compensation.</p> <p><sup>2</sup> Coverage for new employees generally begins six months after their date of hire, 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><sup>3</sup> Any accrued benefits will be paid to your estate upon employee death.</p>	

# FY20 Life Insurance & Accidental Death and Dismemberment (AD&D)

## Basic Life Insurance

- The South Dakota State Employee Benefits Program provides Basic Life Insurance and AD&D coverage of \$25,000 to benefit eligible employees through MetLife.
- Basic Life Insurance is not portable, but can be converted if you leave employment with the State.
- The State pays the basic life insurance and AD&D Premium.

## Employee Supplemental Life

- You may choose supplemental life coverage levels of one, two, three, four, five, six, or seven times your annual salary up to \$1,000,000 through MetLife.
- If you are applying for six or seven times your salary coverage, or over \$400,000, or an increase to your current amount, outside of your 30-day new hire enrollment period, you need to go through an evidence of insurability process
- The MetLife Supplemental Life Insurance Plan is portable; you may be able to continue the policy on your own when you end employment with the State up to age 99.
- **Questions? Call the South Dakota State Employee Benefits Program at 605.773.3148.**

## Employee AD&D

The AD&D coverage provides a benefit in the case of accidental death and dismemberment.

- AD&D coverage equals your elected 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 MetLife at 800.GET.MET8 (800.438.6388) for help completing a claim, or visit <https://bhr.sd.gov/benefits/> and select Life Insurance under Active Employees, Flexible Benefits.

RATE PER \$1,000 OF EMPLOYEE COVERAGE PER PAY PERIOD				
Age	Premiums 24 Pay Periods		Premiums 12 Pay Periods	
	Life	AD&D	Life	AD&D
Younger than 30	\$0.035	\$0.010	\$0.070	\$0.020
30 to 34	\$0.042	\$0.010	\$0.084	\$0.020
35 to 39	\$0.049	\$0.010	\$0.098	\$0.020
40 to 44	\$0.057	\$0.010	\$0.114	\$0.020
45 to 49	\$0.075	\$0.010	\$0.150	\$0.020
50 to 54	\$0.104	\$0.010	\$0.208	\$0.020
55 to 59	\$0.155	\$0.010	\$0.310	\$0.020
60 to 64	\$0.225	\$0.010	\$0.450	\$0.020
65 to 69	\$0.414	\$0.010	\$0.828	\$0.020
70+	\$0.666	\$0.010	\$1.332	\$0.020

You pay for coverage with after tax payroll deductions.

## How to figure Supplemental Life

- 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 = \$0.075 per thousand

$\$38,000 \times 3 \times 0.075 / 1,000 = \$8.55$  per pay period

AD&D Rate = \$0.01 per thousand

$\$38,000 \times 3 \times 0.01 / 1,000 = \$1.14$  per pay period.

## Spouse & Dependent Life/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 spouse and dependent coverage outside of your 30-day new hire period, your spouse/child(ren) will need to go through an approval process.

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
\$10,000 Life	\$0.96	\$1.92
\$10,000 AD&D	\$0.15	\$0.30

You pay for coverage with after tax payroll deductions.

# Take Charge of Your Health & Well-being



## Your beneFIT well-being program

Complete wellness qualifications to earn incentive for FY21

The South Dakota State Employee Benefits Program partners with StayWell to provide tools and resources to help you take charge of your health. Complete the online Health Assessment to determine your health status and then check out the educational videos, healthy recipes, motivated coaching, and much more.

To encourage participation, an incentive is provided to those that complete the three wellness qualifications. See page 5 for details.

## Assistance is available at no cost to you

No matter your existing health, financial, mental, or social situation, there are things you can do to take better control of your health and well-being. Take advantage of the following programs available to you at no charge.

### Preventive care

Preventing disease before it starts is critical to helping people live longer, healthier lives and keeping health care costs down. The earlier a serious medical condition is caught, the easier the treatment.

Preventive services can help those dealing with early stages of a disease to keep from getting sicker. Your Health Plan covers eligible preventive care at 100% appropriate for your age:

- Well Child Care
- Annual Wellness Exam
- Well Woman Preventive Visit
- Cancer Screening Procedures
- Pregnancy Care Preventive Screenings
- Scheduled Immunizations and Vaccinations

Members receive one annual wellness preventive exam covered by the health plan each plan year.

Preventive tests are one of the many benefits of the annual wellness exam. Cholesterol tests, depression screenings, Type 2 diabetes screenings, and blood pressure tests are all available.

Cancer screenings are also covered for certain ages and frequencies.

For a detailed description of what is covered and when, go to <https://bhr.sd.gov/benefits/active/health-plans/preventative-care/> or call 800.831.0785.

### Additional Wellness Resources:

#### Suicide Prevention

If you or someone you know needs help, call 800.273.8255 to access the Suicide Prevention Helpline 24/7. For more information on suicide warning signs and support, please visit [sdsuicideprevention.org/](https://sdsuicideprevention.org/)

#### Tobacco Cessation

Need help quitting tobacco? Receive a quit guide, free cessation medication, and assistance from a health coach. Call 866.737.8487 or go to [www.sdquitline.com/](http://www.sdquitline.com/)



# Employee Assistance Program (EAP) - Support when you need it

When feeling overwhelmed with decisions, personal problems, family issues, or workplace concerns, you have somewhere to turn. Your Employee Assistance Program (EAP) provides confidential, professional support. This is a free service offered to you, your dependents, and eligible household members.

Use the EAP website to access resources to enhance your personal well-being. From online training modules to financial calculators, it is a comprehensive resource for you and your family.

Whether you are dealing with a big issue or are simply looking for advice, your EAP provides the following support services:

- Professional, Confidential Counseling Services
- Online Tools and Resources
- Legal and Financial Assistance
- Worklife/Convenience Services

Go to [www.eaphelplink.com](http://www.eaphelplink.com) and enter the company code: SouthDakota.  
For more information, call 800.713.6288.

## Lunch and Learns

The Lunch and Learns are a series of presentations offered online at SD.net through South Dakota Public Broadcasting. You can view this series the second Wednesday of each month from 12:10 p.m. to 12:50 p.m. on [SD.net](http://SD.net). This is a fantastic opportunity for you to learn about a variety of benefits related subjects while asking questions to subject matter experts.

Interested in learning more about benefits programs freebies, the beneFIT well-being program, Health Savings Accounts, MetLife, or the Supplementary Retirement Program? Each presentation is archived on <https://bhr.sd.gov/benefits/Lunchandlearns.html>.

## Terminology Reference

- **Coinsurance** - Health care cost sharing between your insurance provider and you. After you have reached your deductible, your health insurance provider will pay 75% of all eligible charges (in-network) until you reach your out-of-pocket maximum.
- **Combination Flexible Spending Account** - Pre-Tax reimbursement for eligible dental and vision expenses until health plan deductible has been met.
- **Deductible** - The amount you pay for covered health care services before your health insurance begins to pay.
- **Dependent** - A child or spouse that you elect to be covered on the health plan or flexible benefits.
- **Emergency Services** - Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
- **Excluded Services** - Health care services that your health plan doesn't pay for or cover.
- **Health Reimbursement Account** - An employer-funded account that reimburses members for certain medical, pharmacy, dental, and vision expenses
- **In-Network Provider** - A provider who has a contract with your health plan and flexible benefit providers to provide services to you at a discount.
- **Network** - The facilities, providers, and suppliers your health and flexible benefits plans have contracted with to provide health care services.
- **Out-of-Network Provider** - A provider who doesn't have a contract with your health plan or flexible benefit to provide services to you. Members will pay more to see a non-network provider for services.
- **Out-of-Pocket Maximum** - The most you must pay for covered medical services during your plan year. After you have reached this limit, your health plan will pay 100% of the covered benefits cost.
- **Preauthorization** - A decision by your health plan that a service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This can also be called prior authorization, prior approval, or precertification.
- **Prescription Drug Coverage** - Coverage within your health plan to help pay for prescription drugs and medications.
- **Prescription Drugs** - Drugs and medications that by law require a prescription from a medical provider.

# 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.

DAKOTACARE	CONTACT	ONLINE	PHONE / FAX
<ul style="list-style-type: none"> <li>• Coverage questions</li> <li>• Provider Network</li> <li>• Claims Processing</li> <li>• Health Homes Questions</li> </ul>	DAKOTACARE 2600 West 49 Street Sioux Falls, SD 57105-6575	<a href="http://www.DAKOTACARE.com">www.DAKOTACARE.com</a> DAKOTACARE Access <a href="https://access.dakotacare.com/">https://access.dakotacare.com/</a>  Network look up: <a href="https://www.dakotacare.com/services/find-a-provider-state-employees/">https://www.dakotacare.com/services/find-a-provider-state-employees/</a>	1.800.831.0785  Fax: 605.274.3291 (Attn: Claims)
<b>South Dakota State Employee Benefits Program</b>			
<ul style="list-style-type: none"> <li>• Health Plan Questions</li> <li>• Enrollment Questions</li> </ul>	Bureau of Human Resources 500 E Capitol Ave Pierre, SD 57501	<a href="mailto:benefitswebsite@state.sd.us">benefitswebsite@state.sd.us</a>  <a href="https://bhr.sd.gov/benefits/">https://bhr.sd.gov/benefits/</a>	605.773.3148  Fax: 605.773.6840
<b>benefIT Well-Being Program</b>			
<ul style="list-style-type: none"> <li>• Online Health Assessment</li> <li>• Onsite Health Screening</li> <li>• Wellness Programs</li> </ul>	StayWell Health Management 3000 Ames Crossing Rd. St. Paul, MN 55121	<a href="https://benefit.staywell.com">https://benefit.staywell.com</a>	1.800.721.2749
<b>Health Management Partners (HMP)</b>			
<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Condition Management</li> <li>• Medical Pre-authorizations</li> <li>• Medical Management</li> <li>• Our Healthy Baby</li> </ul>	Health Management Partners 2301 W Russell St. Sioux Falls, SD 57105	<a href="http://sosd.hmpsdportal.com">http://sosd.hmpsdportal.com</a>  <a href="http://www.preauthonline.com">www.preauthonline.com</a>	1.866.330.9886  Fax: 605.731.1905
<b>Discovery Benefits</b>			
<ul style="list-style-type: none"> <li>• Medical Flexible Spending Account</li> <li>• Dependent Care Spending Account</li> <li>• Health Savings Account</li> <li>• Health Reimbursement Account</li> </ul>	Discovery Benefits PO Box 2926 Fargo, ND 58108	<a href="mailto:customerservice@discoverybenefits.com">customerservice@discoverybenefits.com</a>  <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>	1.866.451.3399  Fax: 1.866.451.3245
<b>Dialog Direct</b>			
<ul style="list-style-type: none"> <li>• Spouse and Dependent Eligibility Verification Audit</li> <li>• Student Verification</li> </ul>	Dialog Direct P.O. Box 8072 Royal Oak, MI 48068	<a href="https://dependentverification.budco.com/user/ssd">https://dependentverification.budco.com/user/ssd</a>	1.800.899.9685

# Contacts and Resources

Delta Dental	CONTACT	ONLINE	PHONE / FAX
<ul style="list-style-type: none"> <li>Dental</li> </ul>	Delta Dental PO Box 1157 Pierre, SD 57501	<a href="http://www.deltadentalsd.com">www.deltadentalsd.com</a>  <a href="https://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/">https://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/</a>	605.224.7345, 1.877.841.1478
<b>EyeMed</b>			
<ul style="list-style-type: none"> <li>Vision</li> </ul>	EyeMed 4000 Luxottica Place Mason, OH 45050	<a href="https://eyemedvisioncare.com/sosd/public/login.emvc">https://eyemedvisioncare.com/sosd/public/login.emvc</a>  <a href="https://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/">https://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/</a>	1.888.626.6334
<b>MetLife</b>			
<ul style="list-style-type: none"> <li>Accident Insurance</li> <li>Hospital Indemnity</li> <li>Short Term Disability</li> <li>Life Insurance and AD&amp;D</li> </ul>	MetLife 200 Park Ave New York, NY 10166	<a href="http://www.metlife.com/southdakota/">www.metlife.com/southdakota/</a>  <a href="https://bhr.sd.gov/benefits/">https://bhr.sd.gov/benefits/</a>	1.800.GET.MET8, 1.800.438.6388
<b>Risty Benefits, Inc</b>			
<ul style="list-style-type: none"> <li>Long Term Care - UNUM</li> </ul>	Risty Benefits, Inc. 1324 Minnesota Sioux Falls, SD 57105	<a href="mailto:help@ristybenefits.com">help@ristybenefits.com</a>	1.866.237.9411
<b>Employee Assistance Program (EAP)</b>			
<ul style="list-style-type: none"> <li>Family Issues</li> <li>Alcohol/Drugs</li> <li>Anxiety</li> <li>Parenting</li> <li>Workplace</li> <li>Managing Stress</li> </ul>	<ul style="list-style-type: none"> <li>Aging</li> <li>Depression</li> <li>Grief</li> <li>Abuse</li> <li>Legal</li> <li>Relationships</li> </ul>	KEPRO 777 East Park Dr. Harrisburg, PA 17111  <a href="http://www.EAPHelplink.com">www.EAPHelplink.com</a>  company code: <b>southdakota</b> 24 hours a day, 7 days a week	1.800.713.6288
<b>South Dakota Retirement System</b>			
<ul style="list-style-type: none"> <li>Retirement Planning</li> <li>Supplemental Retirement Planning</li> <li>Career &amp; Financial Planning Workshops</li> </ul>	South Dakota Retirement System P.O. Box 1098 Pierre, SD 57501	<a href="https://sdrs.sd.gov/contact.aspx">https://sdrs.sd.gov/contact.aspx</a>	605.773.3731, 1.888.605.7377

SD State Employee Health Plan  
Capitol Building  
500 East Capitol Avenue  
Pierre, SD 57501-5070  
605.773.3148

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## Mark your calendars for Annual Enrollment: May 1- noon (your time) May 15, 2019

### 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.
- Your current HSA pretax employee payroll contribution will remain the same.

