

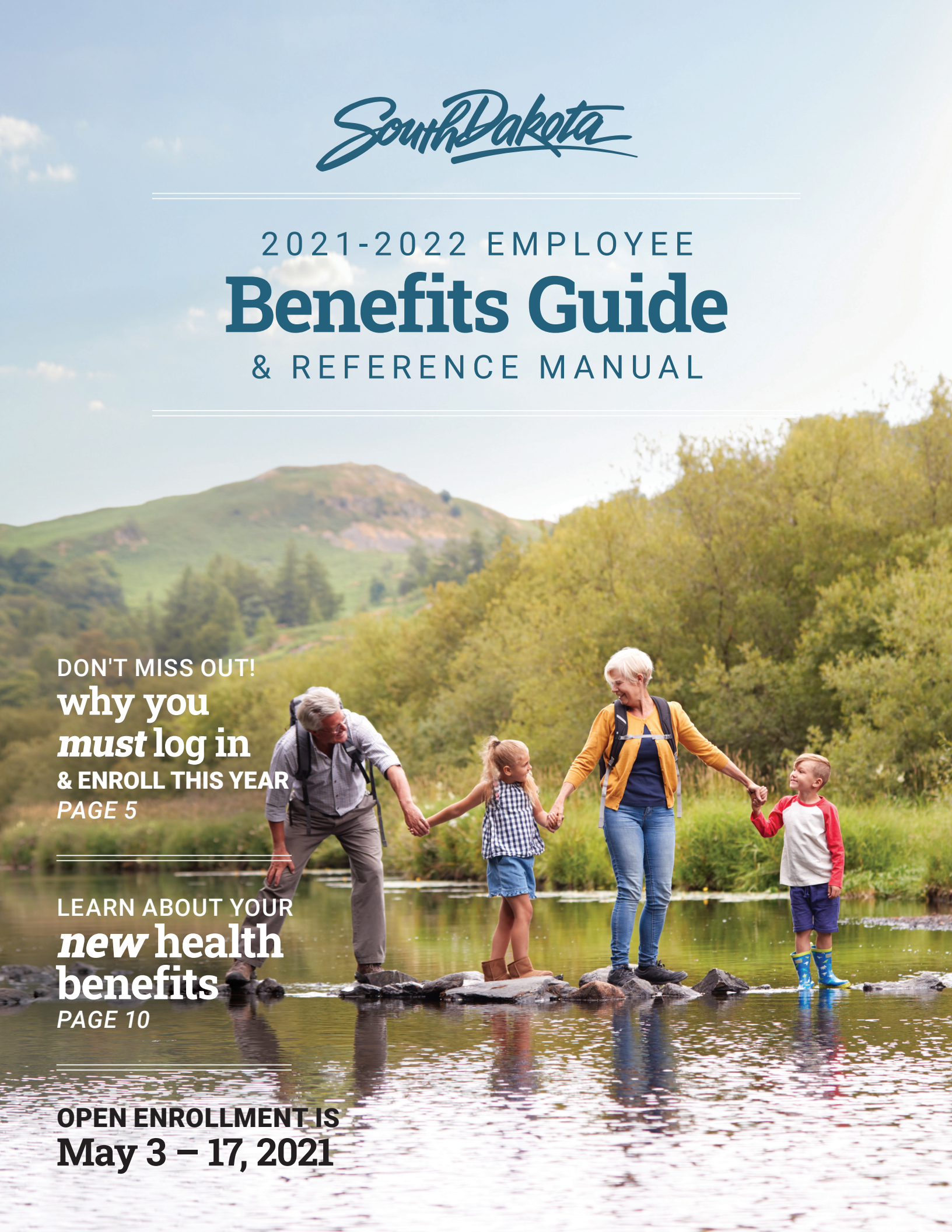


2021-2022 EMPLOYEE
Benefits Guide
& REFERENCE MANUAL

DON'T MISS OUT!
**why you
must log in**
& ENROLL THIS YEAR
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LEARN ABOUT YOUR
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benefits**
PAGE 10

OPEN ENROLLMENT IS
May 3 – 17, 2021



Dear State employees,

South Dakotans value two things: **Hard work, and straight talk.** So let's take a minute to cover both.

Every day, you work hard to serve the people of our state — while also taking care of your own family and community. **That kind of exceptional effort deserves exceptional benefits.** That's why the State contracts with premier partners to administer your coverage — partners like Delta Dental®, MetLife®, and now, Wellmark® BlueCross® and Blue Shield®.

As the largest health insurer in South Dakota, Wellmark works hard to deliver on its reputation of trustworthiness and stability. It's a mutual company, so it's owned by policyholders, not investors. And with coverage at 96 percent of hospitals and 95 percent of physicians nationwide, it gives you easy access to the full depth and breadth of the Blue Cross and Blue Shield network.

Again, it's the premier coverage you and your family deserve.

Now for some straight talk. This past year has been tough. As a state and a nation, we've faced unprecedented challenges and changes. The hours may have been long, and, at times, things may have seemed uncertain. But with your hard work, we were able to keep South Dakota open for business.

In short, you were here for our people. So now we want you to know: **We're here for you.**

We're here with a new, easy-to-use guide to help you choose the coverage that's right for you. We're here with plans that include \$0 preventive care, low-cost virtual visits, and tools that help you navigate your benefits and the health care system 24/7.

And we're here to talk. Whether you need Wellmark's dedicated State of South Dakota customer service team or your own HR/benefits team, reach out. **There are lots of folks ready to help.**

You've worked hard, so you deserve this. And with the State at your back, you've got this.

Straight talk? From here, the future looks bright. But whatever the coming year brings, we're honored to meet the moment by providing benefits that serve and recognize you.

Sincerely,



Governor Kristi Noem

P.S. **Open enrollment is May 3–17, and all State employees must participate this year.** Go to page 10 to read about your new health plan options.



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COMPLIANCE

This guide contains basic information to help members of the South Dakota State Employee Benefits Program prepare for FY22 open enrollment. Complete plan information and the fine print can be found at bhr.sd.gov/benefits. The health plan summary plan description (SPD) or the insurance carrier's plan certificates should be consulted for coverage, benefits information, exclusions and other important information. The benefit information provided in this guide is not all inclusive. If there is a discrepancy between the benefits guide and the SPD or plan certificates, the SPD or plan certificates prevail. Additional compliance documents are available for your review at bhr.sd.gov/benefits/active/forms-documents/compliance-documents.



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HOW TO ENROLL



What's New?

The biggest change to the State of South Dakota's employee benefits this year is our new health insurance plans administered by Wellmark® Blue Cross® and Blue Shield®. Read more about your Wellmark coverage on page 9.

How did we get here?

Last summer, through a survey and a series of focus groups, the Bureau of Human Resources (BHR) asked State employees their opinions about the benefits program — what they were happy with, and what they thought needed improvement. Along with market research and benchmarking, we used the information to reinvent the health plans to better support you and your family.

The new plans

We are reimagining healthcare by offering four new plan options to fit your health and financial needs. Our new plans will simplify the health and wellness experience, offering stability and affordability to employees and to the State.

BENEFITS LUNCH & LEARNS

Want to know more about your new health plan options? Got questions about the well-being program, spending and savings accounts, or retirement benefits? Then join us for benefits lunch and learns on the **second Wednesday of each month from 12:10-12:50 p.m.** via Zoom.

This is a fantastic opportunity for you to learn more about your benefits and to get your questions answered by subject-matter experts.

Want to view past sessions? Each presentation is archived at bhr.sd.gov/benefits/lunchandlearns.html.

More benefit updates

HEALTH

- ▶ The State will continue to offer **a plan with no premium for employee-only coverage: the Washington Plan**. We are also pleased to offer the Lincoln, Jefferson, and Roosevelt Plans so you can buy up to the coverage that fits you best.
- ▶ Employees may now enroll in any health plan they wish. **All four plans are available to everyone**, including the two low-deductible health plans, regardless of whether you and your covered spouse (if applicable) complete the well-being incentive.
- ▶ Married state employees will **no longer be required to carry separate health care plans**; they can now be on the same health plan. Additionally, eligible dependent children who are covered on a parent's plan and who then become employed by the State will no longer be required to carry a separate health plan. This means **the dependent child can stay on the parent's plan** as long as they continue to meet the eligibility requirements.
- ▶ On all health plans, employees will receive **one eye exam per year** for each covered member of their family. This is in addition to the exam that's included if you elect vision insurance.
- ▶ There is no longer a \$300 credit for opting out of the health plan. Also, those who choose to opt out will no longer be able to elect a medical FSA. However, you can elect a combination FSA. Learn more on page 27.

PHARMACY

- ▶ Along with health insurance, Wellmark will also be administering the State's pharmacy benefits. (CVS will continue to be our pharmacy benefits manager.) That means you can access national networks and comprehensive coverage, along with the tools, resources, and savings opportunities that come with being a Wellmark member. Learn more on page 14.

FLEXIBLE BENEFITS

- ▶ Premiums for all flexible benefits will remain the same.
- ▶ On the dental plan, **the State will begin subsidizing a cost share of \$16.20 per month**, regardless of which plan or coverage level you choose. Please see page 20 to learn more.

WELL-BEING

- ▶ **The well-being incentive is now open to all employees** regardless of which plan you enroll in. Employees who enroll in one of the high-deductible health plans will receive the \$500 incentive in a health savings account. Those who enroll in one of the low-deductible health plans will have their \$500 incentive applied to a health reimbursement account.

IMPORTANT!

This year, **you must participate in open enrollment (May 3–17, 2021)** to elect health and flexible benefits. Your previous selections will not carry over into the coming plan year.

If you do not participate in enrollment ...



You will default to the Washington Plan for employee-only health coverage.



Covered spouses and dependents will not roll over to a new plan.



Any flexible benefits previously selected will not roll over, except for basic and supplemental life insurance.

If you do not elect benefits during open enrollment, you will not have coverage until July 2022 unless you have a qualifying event — a major life change that makes you eligible to update your benefits.



Frequently Used Terms

The language of health insurance can be confusing. Keep this list of common terms handy as you explore your open enrollment materials; it will help you understand and choose the plan that's right for you. For more terms and definitions, visit the [BHR website](#).

- **Coinsurance:** The percentage you pay for care or prescriptions after you've reached your deductible. Your plan pays the remaining percentage until you reach your out-of-pocket maximum, or OPM. Then your plan takes over and pays 100% of your costs for the rest of the plan year.
- **Copayment/copay:** A fixed dollar amount you pay for care or prescriptions, usually at the time of service.
- **Deductible:** The amount of money you pay out of pocket for care and prescriptions before your plan begins to pay benefits.
- **Dependent:** An eligible spouse or child you elect to cover on your health plan or flexible benefits.
- **Eligible employee:** A permanent full-time employee, permanent part-time employee, or an employee of a participating unit who has worked an average of 30 hours or more per week during a 12-month period, as defined by the Patient Protection and Affordable Care Act of 2010.
- **Health reimbursement account (HRA):** An employer-funded account that members can use to be reimbursed for certain medical, pharmacy, dental, and vision expenses. See page 26.
- **Health savings account (HSA):** For those who elect a high-deductible health plan, a triple tax-advantaged account that lets you set aside funds for eligible healthcare costs. See page 24.
- **In network:** In-network healthcare providers have contracted with our insurance company to accept discounted rates. Out-of-network providers have not agreed to the discounted rates. You will pay much less at in-network doctors, hospitals, and pharmacies.
 - **Network:** The doctors, hospitals, pharmacies, and other providers and suppliers your health plan contracts with to provide care and services.
 - **Out of network:** Out-of-network healthcare providers have not contracted with our insurance company to accept discounted rates. You will pay much less at in-network doctors, hospitals, and pharmacies.
- **Out-of-pocket maximum:** The most you have to pay out of pocket in a plan year. After you spend this amount on deductibles, copays, and coinsurance, the plan pays 100% of your covered medical and prescription costs.
- **Preauthorization:** A decision by your health plan that a service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Preauthorization is sometimes required before care will be covered. It can also be called prior authorization, prior approval, or precertification.
- **Preventive care/services:** Care received to prevent disease rather than treat it. Examples include routine screenings, well-child care, and immunizations.

Embedded deductibles are a new feature for our health plans, bringing you more value and making your deductible easier to manage. The Washington, Lincoln, and Jefferson Plans all have embedded deductibles. (The Roosevelt Plan does not have a deductible to meet.) Let's look at how an embedded deductible works with the Washington Plan:

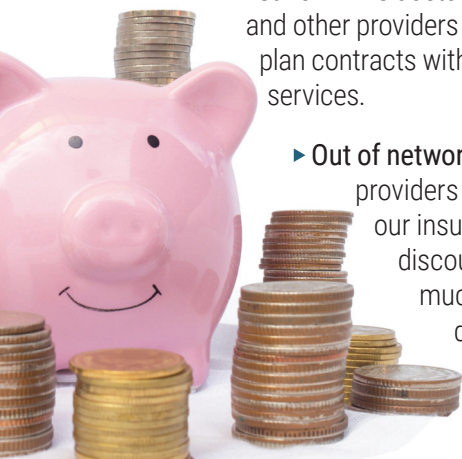


Kelly is single and has two children, Jason and Mandy. Kelly experiences acute appendicitis, resulting in an emergency room visit, an overnight stay in the hospital, and surgery that adds up to \$7,500.

With this payment, Kelly has met her individual embedded deductible – she pays \$5,500, and the plan pays the remaining \$2,000, along with the rest of her covered medical and prescription costs for the plan year.

The remaining unmet family deductible is \$5,500. Jason incurs \$1,000 in doctor visits, and Mandy incurs another \$4,500 in emergency room visits and prescription costs.

The family has met the remaining \$5,500 of the \$11,000 family deductible and OPM, and the entire family's eligible healthcare and prescription expenses are covered at 100% for the rest of the plan year.





Spouse and Dependent Verification Requirements

If you add a spouse or dependents to your health or flexible benefits during open enrollment or because of a qualifying event — and they were not previously covered under your benefits — you must submit acceptable proof of dependent eligibility to the State of South Dakota Benefits Program.

- ▶ If you experience a qualifying event and wish to update your benefits, you must submit a request within 30 days of the event. Also, you must include dependent eligibility verification documentation (such as a birth certificate, a marriage certificate, etc.) with your request.
- ▶ Proof of eligibility must be submitted to the State within 30 days of the date of the qualifying event. Newly hired employees are required to submit dependent eligibility verification within 30 days of their hire date.
- ▶ If you fail to submit the required documentation within the 30-day window, your spouse and/or dependents will not be enrolled in your elected benefit choices. If this occurs, you will only be able to add them back to your elected coverages during the next open enrollment period, or if you experience a qualifying life event. However, you will still be required to provide acceptable proof of eligibility at that time.
- ▶ If your dependent child is over age 26 and either a full-time student or a qualified disabled dependent, you will receive a request to verify continuing eligibility from Wellmark. Failure to submit the verification of continuing eligibility will result in your dependent being removed from healthcare coverage, and you will not be able to re-enroll them in benefits.

Opting Out

You can opt out of the South Dakota State Employee Health Plan if you provide proof of other creditable group health coverage.

To opt out, you must log in during open enrollment.

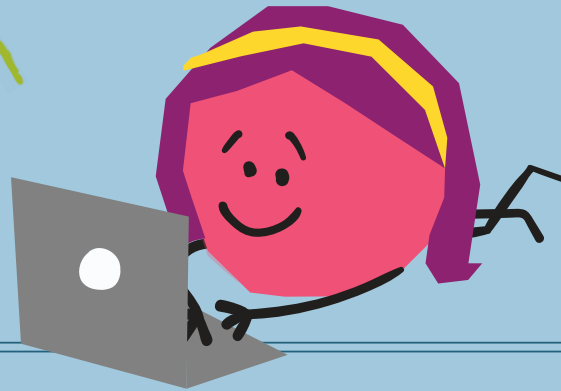
If you currently opt out, you must participate in open enrollment this year or you will be defaulted to the Washington Plan with employee-only coverage.

Acceptable proof of coverage includes:

- A Certificate of Creditable Coverage from your other insurance carrier.
- A TRICARE identification card showing continued coverage.
- A Medicare identification card showing continued coverage.

Please note: Medicaid, Indian Health Services, and VA coverage are NOT considered creditable group health coverage options.

The deadline to submit your proof of creditable coverage is June 3, 2021. Email it to benefitswebsite@state.sd.us.



Picking the right health plan can be challenging. How do you know which one is right for you? To answer your questions and simplify the process, State employees can access an easy-to-use online tool called ALEX.

Just log on and respond to ALEX's questions. ALEX will ...

- ▶ Prompt you for some basic information.
- ▶ Ask a few questions about how you and your family use health benefits.
- ▶ Help you figure out which plan to choose during open enrollment based on your responses.

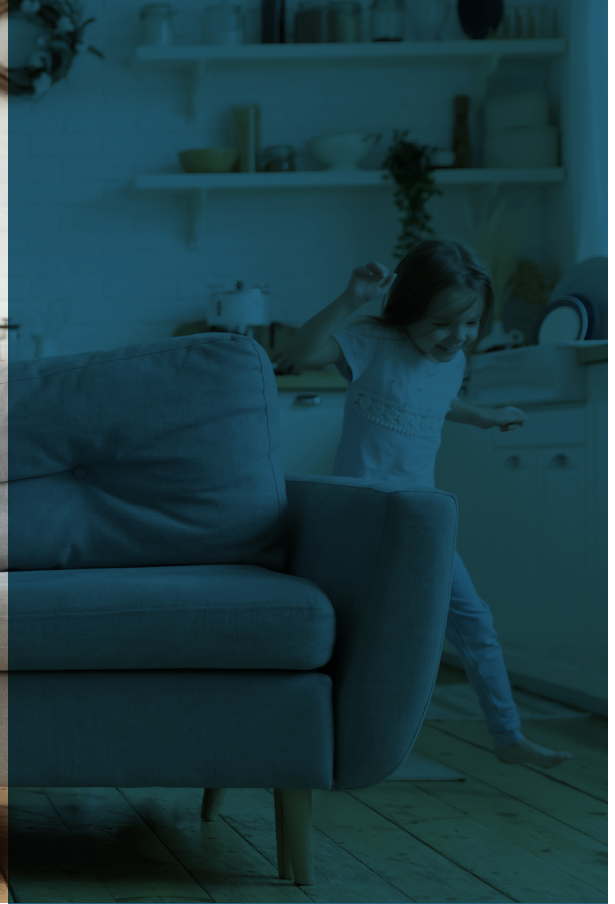
With simple language that avoids insurance jargon, talking with ALEX feels like having a conversation with a real person. And, ALEX is available anywhere that's convenient for you. Log on from your work computer, your smart phone, or your home computer with an internet connection.

Learn more at myalex.com/benefitssd/2022.



NOTE: ALEX does NOT enroll you in benefits.

ALEX makes suggestions based on your answers so that, during open enrollment, you can make the decision that feels right for you. To successfully enroll, you must log in and elect benefits. See instructions for logging in on page 34.

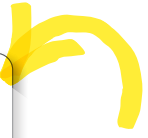






Welcome to Wellmark

BHR has selected a new partner to deliver our health benefits. While our plan is self-insured — meaning the state assumes all financial responsibility — we need a partner to administer claims payments and negotiate network discounts. **Effective July 1, 2021, Wellmark Blue Cross and Blue Shield of South Dakota will administer our benefits.**

Based in Sioux Falls, Wellmark of South Dakota offers the largest health care provider network in the state. Approximately 386,000 South Dakotans have healthcare coverage through Wellmark, and they're in good company: One in every three Americans is covered by a Blue Cross and Blue Shield plan. As a Wellmark member, you'll enjoy access to a broad range of doctors, hospitals, and telehealth benefits.

To learn more about our new health insurance administrator, visit [Wellmark.com](https://www.wellmark.com).



  	
YOUR NAME SDFW99999990	
Group No.	82975
RXBIN	004336
RXPCN	ADV
RXGRP	RX1021
Plan Code	141
OV COPAY PCP \$25; NON PCP \$50 ROOSEVELT PLAN	
<small>*This card is for illustrative purposes only.</small> 	

After you enroll, your Wellmark ID will be mailed to your home. Learn more about your new card on page 34.

STRONGER COVERAGE, BETTER BENEFITS

As a Wellmark member, you'll see significant benefit enhancements, including:

- Deeper network discounts.
- Coverage at 95% of doctors and 100% of hospitals in South Dakota.
- Access to the nationwide Blue Cross and Blue Shield network.
- Pregnancy and health condition support.

You'll also have access to free tools and resources, including:

- myWellmark®, your secure member portal for access to all your health benefits information at home or on the go.
- Wellmark's Blue365® program for discounts and deals on healthy purchases.
- BeWell 24/7SM, a free phone line to answer your health questions and help you navigate the healthcare system 24/7.
- IDX Identity® for identity theft protection.



The Washington Plan

HIGH-Deductible HEALTH PLAN

Administered by
Wellmark Blue Cross and Blue Shield

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$0	\$0
Employee + spouse	\$48.02	\$96.04
Employee + child(ren)	\$21.32	\$42.63
Family	\$59.84	\$119.67

YOUR COST SHARE

Deductible	Medical	\$5,500 single \$11,000 family
	Pharmacy	Combined with medical deductible
Coinsurance		No coinsurance
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$5,500 single \$11,000 family
Medical care	Office visits	Deductible
	Urgent care	
	ER	
	Diagnostic tests (X-ray, blood work)	
	Outpatient	
	Inpatient	

See page 14 for pharmacy information.



The Washington Plan is a true high-deductible health plan. It has no medical coinsurance or copays, and the deductible is the same amount as the out-of-pocket maximum (OPM). Once you reach your deductible, the plan will pay 100% of your costs for covered healthcare and prescriptions for the remainder of the plan year. Here are some additional important things to know about the Washington Plan:

- ▶ This plan offers a \$0 premium for employee-only coverage. It is important to the State to offer this premium-free option.
- ▶ Preventive services are 100% covered. Certain preventive prescriptions are also 100% covered.
- ▶ For those with family coverage, the plan includes an embedded deductible. If a family member meets \$5,500 of their deductible – half of the family deductible – the plan will then begin to pay 100% of their covered healthcare and prescription costs for the remainder of that plan year. Then, if a different family member (or combination of family members) reaches the additional \$5,500 remaining deductible of \$11,000, the plan will pay 100% of covered healthcare and prescription costs for all covered family members for the remainder of the plan year.
- ▶ This plan qualifies eligible employees for a health savings account (HSA). Plan participants who complete the wellness incentive qualification will receive \$500 in their HSA. See page 24 for details.



The Lincoln Plan

HIGH-Deductible HEALTH PLAN

The Lincoln Plan is another high-deductible health plan with affordable premiums. But unlike the Washington Plan, it includes coinsurance to allow for a more moderate deductible. Once you reach your deductible, the plan pays 75% of your costs for covered care and prescriptions, and you pay the remaining 25%. Once you reach your out-of-pocket maximum (OPM), the plan pays 100% of your covered costs. Here are some more important things to know about the Lincoln Plan:

- ▶ Preventive services are 100% covered. Certain preventive prescriptions are also 100% covered.
- ▶ For those with family coverage, the plan includes an embedded deductible. If a family member meets \$3,000 of their deductible – half of the family deductible – the plan will then begin to pay 75% of covered charges for that family member.
- ▶ This plan qualifies eligible employees for a health savings account (HSA). Plan participants who complete the wellness incentive qualification will receive \$500 in their HSA. See page 24 for details.

"If I am paying 100% for care with an HDHP, why should I even have insurance?"



Our insurance administrator negotiates discounts with doctors and hospitals on behalf of the State. Even though you pay for your healthcare costs up to your deductible, you still get those discounts – meaning you pay considerably less than if you weren't covered by the plan at all.

Administered by
Wellmark Blue Cross and Blue Shield

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$12.25	\$24.49
Employee + spouse	\$74.50	\$149.00
Employee + child(ren)	\$40.13	\$80.25
Family	\$92.83	\$185.66

YOUR COST SHARE

Deductible	Medical	\$3,000 single \$6,000 family
	Pharmacy	Combined with medical deductible
Coinsurance		25%
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$6,000 single \$12,000 family
Medical care	Office visits	Deductible then coinsurance
	Urgent care	
	ER	
	Diagnostic tests (X-ray, blood work)	
	Outpatient	
	Inpatient	

See page 14 for pharmacy information.



The Jefferson Plan

LOW-DEDUCTIBLE HEALTH PLAN



*Administered by
Wellmark Blue Cross and Blue Shield*

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$44.89	\$89.79
Employee + spouse	\$145.12	\$290.24
Employee + child(ren)	\$90.29	\$180.57
Family	\$180.82	\$361.64

YOUR COST SHARE

Deductible	Medical	\$1,750 single \$3,500 family
	Pharmacy	No deductible
Coinsurance		30%
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$4,000 single \$8,000 family
Medical care	Office visits	\$50 primary care \$100 non-primary care
	Urgent care	\$50
	ER	\$250 + 30% coinsurance
	Diagnostic tests (X-ray, blood work)	Deductible then coinsurance
	Outpatient	
	Inpatient	

The Jefferson Plan is a low-deductible health plan that includes a mix of copays and coinsurance. That means you'll pay more in premiums than on an HDHP, but less in out-of-pocket costs. This plan may be a good option if you prefer the peace of mind of knowing you don't have to save up for large or surprise healthcare expenses. Here are some more details about the Jefferson Plan:

- ▶ Preventive services are 100% covered.
- ▶ Office visits with primary care providers and specialists have a flat copay, so you will not be charged for your deductible. Primary care refers to any non-specialty provider, including your primary care physician, OB/GYNs, physician assistants, and nurse practitioners. Non-primary care refers to specialists, like dermatologists, oncologists, and cardiologists.
- ▶ All copays and coinsurance costs count towards your out-of-pocket maximum (OPM). Once you meet your OPM, all covered care and prescriptions will be 100% paid for by the plan.
- ▶ For those with family coverage, the plan includes an embedded deductible. If a family member meets \$1,750 of their deductible — half of the family deductible — the plan will then begin to pay 70% of covered charges for that family member.
- ▶ Like all low-deductible health plans, the Jefferson Plan does not qualify you for a health savings account (HSA). However, you can elect a medical flexible spending account (FSA) to set aside pre-tax money to pay for medical, prescription, dental, and vision care expenses. Also, plan participants who complete the wellness incentive qualification will receive up to \$500 in a health reimbursement account (HRA) to offset costs during the plan year. See page 26 for details.



The Roosevelt Plan

LOW-DEDUCTIBLE HEALTH PLAN

The Roosevelt Plan is robust and uniquely easy to use. It has no deductible and no coinsurance; you only pay copays up to your out-of-pocket maximum. Because you will always know your costs for care and prescriptions, the plan makes it easy to maintain a budget and keep track of spending. Here is additional information about the Roosevelt Plan:

- ▶ Preventive services are 100% covered.
- ▶ The copay for office visits can vary depending on whether you receive primary care or non-primary care. Primary care refers to any non-specialty provider, including your primary care physician, OB/GYNs, physician assistants, and nurse practitioners. Non-primary care refers to specialists, like dermatologists, oncologists, and cardiologists.
- ▶ All copays count towards your out-of-pocket maximum (OPM). Once you meet your OPM, all covered care and prescriptions will be 100% paid for by the plan.
- ▶ Like all low-deductible health plans, the Roosevelt Plan does not qualify you for a health savings account (HSA). However, you can elect a medical flexible spending account (FSA) to set aside pre-tax money to pay for medical, prescription, dental, and vision care expenses. Also, plan participants who complete the wellness incentive qualification will receive up to \$500 in a health reimbursement account (HRA) to offset costs during the plan year. See page 26 for details.

Administered by
Wellmark Blue Cross and Blue Shield

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$57.14	\$114.28
Employee + spouse	\$171.60	\$343.20
Employee + child(ren)	\$109.10	\$218.19
Family	\$213.82	\$427.64

YOUR COST SHARE

Deductible	Medical	No deductible
	Pharmacy	No deductible
Coinsurance		No coinsurance
Out-of-pocket max (OPM)	Medical & pharmacy combined	\$4,500 single \$9,000 family
Medical care	Office visits	\$30 primary care \$60 non-primary care
	Urgent care	\$30
	ER	\$500
	Diagnostic tests (X-ray, blood work)	\$30 in an office setting
	Outpatient	\$2,500
	Inpatient	\$3,500

See page 14 for pharmacy information.



Pharmacy Benefits

*Administered by
Wellmark Blue Cross and Blue Shield*



Along with our new health plans, Wellmark will also be administering the State's pharmacy benefits. (CVS will continue to be our pharmacy benefits manager.) That means you get comprehensive prescription drug coverage. And, it means all your medical and pharmacy benefits are now in one place, making it easier for you to access resources that help you use your benefits and save money.

*Note: You do not need to elect a pharmacy plan, as it is included with your health coverage. **There is no additional premium.***

		Washington Plan	Lincoln Plan	Jefferson Plan	Roosevelt Plan
Deductible		Combined with medical deductible	Combined with medical deductible	No deductible	No deductible
Coinsurance		No coinsurance	25%	30%	No coinsurance
Out-of-pocket max (OPM) <i>Medical & pharmacy combined</i>		\$5,500 single \$11,000 family	\$6,000 single \$12,000 family	\$4,000 single \$8,000 family	\$4,500 single \$9,000 family
Prescription drugs	Tier 1	Deductible	Deductible then 25% coinsurance	\$15 (30-day supply) \$37.50 (90-day supply)	\$25 (30-day supply) \$62.50 (90-day supply)
	Tier 1 preventive	\$0	\$0		
	Tier 2	Deductible	Deductible then 25% coinsurance	\$55 (30-day supply) \$137.50 (90-day supply)	\$65 (30-day supply) \$162.50 (90-day supply)
	Tier 2 preventive	\$55 (30-day supply) \$137.50 (90-day supply)	\$55 (30-day supply) \$137.50 (90-day supply)		
	Tier 3	Deductible	Deductible then 37.5% coinsurance	\$75 (30-day supply) \$187.50 (90-day supply)	\$150 (30-day supply) \$375 (90-day supply)
	Tier 3 preventive	\$75 (30-day supply) \$187.50 (90-day supply)	\$75 (30-day supply) \$187.50 (90-day supply)		
	Preferred specialty	Preventive list: \$85 All other drugs: Deductible	Preventive list: \$85 All other drugs: Deductible then coinsurance	\$85	\$300
	Non-preferred specialty	Preventive list: \$110 All other drugs: Deductible	Preventive list: \$110 All other drugs: Deductible then coinsurance	\$110	\$450

THE BLUE RX VALUE PLUSSM FORMULARY

Your plan is called Blue Rx Value Plus, and it's based around a formulary: a list of covered drugs. The formulary helps guide you, your doctor and your pharmacist to the lowest cost drug options that effectively treat your condition. Understanding the formulary could help you save money.

PRESCRIPTION DRUG TIERS

Your plan has three levels of coverage called "tiers." Your drug's tier determines how much you'll pay at the pharmacy. The lower the tier, the more affordable your prescription. If you choose to take a drug that's not covered, you will pay the full cost for the medication.

USE YOUR FORMULARY TO SAVE

Follow these steps to use your formulary to research more affordable treatment options.

1. When you get a new prescription, go to [Wellmark.com](https://www.wellmark.com).
2. Scroll down to the bottom of the page and select *Prescription Drug Information* and then *Drug List*. Then, scroll down and choose *Blue Rx Value Plus* from the Formulary Drug Lists.
3. Finally, search for your drug by name.
 - If your drug is considered preventive, it will be listed as PV.
 - If your drug is on a higher tier, you can ask your doctor if a lower-cost equivalent is appropriate.
 - If your drug is listed as non-formulary or NF, your drug is not covered. Ask your doctor for a medication that is covered by your plan.

SPECIALTY DRUGS

Specialty drugs — high-cost medications that treat complex and chronic conditions — are also covered by your plan. These medications require special handling by highly trained pharmacists. State employees and covered family members should fill specialty prescriptions with our preferred vendor, CVS[®] Specialty Pharmacy. To transfer your prescription, call CVS Specialty Pharmacy at 800-237-2767 (TTY: 711) or visit [CVSSpecialty.com](https://www.CVSSpecialty.com).

PRESCRIPTION DRUG TIERS

TIER 1:

Most affordable drugs



Includes most generics and select branded drugs.

Low out-of-pocket costs

TIER 2:

Preferred drugs



Drugs that have been proven to be effective and favorably priced compared to other drugs that treat the same condition

Middle-value out-of-pocket costs

TIER 3:

Non-preferred drugs



Drugs that are not as cost-effective as available generics or preferred brands.

Higher out-of-pocket costs

CVS CAREMARK MEMBER PORTAL & APP

With the CVS Caremark member portal and app, you can access savings and manage pharmacy benefits anytime, anywhere.

- **Know your coverage and costs:** See if a medication is covered, find lowest-cost drug alternatives, and more.
- **Fill or refill prescriptions:** Use the app to take a photo of the front and back of your new paper prescription, or scan the barcode on your existing Rx label to place a refill order.
- **Find a pharmacy:** Locate in-network retail pharmacies near you.
- **Manage your profile:** Set your notifications, update shipping and billing, and more.

Register and link to the free mobile app at [Caremark.com/mobile](https://www.Caremark.com/mobile).



Compare Your Health Plan Options

		Washington Plan		Lincoln Plan		Jefferson Plan		Roosevelt Plan	
		24 PAY PERIODS	12 PAY PERIODS	24 PAY PERIODS	12 PAY PERIODS	24 PAY PERIODS	12 PAY PERIODS	24 PAY PERIODS	12 PAY PERIODS
Employee*		\$0	\$0	\$12.25	\$24.49	\$44.89	\$89.79	\$57.14	\$114.28
Employee + spouse*		\$48.02	\$96.04	\$74.50	\$149.00	\$145.12	\$290.24	\$171.60	\$343.20
Employee + child(ren)*		\$21.32	\$42.63	\$40.13	\$80.25	\$90.29	\$180.57	\$109.10	\$218.19
Family*		\$59.84	\$119.67	\$92.83	\$185.66	\$180.82	\$361.64	\$213.82	\$427.64
YOUR IN-NETWORK COST SHARE									
Deductible	Medical	\$5,500 single \$11,000 family		\$3,000 single \$6,000 family		\$1,750 single \$3,500 family		No deductible	
	Pharmacy	Combined with medical deductible		Combined with medical deductible		No deductible		No deductible	
Coinsurance		No coinsurance		25%		30%		No coinsurance	
Out-of-pocket max (OPM)		\$5,500 single \$11,000 family		\$6,000 single \$12,000 family		\$4,000 single \$8,000 family		\$4,500 single \$9,000 family	
Medical care	Office visits	Deductible		Deductible then coinsurance		\$50 primary care \$100 non-primary care		\$30 primary care \$60 non-primary care	
	Urgent care					\$50		\$30	
	ER					\$250 + 30% coinsurance		\$500	
	Diagnostic tests (X-ray, blood work)					Deductible then coinsurance		\$30 in an office setting	
	Outpatient							\$2,500	
	Inpatient							\$3,500	
Prescription drugs	Tier 1	Deductible		Deductible then 25% coinsurance		\$15 (30-day supply) \$37.50 (90-day supply)		\$25 (30-day supply) \$62.50 (90-day supply)	
	Tier 1 preventive	\$0		\$0					
	Tier 2	Deductible		Deductible then 25% coinsurance		\$55 (30-day supply) \$137.50 (90-day supply)		\$65 (30-day supply) \$162.50 (90-day supply)	
	Tier 2 preventive	\$55 (30-day supply) \$137.50 (90-day supply)		\$55 (30-day supply) \$137.50 (90-day supply)					
	Tier 3	Deductible		Deductible then 37.5% coinsurance		\$75 (30-day supply) \$187.50 (90-day supply)		\$150 (30-day supply) \$375 (90-day supply)	
	Tier 3 preventive	\$75 (30-day supply) \$187.50 (90-day supply)		\$75 (30-day supply) \$187.50 (90-day supply)					
	Preferred specialty	Preventive list: \$85 All other drugs: Deductible		Preventive list: \$85 All other drugs: Deductible then coinsurance		\$85		\$300	
	Non-preferred specialty	Preventive list: \$110 All other drugs: Deductible		Preventive list: \$110 All other drugs: Deductible then coinsurance		\$110		\$450	
	Pharmacy durable medical	Deductible		Deductible then 25% coinsurance		30% coinsurance		\$60	

For more information including out-of-network costs, see your plan summary documents on the BHR website.

***Tobacco surcharge:** If you and/or your spouse use tobacco products, a surcharge will be added to your premiums. If you receive your paychecks in 24 pay periods, \$30 will be added per person per pay period. If you receive your paychecks in 12 pay periods, \$60 will be added per person per pay period.



Options for Affordable Care

Preventive care

The earlier a serious medical condition is caught, the easier it is to treat. Preventing disease before it starts keeps your healthcare costs down and helps you live a longer, healthier life.

All State health plans pay 100% of preventive care costs for you and your covered spouse and dependents. Based on your age and health status, this could include:

- ▶ An annual wellness exam
- ▶ A well-child exam
- ▶ A well-woman exam
- ▶ Cancer screenings
- ▶ Pregnancy care preventive screenings
- ▶ Scheduled vaccinations
- ▶ Tests and screenings for cholesterol and blood pressure levels, depression, and type 2 diabetes

For a detailed description of what preventive care is covered and when, go to bhr.sd.gov/benefits/active/health-plans/preventive-care/ or call the customer service number on the back of your Wellmark ID.

New! Doctor On Demand®

With Doctor On Demand, you can have video visits with board-certified physicians and get treatment and prescriptions for a cold, flu, allergies, bugs your kids pick up, and more. It's fast care anywhere – 24/7*.

And, Doctor On Demand offers mental health care, too. Schedule talk therapy and medication management for stress, depression, anxiety, postpartum concerns, and more.

WHY SEE A DOCTOR ONLINE?

- ▶ **Affordable:**
 - Medical visits cost \$50-\$60 on all plans.
 - Mental health visits cost \$50-\$60 on a low-deductible health plan. On a high-deductible health plan, cost varies by visit length.
- ▶ **Convenient:** Available at home or on the go.
- ▶ **Fast:** Be seen in minutes.
- ▶ **Always there:** Available 24/7, even in the middle of the night.

TO GET THIS BENEFIT

Coverage is included when you enroll in a State health plan. Visit DoctorOnDemand.com to register, and then go to the App Store® or Google Play® to download the app for free.



*Doctor On Demand physicians do not prescribe Scheduled I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate. During times of high overnight call volume, patients may be directed to make an appointment with a Doctor On Demand physician for the following morning.



The beneFIT Well-being Program

We are pleased to announce an improved well-being experience launching in July 2021.



EARN YOUR WELL-BEING INCENTIVE

Healthy living includes regular checkups to measure your most important health numbers, including your blood pressure, your cholesterol levels, and your body mass index. Completing the health assessment questionnaire is a great way to understand your current health and what risks you might face in the future.

That's why **the State offers a \$500 incentive** for completing well-being qualifications.

There will be two qualifications to earn your incentive:

1. An on-site, in-person health screening.
2. An online health assessment.

If you and your covered spouse (if applicable) complete these two qualifications by April 1, 2022, the employee will earn the \$500 incentive. Delivery will be based on the health plan you select during open enrollment in May 2022.

- **Low-deductible health plan:** You will receive reimbursement of up to \$500 in a health reimbursement account (HRA) to help pay for medical, dental, and vision costs during the plan year.
- **High-deductible health plan:** You will receive \$500 in a health savings account (HSA), if you are eligible based on IRS rules. Employees who do not qualify for the HSA can either elect one of the low-deductible health plans and receive the funds in an HRA, or choose a high-deductible health plan and decline the HSA.

A new well-being portal powered by WebMD®

Now you can experience a well-being portal that matches your unique needs and interests with tools and resources that are right for you. Just complete your online health assessment to receive personalized recommendations that help you set goals, find your motivation, and track your progress. You'll be able to take charge of your well-being by engaging in ways that are most meaningful to you.

NOTE: You and your covered spouse must create individual accounts to access the well-being program in order to earn the employee incentive. In July, go to webmdhealth.com/beneFIT to register.

MORE CHANCES TO EARN INCENTIVE DOLLARS!

Engage in your personal well-being journey and earn rewards as you go! This year, you'll be able to choose from a variety of well-being activities to earn wellness points and incentive dollars, from motivated coaching, to the Daily Habit program, to individual and team challenges, and much more.

Detailed information will be shared during the new program launch in July 2021.





The Wellmark Care Team

Support is just one call away

CARE CAN BE COMPLICATED

Major illnesses, injuries, and chronic conditions can be overwhelming for patients and families. From the complexities of the healthcare system to the challenges of staying on track with your treatment plan, navigating your care can feel like a full-time job.

YOUR HEALTH BENEFITS CAN HELP

You need advocates who will work on your behalf, ensuring you're getting the care you need while helping you focus on getting or staying healthy. And, you need to be able to find them all in one place.

That's why your health benefits include the Wellmark Care Team.

ONE CALL FOR EVERY CONDITION

With the Wellmark Care Team, you have a dedicated care manager nurse and an integrated team of specialists including pharmacists, behavioral health specialists, and care advocates who are here to help — and they're accessible any time by calling the number on the back of your Wellmark ID.

With just one call to Wellmark's State of South Dakota Care Team line, anyone can get support, including members who experience:

- ▶ Serious illnesses
- ▶ Complex chronic conditions including diabetes, heart disease, asthma, and others
- ▶ High-risk pregnancies
- ▶ Premature babies
- ▶ Transplants
- ▶ Traumatic injuries
- ▶ Major surgeries
- ▶ Cancer
- ▶ Behavioral health conditions
- ▶ And more

HOW TO PARTICIPATE

If you have a health condition, you can call the Wellmark Care Team at any time to request support. Wellmark will also reach out to members who are identified for program participation through hospital admission notifications, health and pharmacy claims information, and through provider referral.

This program is free, voluntary, and confidential. To learn more or to enroll, call 800-846-9183.

SUPPORTING HEALTHY PREGNANCIES

State employees can access additional resources for a healthy, stress-free pregnancy. The Pregnancy Support Program is free, and it's here for you now and after your baby is born.

HOW IT WORKS

Call the number on your Wellmark ID and a Pregnancy Support advocate will connect you with tools and resources, including:

Pregnancy assessment: Complete this online assessment to receive a \$250 wellness incentive. After baby arrives, you can qualify for another \$250 incentive by taking a postpartum assessment.

WebMD® Pregnancy Assistant: Provides information about your pregnancy and the stages of your baby's growth.

Count the Kicks® app: Helps you keep track of your baby's normal movement patterns.

Text4BabySM: A texting tool that delivers appointment reminders, safety information, and updates on your baby's milestones.

BeWell 24/7: A phone line that connects you with a nurse for one-on-one support day and night.

In addition to helpful tools and Care Team support, when you participate in the Pregnancy Support Program, the cost share for your first and second trimester ultrasound is waived.



Dental Plans

Administered by Delta Dental of South Dakota



To locate in-network providers near you, visit deltadentalsd.com and click on *Find a Dentist*.

	BASE PLAN		ENHANCED PLAN	
	24 PAY PERIODS	12 PAY PERIODS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$8.10	\$16.20	\$18.07	\$36.14
Employee + spouse	\$24.25	\$48.50	\$44.15	\$88.30
Employee + child(ren)	\$27.31	\$54.62	\$45.18	\$90.36
Family	\$43.46	\$86.92	\$71.27	\$142.54
Deductible	\$25 per covered person		N/A	
Annual maximum benefit ¹	\$1,000 per covered person		\$2,000 per covered person	
Lifetime orthodontic benefit	\$1,000		\$2,000	
Maximum Bonus Account (MBA) limit	N/A		\$2,000	

1. All services (except diagnostic, preventive and orthodontics) are subject to the annual maximum and will not be paid if your annual maximum has been reached.

Dental care is an important part of your overall health. Your benefits package includes dental insurance options with low- or no-cost preventive care, as well as coverage for routine and restorative services, major services, and orthodontics. Here are some important things to know about your coverage.

- ▶ **New!** As a value to you, this year the State will begin subsidizing a cost share of \$16.20 per month, regardless of which plan or coverage level you choose. The premiums shown to the left are your new premium rates July 1, 2021, and include the subsidized cost share.
- ▶ You can visit any dentist you choose, but you may pay less when you go to an in-network provider. Participating in-network dentists have agreed to write off charges that exceed the amounts allowable by the plan. Out-of-network dentists can bill you for the remaining amount.
- ▶ There is no waiting period for services.
- ▶ Orthodontic cases may be paid for over two years based on the treatment plan.
- ▶ Delta Dental will pay \$1,000 for orthodontics in the first year on either plan. To receive the additional \$1,000 payment in the second year on the Enhanced Plan, you must continue to be enrolled in the Enhanced Plan.
- ▶ Premiums are paid with pre-tax deductions.

Questions? Learn more about your dental benefits at bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/ or at deltadentalsd.com.

DENTAL CARE AND SERVICES	BASE PLAN	ENHANCED PLAN
	Percentage your plan pays after the deductible is met	Percentage your plan pays
Preventive care Routine cleaning and examinations (two per plan year), fluoride treatments (two per plan year up to age 19), bite-wing X-rays (one per plan year), full mouth X-rays (one every five years), space maintainers (on primary back teeth, up to age 14), and dental sealants (once for unrestored first and second permanent molars, up to age 16).	75%	100%
Basic services Stainless steel crowns, silver and tooth-colored fillings, non-surgical extractions, emergency treatment, periodontal maintenance cleanings, denture repair, and anesthesia in conjunction with surgical services.	60%	80%
Major services Root canals, treatment of diseases of the tissues supporting the teeth, crowns, bridges, dentures, implants, and surgical extractions.	35%	50%
Orthodontics	50% For patients up to age 19 only	50% For patients of any age

Additional dental benefits

MAXIMUM BONUS ACCOUNT (MBA) BENEFITS

Administered by Delta Dental

Employees enrolled in the Enhanced Plan for dental coverage and their dependents are eligible for Maximum Bonus Account (MBA) benefits. With MBA benefits, each covered person who qualifies will receive \$250 per plan year to pay for dental care, up to the \$2,000 maximum.

Here's what else you need to know about MBA benefits:

- ▶ You must be enrolled in the Enhanced Plan for one plan year before you can earn MBA benefits.
- ▶ Your MBA account balance rolls over from year to year.
- ▶ You, your spouse, and your dependents will each have their own account. MBA benefits cannot be shared.
- ▶ MBA benefits cannot be used for orthodontic claims.
- ▶ You will lose your account balance if you move from the Enhanced Plan to the Base Plan, or if you have a break in coverage.

Questions about MBA benefits? Call Delta Dental at 1-877-841-1478.

To qualify for MBA benefits, you must:

1. Enroll in the Enhanced Plan for at least one year.
2. File at least one non-orthodontic claim during the plan year.
3. Use less than \$1,000 (half of your annual maximum benefit) for the plan year.

HEALTH THROUGH ORAL WELLNESS®

Administered by Delta Dental

Health *through* Oral Wellness is a unique program that adds benefits to your dental plan based on your oral health needs. There is no need to enroll, and it is provided at no cost to you.

A Delta Dental network dentist trained in Health *through* Oral Wellness will assess your risk for tooth decay and periodontal disease during a regular preventive visit. Depending on your level of risk, your dentist will recommend additional benefits you are eligible for, including additional cleanings*, fluoride treatments, sealants, and oral hygiene instruction.

Also, if you have any of the following health conditions, you are eligible for additional benefits:

- ▶ **Pregnancy:** One additional cleaning during your pregnancy
- ▶ **Diabetes:** Two additional cleanings
- ▶ **High-risk cardiac care:** Two additional cleanings
- ▶ **Kidney failure or dialysis:** Two additional cleanings
- ▶ **Rheumatoid arthritis:** Two additional cleanings
- ▶ **Stroke:** Two additional cleanings
- ▶ **Cancer-related chemotherapy or radiation:** Two additional cleanings and two applications of fluoride
- ▶ **Suppressed immune system:** Two additional cleanings and two applications of fluoride

*Cleanings may be either a general cleaning (prophylaxis) or a periodontal maintenance cleaning, depending on your dentist's recommendation.



Vision Plan

Administered by EyeMed Vision Care



PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$3.54	\$7.08
Employee + spouse	\$7.09	\$14.18
Employee + child(ren)	\$6.00	\$12.00
Family	\$9.90	\$19.80

Along with the one eye exam covered annually on your health plan, you have the option of electing vision coverage to help pay for an additional eye exam, along with frames, lenses, contacts, and more.

- ▶ You can see any vision care doctor you choose, but you may pay less at in-network providers. To find in-network care, visit www.eyemedvisioncare.com/sosd, select *Provider Locator*, enter your zip code, and choose the network *Insight*.
- ▶ If your vision care provider is out of network, you may be eligible to be partially reimbursed for care. Visit bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/ to read instructions and download an out-of-network claim form. The completed form must be mailed in or uploaded within 15 months of the date of service.
- ▶ Your eligibility for services resets on July 1 of each year.
- ▶ Premiums are paid with pre-tax deductions.

Questions? Call EyeMed at 1-888-626-6334.



VISION PLAN CARE & SERVICES		IN NETWORK You will pay ...	OUT OF NETWORK The plan will reimburse you ...
Exam, including dilation Once every plan year		\$10 copay	Up to \$45
Frames		\$0 copay, \$130 allowance, 20% off balance over \$130	up to \$70
Lenses Once every plan year	Single vision	\$25 copay	Up to \$30
	Bifocal		Up to \$50
	Trifocal		Up to \$65
	Lenticular		Up to \$100
Lenses (progressive) Once every plan year	Standard	\$80 copay	Up to \$50
	Premium tiers 1-3	\$100-125 copay	
	Premium tier 4	\$80 copay; 20% off retail price over \$120 allowance	
Lenses (materials and options) Once every plan year	Standard polycarbonate Age 19 and over	\$40	N/A
	Anti-reflective coating tiers 1 & 2	\$45-\$68	
	Anti-reflective coating tier 3	20% off retail price	
	Photochromic	\$75	
	Standard polycarbonate Under age 19	\$0 copay	Up to \$5
	UV treatment		
	Standard plastic scratch coating		
	Tint Solid and gradient		
All other lens options Once every plan year		20% off retail price	N/A
Contact lenses, in place of glasses lenses Once every plan year	Elective disposable	\$0 copay; up to \$130 allowance	Up to \$105
	Elective conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$105
	Medically necessary	\$0 copay; covered in full	Up to \$210
Contact lenses, fit and follow-up appointment Once every plan year after a comprehensive eye exam has been completed	Standard	\$40	N/A
	Premium	10% off retail price	
Retinal imaging Once every plan year		Up to \$39	N/A

NETWORK ADEQUACY REIMBURSEMENT

No in-network provider near you? Unable to schedule an in-network appointment when you need it? In these situations, your vision benefits allow you to schedule out-of-network care and get reimbursed as if you visited an in-network provider.

You may take advantage of this benefit if:

- ▶ You are unable to locate a participating provider within a 10-mile radius in an urban/suburban area.
- ▶ You are unable to locate a participating provider within a 20-mile radius in a rural area.
- ▶ You are unable to schedule a visit within two weeks with a participating provider.

To get reimbursed, after your appointment, go to bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/ to download and complete an out-of-network claim form, including the Network Adequacy section on page 4. The completed form must be submitted within 15 months of the date of service.



Health Savings Account (HSA)

Administered by Discovery Benefits/WEX

HSA CONTRIBUTION LIMITS

Maximum contribution per calendar year; includes both employee and State contributions combined

Employee	\$3,600
Employee + spouse and/or children	\$7,200
Age 55+	An additional \$1,000 can be contributed to the account each calendar year

STATE CONTRIBUTIONS

Per calendar year for those who qualify and earn their well-being incentive

Employee	\$500
Employee + spouse and/or children	\$500

IMPORTANT: You must be covered by a high-deductible health plan (HDHP) to contribute to an HSA. For State employees, this includes the Washington Plan and the Lincoln Plan.

Eligible employees who elect a high-deductible health plan may open a health savings account (HSA): a triple tax-advantaged account you can use for eligible healthcare expenses. Use the savings in your HSA to pay for medical, prescription, dental, and vision expenses as they occur, or keep the funds in your account until you need them later in life.

HSA ADVANTAGES

- ▶ HSAs offer tax-free contributions, interest, and investment earnings.
- ▶ Set aside your own pre-tax funds and/or enjoy annual contributions from the State when you earn your wellness incentive.
- ▶ Funds roll over from year to year. There is no deadline to use your contributions.
- ▶ HSAs are individually owned and portable. The money is yours to keep, even if you change jobs or retire.
- ▶ You can change your contributions levels at any time.
- ▶ Contributions may be invested for long-term growth.
- ▶ At age 65, or in the event you become disabled, disbursements for non-qualified healthcare expenses may be made without penalty (but will be subject to income tax).
- ▶ Upon death, the HSA becomes the property of a beneficiary you designate.

Remember: Employees who qualify and earn their well-being incentive will receive \$500 in their HSA!

Questions? To learn more about HSAs, download contribution forms, and get instructions for opening an account, visit bhr.sd.gov/benefits/active/health-plans/health-savings-account/.

ELIGIBILITY

Not everyone can contribute to an HSA. Certain situations make you ineligible, including if ...

- You are covered by another health plan that is not a qualified HDHP.
- You are covered by TRICARE.
- You are a dependent on someone else's tax return.
- You are signed up for any Medicare coverage, including Parts A & B.
- You have a spouse contributing to a medical FSA.

If you have questions about your HSA eligibility, contact Discovery Benefits/WEX at 1-866-451-3399 or consult your tax advisor.



Flexible Spending Accounts (FSAs)

Administered by Discovery Benefits/WEX



IMPORTANT!
You must elect an FSA **each year** you wish to participate.

A flexible spending account (FSA) allows you to set aside money pre-tax to pay for certain designated expenses. This saves you, on average, 28% of every dollar you contribute.

The State offers two types of accounts: A **medical FSA** and a **dependent care FSA**.

MEDICAL FSA

- ▶ Use this FSA to pay for qualified medical, prescription, dental, and vision care costs.
- ▶ Contribute up to \$2,750 per year, per employee.
- ▶ Eligible expenses include:
 - Copays, deductibles, and coinsurance
 - Prescriptions
 - Glasses
 - Contacts and solution
 - Dental expenses
 - LASIK eye surgery
 - Medical equipment
 - And more
- ▶ You have until **September 14, 2022** to spend the funds or incur claims. You have until **October 28, 2022** to submit claims.
- ▶ Any eligible employee may elect this account. But, if you are enrolled in an HDHP with an HSA, the account will function as a combination FSA until you meet your deductible. Also, beginning this year, employees who opt out of health insurance coverage may only choose a combination FSA. Learn more on page 27.

DEPENDENT CARE FSA

- ▶ Use this FSA to pay for childcare and adult-dependent care expenses.
- ▶ Contribute up to \$5,000 per year, per family.
- ▶ Eligible expenses include:
 - Childcare for kids under age 13, including before- and after-school care and summer day camp
 - Transportation furnished by daycare providers
 - Adult daycare for a disabled spouse or IRS tax dependent
 - Custodial elder care
 - And more
- ▶ You have until **September 14, 2022** to spend the funds or incur claims. You have until **October 28, 2022** to submit claims.
- ▶ Any employee with eligible dependents may elect this account.

USE IT OR LOSE IT! If you do not spend all the money in your FSA by the time periods noted above, unused dollars will be forfeited and you will not be reimbursed. If you leave State employment, you will have 60 days to submit a claim incurred while you were actively employed.

Questions? To learn more about your FSA benefits, visit bhr.sd.gov/benefits/active/health-plans/flexible-spending-accounts/ or go to wexinc.com.



Health Reimbursement Account (HRA)

Administered by Discovery Benefits/WEX



Employees who elect a low-deductible health plan for health care coverage (either the Jefferson Plan or the Roosevelt Plan) and who qualify to earn their well-being incentive will receive reimbursement up to \$500 in a health reimbursement account (HRA).

An HRA is an employer-funded account that reimburses you for eligible medical, dental, and vision costs.

Beginning this year, employees will have a 61-day runout period to use HRA money in their accounts. For example, if you receive an HRA contribution in July of 2021, you will have until September 1, 2022 to spend that dollar amount. Existing account balances must also be used by June 30, 2022.

Questions? For more information on HRAs, visit wexinc.com.

BENEFIT ACCOUNTS ARE EASY WITH DISCOVERY BENEFITS/WEX

One debit card for all accounts: Spend the funds in your HSA, FSA, and HRA using your smart benefits debit card.

Track your accounts via mobile: The Discovery Benefits mobile app gives you fast access to your funds and account information anytime, anywhere.

Get help when you need it. Service experts are standing by to help. Call 866-451-3399 or email customerservice@discoverybenefits.com.



Combination FSAs & HRAs

Administered by Discovery Benefits/WEX

In general, FSAs and HRAs are used by people with low-deductible health plans to save for qualified expenses. But there is some opportunity for employees on a high-deductible health plan (HDHP) to take advantage of FSAs and HRAs too, with combination accounts.

Combination FSA: If you are enrolled in an HDHP and you have a health savings account (HSA), you may elect a medical FSA during open enrollment. The medical FSA then becomes a combination FSA, meaning it can only be used for vision and dental expenses until your health plan deductible has been met. Once you meet your deductible, you can submit the deductible verification form to begin using your FSA for medical and pharmacy expenses, as well. To download the form, go to bhr.sd.gov/benefits/FY19files/DeductibleVerificationForm1.pdf. Remember: FSAs are "use it or lose it" accounts. You have until September 14, 2022 to spend the funds or incur claims, and you have until Oct. 28, 2022 to submit claims. If you do not spend all the money in your FSA, the unused dollars will be forfeited and you will not be reimbursed.

New this year: State employees who choose to opt out of health care coverage may only elect a combination FSA. They may no longer elect a medical FSA.

Combination HRA: If you have an HRA and you then elect an HDHP with an HSA during open enrollment, your HRA becomes a combination HRA. You may still use the funds in your account until they expire on September 1, 2022, but only for dental and vision care expenses.

Questions? For more information on combination FSAs and HRAs, please visit wexinc.com.



Basic Life Insurance

Administered by MetLife



100% paid for by the State!

The South Dakota State Employee Benefits Program provides \$25,000 worth of basic life insurance and accidental death and dismemberment (AD&D) coverage to benefit-eligible employees.

- ▶ The State pays the basic life insurance and AD&D premium; the benefit is provided at no cost to you.
- ▶ Basic life insurance is not portable but can be converted if you leave employment with the State.

Questions? For more information on basic life insurance and AD&D, go to bhr.sd.gov/benefits/active/flexible-benefits/life-insurance/, visit metlife.com/southdakota, or call MetLife at 1-800-GET-MET8 (1-800-438-6388).

SUPPLEMENTAL LIFE AND AD&D

Administered by MetLife

Employees may elect supplemental life insurance with AD&D for themselves and for their spouses and dependents. Note that, if you apply for supplemental life insurance, you will also automatically be applying for an equal amount of AD&D coverage, as the two coverages are combined.

Employee coverage

- ▶ Employees may elect coverage levels of one, two, three, four, five, six, or seven times their annual salary, up to \$1,000,000.
- ▶ If an employee applies for six or seven times their salary coverage, or over \$400,000, or an increase to their current amount outside of their 30-day new hire enrollment period, they will need to go through a statement of health/evidence of insurability process administered by MetLife.
- ▶ This plan is portable. You may continue the policy on your own when you end employment with the State, up to age 99.
- ▶ To calculate your premium rate, round your salary to the next \$1,000. Multiply by your desired coverage level. Multiply that number by the rate for your age group. Finally, divide by 1,000.

Spouse/dependent coverage

- ▶ Employees who elect supplemental coverage for themselves may also purchase \$10,000 of supplemental coverage for their spouse and/or dependents. The coverage and contribution rates apply to all eligible dependents; you pay one flat rate, regardless of the number of dependents you cover.
- ▶ If you apply for spouse/dependent coverage outside of your 30-day new hire enrollment period, you will need to provide a statement of health/evidence of insurability to MetLife.

Questions? For more information on basic and supplemental life insurance and AD&D, go to bhr.sd.gov/benefits/active/flexible-benefits/life-insurance/, visit metlife.com/southdakota, or call MetLife at 1-800-GET-MET8 (1-800-438-6388).

LONG-TERM CARE INSURANCE

Administered by Unum

Long-term care insurance provides a benefit for care received at home or in a facility when someone needs assistance with at least two activities of daily living (ADLs).

If you purchase supplemental life insurance, a basic long-term care benefit is provided to you. You will have the option to buy additional coverage.

This insurance is available to eligible employees and family members. For details, visit bhr.sd.gov/benefits/active/health-plans/long-term-care/index.html.



Supplemental Life/AD&D and Long-term Care

Administered by MetLife

SUPPLEMENTAL EMPLOYEE COVERAGE

RATE PER \$1,000 OF COVERAGE

	24 PAY PERIODS		12 PAY PERIODS	
	PER PAY PERIOD	ANNUAL	PER PAY PERIOD	ANNUAL
Younger than 30	\$0.025	\$0.600	\$0.050	\$0.600
30 to 34	\$0.032	\$0.768	\$0.064	\$0.768
35 to 39	\$0.039	\$0.936	\$0.078	\$0.936
40 to 44	\$0.047	\$1.128	\$0.094	\$1.128
45 to 49	\$0.065	\$1.560	\$0.130	\$1.560
50 to 54	\$0.094	\$2.256	\$0.188	\$2.256
55 to 59	\$0.145	\$3.480	\$0.290	\$3.480
60 to 64	\$0.215	\$5.160	\$0.430	\$5.160
65 to 69	\$0.404	\$9.696	\$0.808	\$9.696
70+	\$0.656	\$15.744	\$1.312	\$15.744

SUPPLEMENTAL SPOUSE/DEPENDENT COVERAGE

COVERAGE LEVEL	24 PAY PERIODS		12 PAY PERIODS	
	PER PAY PERIOD	ANNUAL	PER PAY PERIOD	ANNUAL
\$10,000	\$1.110	\$26.640	\$2.220	\$26.640



Short-term Disability Insurance

Administered by MetLife

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$0.1455 per \$10 weekly benefit, up to \$1,200	\$0.291 per \$10 weekly benefit, up to \$1,200

To calculate your premium rate, take your annual salary (or, if you are hourly, your hourly rate x 2088 annual hours) and multiply it by 0.7. Divide that number by 52, and that number by 10. Finally, if you are a 24 pay periods employee, multiply by 0.1455. Or, if you are a 12 pay periods employee, multiply by 0.291. The final result is your estimated premium per pay period.

For a full-time employee earning \$16.50/hour on a 24 pay period schedule:

- $\$16.50 \times 2088 \text{ annual hours} = \$34,452.00$ (annual earnings)
- $\$34,452.00 \times 0.7 = \$24,116.40$ (short-term disability benefit)
- $\$24,116.40 \div 52 = \463.78 (weekly benefit)
- $\$463.78 \div 10 = \46.38 (value per \$10)
- $\$46.38 \times 0.1455 = \6.75 (estimated premium per pay period)



In the event of a disability due to an illness or injury that leaves you unable to work, this benefit helps protect your income by providing 70% of your monthly salary, up to a maximum of \$1,200 per week.

- ▶ This plan has a six-month waiting period after your initial enrollment.
- ▶ After the waiting period, in the event of a disability, this plan has a seven-day elimination period.
- ▶ If your period of disability continues for more than 90 days, your premium is waived until you are no longer disabled and can return to work.
- ▶ Short-term disability insurance may be used for recovery after childbirth. The maximum benefit paid for birth is six weeks for a regular delivery, or eight weeks for a cesarean delivery.
- ▶ Short-term disability coordinates with any additional State income you may be receiving, such as worker's compensation or paid family medical leave.
- ▶ This policy has a provision for a trial return-to-work period. You will not have to restart the 7-day elimination period. For details, see the STD Summary Plan Description at the BHR website listed below.
- ▶ Premiums are made on an after-tax basis.

Questions? For plan details and additional information on short-term disability, go to bhr.sd.gov/benefits/active/flexible-benefits/short-term-disability/index.html, visit metlife.com/southdakota, or call MetLife at 1-800-GET-MET8 (1-800-438-6388).



Accident Insurance

Administered by MetLife

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$2.28	\$4.56
Employee + spouse	\$4.37	\$8.74
Employee + child(ren)	\$4.85	\$9.70
Family	\$6.08	\$12.16

INJURIES	The plan pays you ...
Fractures ¹	\$50-\$5,000
Dislocations ¹	\$100-\$3,200
Second- and third-degree burns	\$100-\$6,400
Concussions	\$200
Cuts/lacerations	\$25-\$400
Eye injuries	\$200

MEDICAL SERVICES & TREATMENT ²	
Ambulance	\$200-\$750
Emergency care	\$50-\$150
Non-emergency care	\$50
Physician follow-up	\$50
Therapy services <small>Includes physical therapy</small>	\$25
Medical testing	\$100
Medical appliances	\$50-\$500
Inpatient surgery	\$100-\$1,000
Dismemberment or paralysis	\$5,000-\$10,000

Accident insurance provides you with a lump-sum payment to help with costs related to a covered injury. The benefit includes more than 150 covered events, and there is no limit on the number of separate accidents covered.

- ▶ You can use the benefit for any out-of-pocket medical or non-medical costs, including deductibles, copays, and coinsurance, or even for childcare or travel needed as you recover.
- ▶ Payments are made directly to you.
- ▶ There are no waiting periods for coverage.
- ▶ The plan is portable, meaning you can continue your coverage if you change jobs or retire.
- ▶ If a covered member is age 70 or older, benefits will be reduced by 50%.
- ▶ Premiums are made on an after-tax basis.

Questions? For more information on accident insurance, go to bhr.sd.gov/benefits/active/flexible-benefits/accident-insurance-plan/, visit metlife.com/southdakota, or call MetLife at 1-800-GET-MET8 (1-800-438-6388).

1. Chip fractures are paid at 25% of fracture benefit, and partial dislocations are paid at 25% of dislocation benefit.

2. 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.



Hospital Indemnity Insurance

Administered by MetLife

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$4.19	\$8.38
Employee + spouse	\$6.65	\$13.30
Employee + child(ren)	\$8.66	\$17.32
Family	\$11.20	\$22.40

TREATMENT FOR AN ACCIDENT

In-patient hospital stay Confinement must occur within 180 days of the accident	Non-ICU: \$200 a day for up to 180 days ICU: \$400 a day for up to 30 days
In-patient rehab Stays must occur immediately following hospital confinement and within 365 days of the accident	\$100 a day, up to 15 days per accident and 30 days per calendar year

TREATMENT FOR AN ILLNESS

In-patient hospital stay Paid per sickness	Non-ICU: \$200 a day for up to 180 days ICU: \$400 a day for up to 30 days
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Hospital indemnity insurance provides a lump-sum benefit for hospitalization and associated treatment. Payments are made directly to you, and you may use the funds as you see fit.

- ▶ You and your covered family members receive a daily per-person benefit for each day of hospitalization due to an illness or injury – up to a total of 180 days beginning with the first day of a hospital stay.
- ▶ There is no coordination with other insurance benefits, so payments are made in addition to any other insurance you may have.
- ▶ There is no lifetime maximum benefit.
- ▶ There are no waiting periods for coverage.
- ▶ The plan is portable, meaning you can continue your coverage if you change jobs or retire.
- ▶ Substance abuse and mental health facilities are excluded from coverage. For a complete list of exclusions, please see the hospital indemnity insurance policy at the BHR website listed below.
- ▶ Premiums are made on an after-tax basis.

Questions? For more information on hospital indemnity insurance, go to bhr.sd.gov/benefits/active/flexible-benefits/hospital-indemnity-plans/, visit metlife.com/southdakota, or call MetLife at 1-800-GET-MET8 (1-800-438-6388).



Employee Assistance Program (EAP)

*Administered by GuidanceResources®
and ComPsych®*

No-cost, confidential solutions to life's challenges

Sometimes, we all need a little extra help. The Employee Assistance Program (EAP) provides State of South Dakota employees, their dependents, and their household members with support for personal and work-related issues, including:

- ▶ Stress and anxiety
- ▶ Relationship/marital conflicts
- ▶ Depression
- ▶ Alcohol or drug abuse
- ▶ Grief
- ▶ Legal concerns
- ▶ Financial issues
- ▶ And more

Services are strictly confidential and available 24 hours a day, 7 days a week. Whether you need short-term counseling from one of our highly trained clinicians, practical assistance for your most pressing legal and financial issues, or tools and resources to improve your work-life balance, the EAP is here to help.

3 WAYS TO ACCESS YOUR EAP BENEFITS

There are three simple ways to get the support you need when you need it.


1. Call 833-955-3403. You'll speak to a counseling professional who can listen to your concerns and guide you to the appropriate services.
2. Visit [guidanceresources.com](https://guidanceresources.com/southdakota) and enter the WebID *southdakota*. (Effective 7/1/21)
3. Download the GuidanceNowSM mobile app and enter the WebID *southdakota*. (Effective 7/1/21)



How to Enroll




During open enrollment, **May 3 – 17, 2021**, follow these steps to log in and elect your benefits for the coming plan year.

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1. Follow the link in your open enrollment email notice.
Or, go to Employee Space at bfm.sd.gov/hr/es.aspx.
 - If prompted, select **Azure**.
 2. Log in with your state email and computer password, and authenticate as prompted.
 3. In the left-hand navigation, select *Employee > Benefits > Open Enrollment*.

AFTER YOU ENROLL: YOUR WELLMARK ID

A couple of weeks after you enroll in your benefits, your new Wellmark ID card will be mailed to your home. Keep it in your purse or wallet at all times so you can take full advantage of your Wellmark benefits wherever you go. Here are some important things to know about your new ID card.

- **Your card is for medical and prescription drug benefits.**
Use it at both the doctor's office and the pharmacy counter.
- **Only the employee's name will appear on the card.** Even though your covered spouse and/or dependents' names are not on the card, they can still use the Wellmark ID to access benefits
- **You will receive two cards in the mail.** You can order additional or replacement cards through myWellmark, described below.
- **You can use your Wellmark ID to register for myWellmark.**
Your secure member portal, myWellmark and the myWellmark mobile app give you access to all your health benefits information 24/7. Use your card to register at [myWellmark.com](https://mywellmark.com).



IMPORTANT: Employees will make their elections for FY22 in the Infor system under Employee Space. Messages from Infor will come from **Noreply-cloudnotification@infor.com**. Emails coming from this address contain important information and should not be ignored.

In addition to Open Enrollment, Infor will be used for life events, new hire enrollment, and employee self-service. All employees must have an email address marked as "primary email communication" in the system to receive internal communications.

Contacts

South Dakota State Employee Benefits	Bureau of Human Resources Hillsview Plaza 3800 E. Highway 34, Suite 1 Pierre, SD 57501	benefitswebsite@state.sd.us bhr.sd.gov/benefits/	1-605-773-6027
Wellmark Blue Cross and Blue Shield <i>Health and prescription drug insurance, and the Wellmark Care Team</i>	Wellmark of South Dakota 1601 W. Madison Street Sioux Falls, SD 57104	wellmark.com	1-800-846-9183
beneFIT Well-being Program <i>Health screening, health assessment, incentive, and resources</i>		webmdhealth.com/benefit Wellness At My Side mobile app Connection code: <i>southdakota</i>	1-800-721-2749
Delta Dental <i>Dental insurance</i>	Delta Dental PO Box 1157 Pierre, SD 57501	deltadentalsd.com	1-877-841-1478 Fax: 1-605-494-2566
EyeMed <i>Vision insurance</i>	EyeMed 4000 Luxottica Place Mason, OH 45050	eyemedvisioncare.com/sosd/public/login.emvc	1-888-626-6334
Discovery Benefits/WEX <i>HSAs, FSAs, HRAs and COBRA</i>	Discovery Benefits PO Box 2926 Fargo, ND 58108	customerservice@discoverybenefits.com discoverybenefits.com	1-866-451-3399 Fax: 1-866-451-3245
MetLife <i>Accident, hospital indemnity, short-term disability, basic life, supplemental life, and AD&D insurances</i>	MetLife 200 Park Ave New York, NY 10166	metlife.com/southdakota	1-800-GET-MET8 1-800-438-6388
Employee Assistance Program (EAP) <i>Support for personal and work-related issues</i>		guidanceresources.com WebID: <i>southdakota</i> GuidanceNow mobile app WebID: <i>southdakota</i>	1-833-955-3403
Unum <i>Long-term care insurance</i>	Risty Benefits 1324 S. Minnesota Avenue Sioux Falls, SD 57105	help@ristybenefits.com	1-866-237-9411
Suicide Prevention		sdsuicideprevention.org	National Suicide Prevention Lifeline: 1-800-273-TALK 1-800-273-8255
Help Quitting Tobacco		sdquitline.com	1-866-SD-QUITS 1-866-737-8487



Mark your calendars ...

Open enrollment is May 3-17, 2021

All state employees **must participate in open enrollment this year!**

Employees who do not participate will default to the Washington Plan for employee-only health coverage. Covered spouses and dependents will not roll over to a new plan. Any flexible benefits previously selected will not roll over, except for basic and supplemental life insurance.

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