

SOUTH DAKOTA  
**state employee  
benefits program**  
learn. act. thrive.

**Important Benefits Reminders**

- Benefits begin on the first of the month after your hire date. For example, if you are hired on July 15, 2021, your benefits become effective on August 1, 2021. If you enroll for your benefits after your benefits effective date, additional premium deductions may need to be taken for your elected benefits.
- You must complete the online benefits enrollment for you and/or your eligible spouse and dependents **within 30 days of your start date**. If you do not enroll, you will default to the Washington Health Plan with employee-only coverage with an optional Health Savings Account, if eligible. Additionally, if you do not complete your new hire enrollment, you will not be able to make any changes to your benefits unless you experience a qualifying life event, or during the next Open Enrollment period.
- You will receive an email with enrollment instructions. This email will come from **noreply-cloudnotification@infor.com**.
- The benefits plan year mirrors the state's fiscal year. The plan year begins on July 1 and ends on June 30 of the following year. Therefore, deductibles and out-of-pocket maximums for elected benefits reset on July 1 of each plan year.
- Health Plan options include:
  - The Washington Plan (\$5,500 deductible for single coverage, \$11,000 for family coverage)
  - The Lincoln Plan (\$3,000 deductible for single coverage, \$6,000 for family coverage)
  - The Jefferson Plan (\$1,750 deductible for single coverage, \$3,500 for family coverage)
  - The Roosevelt Plan (Zero-deductible plan)
  - Opt-out with a Certificate of Creditable Coverage
- The Washington and Lincoln plans are high deductible health plans, and therefore compatible with a Health Savings Account (HSA).
- The Jefferson and Roosevelt plans are not compatible with an HSA per IRS regulations. However, you may elect a Flexible Spending Account (FSA) when selecting one of these plans.
- A complete breakdown of these plans is available at <https://bhr.sd.gov/newplans/> or in the FY22 Benefits Guide – <https://bhr.sd.gov/benefitsguide.pdf>
- Medications on the Preventive Therapy List are provided at no cost or at a reduced cost. You can find the list at <https://bhr.sd.gov/benefits/active/forms-documents/index.html>.
- Dependent children may be covered up to age 26 and continue from 26 to 29 with full-time student status verification.
- The South Dakota State Employee Benefits Program must confirm 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, you will be asked to provide supporting documentation to the Benefits Program.
- You can change your life insurance coverage or Health Savings Account (HSA) payroll deduction at any time during the year.

- **New Hire Contribution** – New employees who enroll in a health plan will receive an initial contribution to offset costs during the plan year based on the plan selected. Low Deductible Health Plans receive reimbursement of up to \$500 in a Health Reimbursement Account (HRA). High Deductible Health Plans receive the State contribution of \$500 into a Health Savings Account (HSA) if eligible based on IRS requirements. Employees who do not qualify for the HSA can choose one of the Low Deductible Health Plans and receive the HRA or choose a High Deductible Health Plan and decline the HSA.
  
- **The benefit well-being program** is an important and valuable part of your benefits package. All state employees and covered spouses have access to the program at no cost. This includes health screenings, healthy lifestyle coaching, educational sessions, individual and team challenges, and much more.
  - Employees can earn up to \$900 in a Health Savings Account or Health Reimbursement Account for completing specific wellness activities.
  - To be eligible for the reward, the employee must be the primary policyholder of the health plan when earning the reward (2021-22) and enrolled as the primary policyholder when the reward is distributed (2022-23).
  - For more information about the qualifications and the reward, go to: <https://bhr.sd.gov/benefits/active/benefit/>
  
- All employees (and covered spouses, if applicable) must complete the wellness qualifications to receive the reward.
  
- **The Employee Assistance Program (EAP)** provides no-cost, confidential solutions to life's challenges. It can provide you, your eligible dependents, and household members with a wide array of resources to help manage personal challenges, and includes counseling services, financial and legal advice, work/life balance issues, as well as resources for personal and professional development. For more information, go to: <https://bhr.sd.gov/benefits/active/health-plans/employee-assistance-program/index.html>

If you have questions or concerns, please feel free to contact the South Dakota State Employee Benefits Program by calling 605.773.6027, or emailing [benefitswebsite@state.sd.us](mailto:benefitswebsite@state.sd.us).

## STATE OF SOUTH DAKOTA EMPLOYEE BENEFITS OVERVIEW FY22

BENEFITS	WHO IS ELIGIBLE*	WHO PAYS	WHEN YOU ARE ELIGIBLE	WHAT YOU RECEIVE
<b>Health Insurance and Flexible Benefits</b>				
<b>HEALTH PLAN (Wellmark BCBS)</b>	Benefitted employees, eligible spouse, and dependents	State pays 100% of Employee cost for Washington Plan. Employee pays cost-share to buy up coverage for Lincoln, Jefferson, and Roosevelt Plans.  Employee pays additional premium for spouse and dependent coverage on all plans.	First of the month following date of hire or qualifying event.	Health and prescription insurance coverage through State of South Dakota.  Four Plans to choose from (deductibles): Washington (\$5,500 single/\$11,000 family) Lincoln (\$3,000 single/\$6,000 family) Jefferson (\$1,750 single/\$3,500 family) Roosevelt (\$0 single/family)
<b>DENTAL CARE PLAN (Delta Dental)</b>	Benefitted employees, eligible spouse, and dependents	Employee (State pays \$16.20 per month cost share)	First of the month following date of hire or qualifying event.	Choice of two plan options: Base Plan or Enhanced Plan. To learn more, visit <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/">http://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/</a>
<b>VISION CARE PLAN (EyeMed)</b>	Benefitted employees, eligible spouse, and dependents	Employee	First of the month following date of hire or qualifying event.	The vision plan is based on co-pays and set payment amounts. To learn more: <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/">http://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/</a>
<b>ACCIDENT INS PLAN (MetLife)</b>	Benefitted employees, eligible spouse, and dependents	Employee	First of the month following date of hire or qualifying event.	A fixed-dollar benefit for services and treatments resulting from accidental injury. To learn more, visit <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/accident-insurance-plan/index.html">http://bhr.sd.gov/benefits/active/flexible-benefits/accident-insurance-plan/index.html</a>
<b>HOSPITAL INDEMNITY (MetLife)</b>	Benefitted employees, eligible spouse, and dependents	Employee	First of the month following date of hire or qualifying event.	A daily benefit per person per day when authorized hospitalization occurs. To learn more, visit <a href="https://bhr.sd.gov/benefits/active/flexible-benefits/hospital-indemnity-plans/">https://bhr.sd.gov/benefits/active/flexible-benefits/hospital-indemnity-plans/</a>
<b>SHORT-TERM DISABILITY (MetLife)</b>	Benefitted employees	Employee	Six months from enrollment	Pays up to 70% of your weekly salary, not to exceed \$1,200 per week, if you are ill or injured and are unable to work for more than seven consecutive days.  Employee only coverage. To learn more, visit <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/short-term-disability/">http://bhr.sd.gov/benefits/active/flexible-benefits/short-term-disability/</a>
<b>FLEXIBLE SPENDING ACCOUNTS</b>	Benefitted employees	Employee	First of the month following date of hire or qualifying event.	Allows employees to pay for out-of-pocket health care, dental, vision, and pharmacy expenses for their eligible dependents and/or dependent care expenses with pre-tax dollars. Must elect combo FSA when combined with a high deductible health plan. Read the Benefits Guide for further requirements – <a href="https://bhr.sd.gov/benefitsguide.pdf">https://bhr.sd.gov/benefitsguide.pdf</a>
<b>HEALTH SAVING ACCOUNT (HSA)</b>	Benefitted employees on the High Deductible Health Plans and are eligible to participate in an HSA per IRS guidelines	State and Employee can make contributions	First of the month following date of hire or the effective date of the corresponding pay period	Allows employees on the High Deductible Health Plan to pay for out-of-pocket health care, dental, vision, and pharmacy expenses with pre-tax dollars.
<b>HEALTH REIMBURSEMENT ACCOUNT (HRA)</b>	Benefitted employees on the Low Deductible Health Plans	Employer only contributions	First of the month following date of hire or date of the corresponding pay period	Allows employees on the Low Deductible Health Plan to be reimbursed for out-of-pocket health care, dental, vision, and pharmacy expenses. *Must elect combo HRA when combined with a high deductible health plan.
<b>Life Insurance</b>				
<b>BASIC LIFE COVERAGE (MetLife)</b>	Benefitted employees	State	First of the month following date of hire or the effective date of the corresponding pay period.	\$25,000

<b>SUPPLEMENTAL LIFE COVERAGE &amp; ACCIDENTAL DEATH &amp; DISMEMBERMENT (MetLife)</b>	Benefitted employees	Employee	First of the month following date of hire or the effective date of the corresponding pay period.	1-to-7 times employee's basic annual salary up to \$1,000,000 maximum. (coverage for part-time employees is based on part-time annual salary) Benefits are doubled when accidental death occurs; dismemberment benefits are paid per a fixed schedule.
<b>STATE OF SOUTH DAKOTA EMPLOYEE BENEFITS OVERVIEW FY21</b>				
<b>BENEFITS</b>	<b>WHO IS ELIGIBLE*</b>	<b>WHO PAYS</b>	<b>WHEN YOU ARE ELIGIBLE</b>	<b>WHAT YOU RECEIVE</b>
<i>Retirement</i>				
<b>DEPENDENT LIFE COVERAGE &amp; ACCIDENTAL DEATH &amp; DISMEMBERMENT (MetLife)</b>	Benefitted employees, eligible spouse and dependents	Employee	First of the month following date of hire or the effective date of the corresponding pay period.	\$10,000 coverage for each eligible dependent
<b>LONG TERM CARE (Unum)</b>	Benefitted employees who have Supplemental Life/AD&D coverage with MetLife	Employee	First of the month following date of hire or effective date of pay period when supplemental life paperwork is received.	\$1,500 monthly benefit for a two year duration (Employee has opportunity to buy up to additional coverage during initial enrollment period or mid-year by completing an underwriting process)**
<i>Other Insurance</i>				
<b>PROFESSIONAL LIABILITY COVERAGE</b>	All employees	State	Upon Employment	Occurrence based coverage; \$1 million per occurrence with no aggregate amount; cost of legal defense covered outside of claim cost.
<i>Retirement</i>				
<b>RETIREMENT</b>	Benefitted employees [permanent, full-time (20+ hours)]	Employee plus state match	Upon employment – Vested after three years of contributory service.	Employee is required to contribute 6-8% of compensation, depending on their division, matched by employer. Lifetime retirement benefits at retirement age. Portable.
<b>LONG TERM DISABILITY</b>	Benefitted employees [permanent, full-time (20+ hours)]	Included under retirement plan	Eligible immediately if injured on the job; After three contributing years in other cases.	If approved, disability benefits for the duration of long-term disability.
<b>SUPPLEMENTAL RETIREMENT</b>	Benefitted employees [permanent, full-time (20+ hours)]	Employee	All eligible employees will be automatically enrolled to contribute \$25 per month, however, may opt-out of participation.	457(b) retirement savings account. Contribute on a pre-tax or after-tax (Roth) basis.
<i>Paid Time Off</i>				
<b>VACATION LEAVE</b>	Benefitted employees [permanent, full-time (20+ hours)]	State	Begins accruing upon employment; available after one pay period.	Accrue 3 weeks per year (240-hour maximum accrual); 15+ years of service accrue 4 weeks per year (320-hour maximum accrual); vacation is prorated based on number of hours worked, if less than full time (payment on termination).
<b>SICK LEAVE</b>	Benefitted employees [permanent, full-time (20+ hours)]	State	Begins accruing upon employment; available after one pay period.	14 days per year, unlimited accrual; sick leave is prorated based on number of hours worked, if less than full time (one fourth payment on termination after seven-consecutive years of service).
<b>PAID FAMILY LEAVE</b>	Benefitted employees [permanent, full-time (20+ hours)]	State	Available for use after six months of employment.	24 hours per week for up to eight weeks for the birth or placement of a child for adoption.
<b>MILITARY TRAINING LEAVE</b>	Benefitted employees [permanent, full-time (20+ hours)]	State	Begins upon employment; available after one pay period.	15 days per calendar year

<b>MILITARY SERVICE LEAVE</b>	Benefitted employees [permanent, full-time (20+ hours)]	State	Begins as sick leave is available.	Up to 40 hours of accumulated sick leave annually for any military-related service as a member of the military reserve or national guard.
<b>STATE OF SOUTH DAKOTA EMPLOYEE BENEFITS OVERVIEW FY22</b>				
<b>BENEFITS</b>	<b>WHO IS ELIGIBLE*</b>	<b>WHO PAYS</b>	<b>WHEN YOU ARE ELIGIBLE</b>	<b>WHAT YOU RECEIVE</b>
<i>Other Pay</i>				
<b>HOLIDAYS</b>	Benefitted employees [permanent, full-time (20+ hours)]	State	Upon employment.	Ten holidays recognized by the State; eight hours per holiday (prorated based on hours worked, if less than full-time).
<b>LONGEVITY PAY</b>	Benefitted employees [permanent, full-time (20+ hours)]	State	Seven years of total service.	\$100 for seven to ten years, amount increases in \$5 increments for every five years of service after ten years.
<b>PAY PERIODS</b>	Benefitted employees [permanent, full-time (20+ hours)]			Semimonthly, 24 pay periods per year for Central employees. Monthly, 12 pay periods per year for Board of Regents employees.

**\*Benefited employee** - A permanent full-time employee, permanent part-time employee, or an employee employed by 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, as amended.

**Spouse** – An employee’s husband or wife as a result of a marriage that is legally recognized in South Dakota. The spouse in a common-law marriage is not eligible to be covered on the plan.

**Dependent** - Means the following:

1) Each of the employee’s children who is:

- a) Under the age of 26 or under the age of 29 if a full-time student. For purposes of life coverage, benefits shall cease for a dependent child on the last day of the month in which each child attains age 26, or age 29 if a full-time student if the applicable premium is paid;
- b) Not in military service; or

An unmarried child who is deemed disabled. The disability must have existed before the child turned age 26 or while the child was a full-time student under age 29. The term “children” means children by birth, adopted children, children who have been placed for adoption, stepchildren, or children who live with the employee in a legal parent-child relationship (legal guardianship). Newborn children of an employee may be covered at birth provided the Plan is notified within 31 days of the birth and the appropriate premium is paid. Notwithstanding the above, “Dependent” also includes an eligible employee’s child named as an alternate recipient with respect to such Eligible Employee under a Qualified Medical Child Support Order (QMCSO) (as defined in ERISA Section 609(a)(2)(A)).

\*\*A basic Long-Term Care benefit is provided through the Supplemental Life Plan at no additional cost. The employee pays for any additional coverage.

# 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)	Medical & pharmacy combined	\$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.



# Contacts

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