

FY22 Open Enrollment FAQ

General Information

1. Why aren't some of my dependents listed in the system?

The only dependents that were imported into the new system were those who were currently covered on your health and/or flexible benefits plans. In addition, your dependent must have also had a valid social security number (SSN) to be successfully imported. Dependent eligibility may also have not have been verified by Dialog Direct until after the final conversion.

You may add any missing dependents when you enroll in benefits for FY22.

2. Why do I have to provide my dependent(s) social security number?

Social Security Numbers are required for compliance with the Affordable Care Act for any covered members in the State Health Plan, as well as to provide eligibility and coverage files to our other flexible benefit vendors.

3. What do I do if my dependent doesn't have a SSN?

If the dependent is a newborn without a SSN, enter all "5's" as the SSN.

If the dependent is an international dependent without an SSN, enter all "5's" as the SSN.

If the dependent's SSN is unavailable at the time of your enrollment, we recommend you pause to find it and enter it in before you submit. You are required to enter all required SSN's before the close of Open Enrollment on May 14, 2021.

Contact the Bureau of Human Resources Benefits Program at 605.773.6027 if your dependent does not have a Social Security Number at this time or if you have additional questions.

4. I entered incorrect information on my spouse or dependent. What should I do?"

Contact the Bureau of Human Resources Benefits Program at 605.773.6027 and speak to a Benefits Specialist to edit a dependent.

5. My child is over the age of 26, has their own coverage, or is not otherwise eligible for benefits. How do I remove them?

When you go in to elect your benefits, simply do not enroll the dependent(s) and they will not have coverage.

6. Do my beneficiaries and dependents have to be the same?

No, they do not need to be the same. You can designate non-dependents, trusts, non-profits, religious organizations or others as beneficiaries.

7. Do I need a SSN and Birthdate to add a beneficiary?

While they are not required, providing additional information, such as a social security number, is helpful in designating a beneficiary.

8. I selected Short-Term Disability for the first time at Open Enrollment and my confirmation says my enrollment date is 7/01/2021.

This plan has a six month waiting period after your initial enrollment. If you elect short-term disability coverage during open enrollment, it is effective January 1, 2022.

9. I am a new hire within the last six months and do not see the Short-Term Disability plan as part of Open Enrollment.

a) If you were hired on or after 1/2/2021 and did not select Short-Term Disability, you are automatically converted into the STD Waive plan six months from your date of hire.

You will not see the Short-Term Disability plan during Open Enrollment because you are not eligible to elect it until after July 1, 2021. If you want to elect coverage, you will need to contact a benefits specialist at **605.773.6027** or email to **benefitswebsite@state.sd.us**.

b) If you were hired on or after Jan 2, 2021, and selected Short-Term Disability, you will see your coverage become effective six months after your date of hire. If you fall into this category and wish to cancel coverage, you will need to contact a benefits specialist and ask them to discontinue your Short-Term Disability.

If you elected Short-Term Disability coverage as a new hire and want to continue coverage, no manual work is needed.

10. How do I update my contact information?

Go to Employee Space at <https://bfm.sd.gov/hr/es.aspx>.

11. Can I change my elections after I have submitted my enrollment?

Yes. You can enroll as many times as you would like from May 3 – 1:00 p.m. CDT on May 17. Your last enrollment SUBMITTED during that time period will be your new health and/or flexible benefits plan for the new fiscal year.

12. I completed my Wellness qualification. When do I receive my \$500?

If you and your covered spouse (if applicable) completed the wellness qualification before April 1, 2021, then you are eligible to receive \$500 into an HSA (if choosing a High Deductible Health Plan with HSA) or you would receive a \$500 employer contribution into a HRA (if choosing a Low Deductible Health Plan).

If you select an HDHP with HSA for FY22, you should see the employer \$500 on your confirmation statement which would be deposited into your DBI/WEX HSA after July, 2021.

If choosing a LDHP, your \$500 HRA credit will not show on your confirmation statement. It will instead be credited into your DBI/WEX HRA on or after July 15, 2021. If you are unsure if your wellness qualification was met, please reach out to Staywell at **1.800.721.2749**, or log into your wellness portal at benefit.staywell.com.

13. I am a State of South Dakota Benefit eligible employee who is opting out of the health plan to my Spouse or Parent's state of South Dakota health plan. Do I need to submit opt-out documentation?

No, the benefit specialist will provide instructions for verification after Open Enrollment has concluded.

14. I don't have or am unable to access an Employee Space account.

Visit <https://bhr.sd.gov/FY22OE/> and click on the "Ready to Enroll" drop down for additional instructions.

15. I am a state of South Dakota Employee and so is my Spouse (and/or dependent child). Can we be dually covered under all benefits? Example, I cover my spouse under Health, Vision, Dental, Hospital Indemnity, and Accident insurance. Can my spouse or dependent who is also a state of South Dakota employee cover me under everything too?

Member's may only have coverage under one Health and/or Flexible Benefit plan (With the exception of Dental, which does allow for dual coverage). However, all plans do not need to be provided by the same Employee/Plan Holder.

16. My enrollment confirmation email said I would receive a message when my elections are approved. Does this mean there is a risk I might be denied?

Open Enrollment selections will not be finalized until after enrollment is completed. This is because, during the Open Enrollment period through May 17, employees may go into the enrollment site and change their elections if they change their mind about the benefits they initially selected. Finalizing Open Enrollment before then would take away this option for employees.

The message is not a cause for worry that your elections will be rejected. An email will go out to all employees after open enrollment has been finalized. This should be no later than one week after the closing of Open Enrollment on May 17.

17. I'm on the High Deductible Health Plan but looking to elect a Low Deductible Health Plan. What will happen to my HSA?

Any money in your HSA is yours, even if you end employment with the state. If you enroll in a Low Deductible Health plan (Jefferson or Roosevelt), you can still use the money that's in your HSA. You just will not be able to make any contributions to the account.