

*South Dakota*

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2023-2024 EMPLOYEE  
**Benefits Guide**  
& REFERENCE MANUAL

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DON'T MISS OUT!  
**Information on  
Well-Being,  
Critical Illness,  
and More!**

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LEARN ABOUT YOUR  
**Health  
Benefits**  
PAGE 10

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YOU MUST PARTAKE  
IN THIS YEAR'S  
**Active Enrollment**  
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OPEN ENROLLMENT IS  
**May 1 – 15, 2023**

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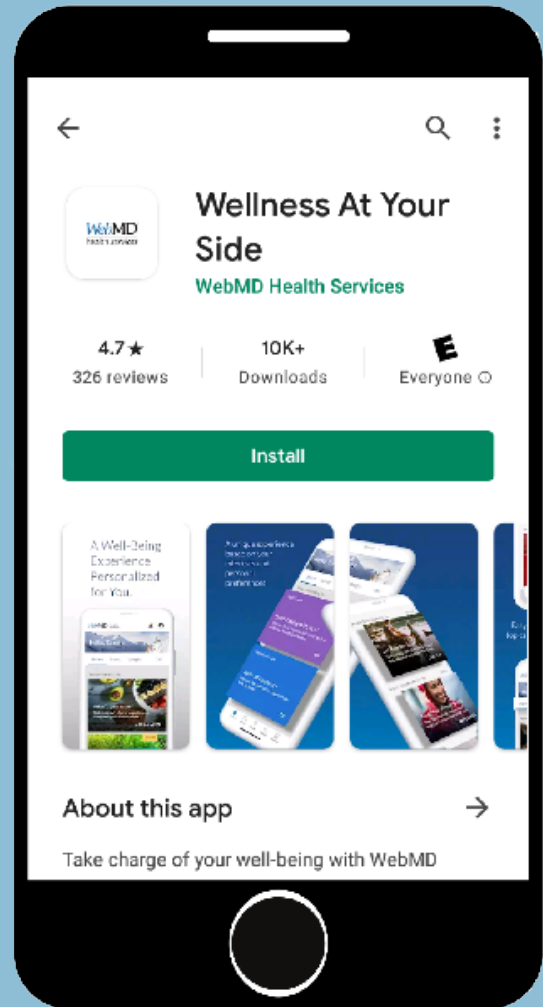
## Get Connected

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Having access to your benefits and well-being information is essential in today's world. That's why we have partnered with vendors that make it easier than ever for you to access information and resources.

- ▶ **Wellness At Your Side:** Take hold of your personal well-being goals. The Wellness at Your Side app allows you to log in to your LiveWellSD/WebMD portal at any time. Participate in challenges, review resources, and check your points from anywhere.
- ▶ **myWellmark:** Enjoy instant access to your health care information with the myWellmark app. See what services and medications are covered, estimate costs, track your deductibles, access your mobile health ID card, and more.
- ▶ **myStrength:** Strengthen your emotional health wherever and whenever you need to with the myStrength app. Receive customized support and tools for stress, depression, sleep, and more. Use this app to feel more relaxed, inspired, and hopeful.
- ▶ **GuidanceNow:** This app from GuidanceResources provides you with fast and easy access not only to your Employee Assistance Program, but a wide range of health and well-being tools. Access program information, find providers, and browse written and video resources.
- ▶ **Doctor on Demand:** Use this app to connect face to face with a doctor, psychologist, or psychiatrist through your mobile device.
- ▶ **EyeMed:** Vision plan information at your fingertips. View your benefits and eligibility, find in-network providers, check on the status of a claim, set reminders, or get your ID card with a quick (and literal) shake of your hand.
- ▶ **Delta Dental:** Access your dental plan information anyplace, anytime. The Delta Dental Mobile App lets you find providers, save your preferred dentist, and estimate costs. You can also call up your mobile ID card at the touch of a button.



All apps are available on both iOS and Android devices.

Use WebID code *southdakota* for the myStrength and Wellness At Your Side apps.

Use your Wellmark ID for the myWellmark app.

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### FOLLOW BENEFITS ON SOCIAL MEDIA



[facebook.com/sdbenefits](https://facebook.com/sdbenefits)



[instagram.com/sdbenefits](https://instagram.com/sdbenefits)



[twitter.com/benefitsd](https://twitter.com/benefitsd)

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## COMPLIANCE

This guide contains basic information to help members of the South Dakota State Employee Benefits Program prepare for FY24 Open Enrollment. Complete plan information can be found at [bhr.sd.gov/benefits](https://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 <https://bhr.sd.gov/benefits/forms-documents/compliance/>



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## What's New for FY24?

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### Critical Illness Coverage

We are pleased to be able to offer a new type of coverage to you and your eligible dependents beginning July 1, 2023. This coverage is called Critical Illness, and protects you and your covered family members in the event of a future major illness diagnosis. This type of plan provides you with extra funds that meet the demands that come with critical illness health emergencies, which often prove costly.

Whether you need the extra money to pay for medical treatment, offset travel costs associated with treatment, or to just pay your everyday expenses such as groceries or your rent, Critical Illness is there to help you when you need it. For more details, see page 27.

### Getting Ready for Next Year's Biometric Screenings

Maintaining a relationship with your primary care provider leads to better health outcomes.

Rather than offering on-site screening events across the state, biometric screenings are now only available through an annual wellness preventive exam with your primary care provider (PCP).

This exam is covered at no cost once per plan year under preventive care, regardless of which health plan you choose. For this screening to count towards your well-being rewards, you must complete the screening form with your provider, sign and submit it to Total Wellness by April 1, 2024.

Don't have a primary care provider? Take steps to find one here: [bhr.sd.gov/benefits/health-plans/preventive/Howtofindadoctor.pdf](http://bhr.sd.gov/benefits/health-plans/preventive/Howtofindadoctor.pdf)

### LUNCH & LEARNS

Want to know more about your health plan options? Have questions about LiveWellSD, spending and savings accounts, or retirement benefits? Then join us for Lunch and Learn series on the **second Wednesday of each month from 12:10–12:50 p.m. CT** 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/lunch-and-learn/](http://bhr.sd.gov/benefits/lunch-and-learn/).

### WELL-BEING WEBINARS

Do you have questions about healthy eating, dealing with emotions, or avoiding workplace stress? Join us on the **last Wednesday of each month from noon to 1:00 p.m. CT** via Zoom for a webinar from ComPsych.

Want to view past sessions of this webinar series? Visit [bhr.sd.gov/benefits/eap/](http://bhr.sd.gov/benefits/eap/) to get started.

## More benefit updates

### HEALTH

- ▶ The State offers a plan with no premium for employee-only coverage: the Washington Plan. The Lincoln, Jefferson, and Roosevelt Plans are offered so you can buy up coverage that best fits you and your family's needs.
- ▶ Employees may enroll in any of the four health plans they wish.
- ▶ Married State employees are not required to carry separate health care plans; they can 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 are not required to carry a separate health plan. This means dependent children 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.
- ▶ Those who choose to opt out of the health plan will not be able to elect a full medical FSA. However, you can elect a combination FSA. Learn more on page 26.

### PHARMACY

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

### WELL-BEING REWARDS

- ▶ If you completed well-being qualifications during the 2022-23 program year, you may be eligible for reward dollars. Eligible employees who enroll in one of the high-deductible health plans will receive a contribution into an HSA, while those who enroll in one of the low deductible health plans will receive a contribution applied to an HRA.

You must have been the primary policyholder during FY23 while earning the reward and must enroll as the primary policyholder for next year.

## IMPORTANT!

**FY24 Open Enrollment will be an Active Enrollment, which means that you must log in to Employee Space between May 1 – May 15, 2023 to elect your benefits for the plan year beginning July 1, 2023.**

If you do not log in and participate, you will be defaulted to the Washington High Deductible Health plan with employee only coverage, your flexible benefits coverage will cease, and your covered dependents will lose coverage.

Please note that if you are married to a State employee and you choose to cover your spouse on the health plan, your spouse will need to opt-out of the health plan. Employees cannot be dually covered under the health plan.

This is true for dependents as well. If your eligible dependent children are covered under your health plan, and are State employees, they cannot be dually covered under the health plan.



Visit [bhr.sd.gov/livewellsd/](https://bhr.sd.gov/livewellsd/) to check your rewards earned, which will be awarded by August 2023.

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# Frequently Used Terms

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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 <https://bhr.sd.gov/fy24plans/>.

- ▶ **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** bring you more value and make 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.*

Watch the video at <https://bhr.sd.gov/fy24plans/>.





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## Qualifying Life Events and Dependent Verification Requirements

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If you request to add a spouse or dependent(s) 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 complete and submit a Life Event Change request through Employee Space, within 30 days of the event date. You may also be required to submit acceptable proof of dependent eligibility and supporting documentation that a qualifying life event has occurred.
- ▶ Newly hired employees are required to submit dependent eligibility verification within 30 days of their hire date.
- ▶ If you fail to submit the required proof of dependent eligibility and/or supporting documentation within the 30-day window, your spouse and/or dependent(s) will not be enrolled and your change request will be denied. If this occurs, your next opportunity to make changes to your benefits is during the next open enrollment period or if you experience another qualifying life event.
- ▶ If your dependent child is over the age of 26 and either a full-time student or a qualified disabled dependent child, you may be required to provide supporting documentation to verify continuing eligibility. Failure to provide documentation will result in your dependent being removed from coverage, and you will not be able to re-enroll that dependent for benefit coverage.

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## Opting Out

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

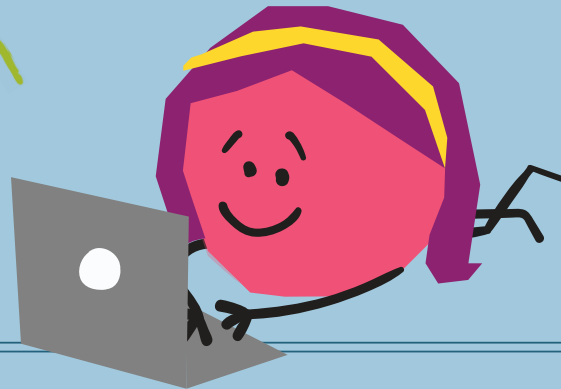
If you currently opt out, you must participate in open enrollment this year or you will be defaulted to the Washington Plan with employee-only coverage.

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: Other creditable coverage does not include Medicaid, Indian Health Services, VA coverage, or coverage obtained through the Marketplace Exchange.

The deadline to submit your proof of creditable coverage is June 5, 2023. Email it to [benefitswebsite@state.sd.us](mailto: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/2024](https://myalex.com/benefitssd/2024).



**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.





# Wellmark

We are pleased to continue our partnership with Wellmark 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. That partner is Wellmark Blue Cross and Blue Shield of South Dakota.

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 health insurance administrator, visit [Wellmark.com](http://Wellmark.com).



		WellmarkBlue PPO™ <i>South Dakota</i>	
<b>YOUR NAME</b> SDFW99999996		<b>LINCOLN PLAN</b>	
		In Network Indv\$/Fam\$	Out of Network Indv\$/Fam\$
Group No.	82975	DED 1750/3500 OPM 4000/8000	3500/7000 8000/16,000
RXBIN	004336		
RXPCN	ADV		
RXGRP	RX1021		
Plan Code	141	Full plan details and cost share info available on mobile app or at <a href="http://www.wellmark.com">www.wellmark.com</a> .	

Not all employees will get new ID cards at open enrollment. Only members who change plans, enroll for the first time, or go from single to family coverage at open enrollment will receive new ID cards.

## STRONGER COVERAGE, BETTER BENEFITS

Wellmark Members enjoy:

- 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 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.
- Livongo Diabetes Management, a free program for management of type 1 and type 2 diabetes.
- Livongo Diabetes Prevention, a free program for prevention of type 1 and type 2 diabetes.
- Wellmark's Blue365® program for discounts and deals on healthy purchases.
- BeWell 24/7<sup>SM</sup>, a free phone line to answer your health questions and help you navigate the healthcare system 24/7.
- IDX Identity® for identity theft protection.
- Pregnancy Care Management, a free program to support expectant mothers.

For more information, please visit the Health and Pharmacy Guide: [bhr.sd.gov/benefits/HealthPharmacyGuide.pdf](http://bhr.sd.gov/benefits/HealthPharmacyGuide.pdf)



# 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	\$51.86	\$103.72
Employee + child(ren)	\$21.53	\$43.06
Family	\$62.83	\$125.66

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.
- ▶ 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.
- ▶ Primary policyholders who complete well-being qualifications may receive reward dollar contribution towards their Health Savings Account. 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). Primary policyholders who complete well-being qualifications may receive reward dollar contribution towards their Health Savings Account. See page 24 for details.

**“If I am paying 100% for care with an High Deductible Health Plan (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.

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Wellmark Blue Cross and Blue Shield*

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$13.10	\$26.20
Employee + spouse	\$81.21	\$162.42
Employee + child(ren)	\$41.33	\$82.66
Family	\$98.40	\$196.80

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



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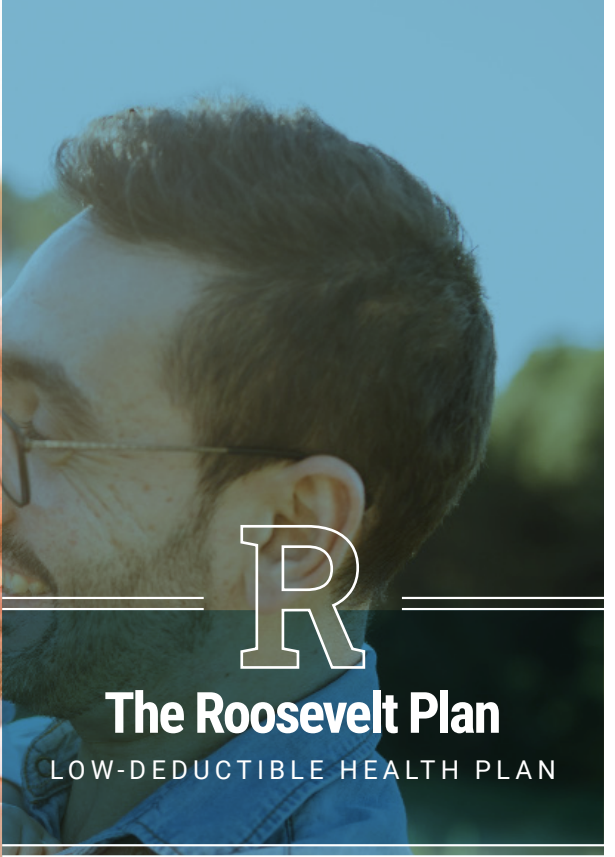
PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$49.39	\$98.78
Employee + spouse	\$159.63	\$319.26
Employee + child(ren)	\$94.80	\$189.60
Family	\$195.29	\$390.58

### 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 more predictable 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. Primary policyholders who complete well-being qualifications may receive reward dollar contribution towards their 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. Primary policyholders who complete well-being qualifications may receive reward dollar contribution towards their 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	\$64.00	\$128.00
Employee + spouse	\$192.19	\$384.38
Employee + child(ren)	\$116.73	\$233.46
Family	\$235.20	\$470.40

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 health plans, Wellmark is administering the State's pharmacy benefits. That means you get comprehensive prescription drug coverage. And, it means all your medical and pharmacy benefits are 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 or deductible.*

		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 &amp; 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)	\$137.50 (90-day supply)	\$162.50 (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)	\$187.50 (90-day supply)	\$375 (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 PLUS<sup>SM</sup> 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](http://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 – 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 must fill specialty prescriptions with our preferred vendor, CVS<sup>®</sup> Specialty Pharmacy. To transfer your prescription, call CVS Specialty Pharmacy at 800.237.2767 (TTY: 711) or visit [CVSpecialty.com](http://CVSpecialty.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](http://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	\$13.10	\$26.20	\$49.39	\$98.78	\$64.00	\$128.00
Employee + spouse*		\$51.86	\$103.72	\$81.21	\$162.42	\$159.63	\$319.26	\$192.19	\$384.38
Employee + child(ren)*		\$21.53	\$43.06	\$41.33	\$82.66	\$94.80	\$189.60	\$116.73	\$233.46
Family*		\$62.83	\$125.66	\$98.40	\$196.80	\$195.29	\$390.58	\$235.20	\$470.40
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	

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

Healthy living includes regular checkups with your health care provider to measure your most important health numbers, including your blood pressure, your cholesterol levels, and your body mass index. It is important to know your numbers and identify health risks early on when there's time to help reduce or eliminate them.

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

### 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:** The app will provide you with an exact cost before you book your appointment.
  - Medical visits cost \$30-\$60 on all plans.
  - Mental health visits cost \$30-\$60 on traditional plans. On high-deductible plans, costs vary by 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](https://www.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.



### Your Well-Being is Our Priority

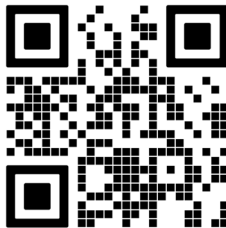
LiveWellSD emphasizes our commitment to empowering employees and their families to take charge of their total well-being to live their best life at work and at home. Whether you want to be more physically fit, socially connected, emotionally balanced, or financially secure, we have resources to support you on your well-being journey.

### The LiveWellSD Portal: Your One Stop for Total Well-Being

Powered by WebMD, the portal creates a custom experience to support your personal goals and interests. Programs and resources are available now. Login with your username and password or create your account at [bhr.sd.gov/livewellsd](http://bhr.sd.gov/livewellsd). Get started today to make every day count.

### Download the Wellness at Your Side app:

- ▶ Visit the Apple or Google Play store and search "Wellness at Your Side"
- ▶ Download the app to your mobile device and enter the connection code: *southdakota*



### BETTER WELL-BEING BRINGS REWARDS

- Increased energy
- Decreased stress
- More restful sleep
- Decreased risk of illness and injury
- Improved immunity
- Increased longevity
- A happier and more fulfilling life

### On the LiveWellSD Portal You will find:

- **Community chat groups**
- **Individual and team challenges**
- **Mental health podcasts**
- **Motivated coaching via phone or messaging**
- **Well-being webinars**
- **Health tracking & device connection**
- **Information about diabetes prevention**
- **And much more!**

### WELL-BEING AND MORE

There is also a financial reward for participating. To learn how you can earn up to a \$900 contribution to your HSA or HRA, visit [bhr.sd.gov/benefits/livewellsd](http://bhr.sd.gov/benefits/livewellsd).

Take the first step towards better well-being and rewards by scheduling your annual wellness preventive exam and complete the biometric screening form with your provider.

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# The Wellmark Care Team

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## CARE CAN BE COMPLICATED. SUPPORT IS JUST ONE CALL AWAY

Major illnesses, injuries, and chronic conditions can be overwhelming. 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 so you can 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 will 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
- ▶ High-risk pregnancies
- ▶ Premature babies
- ▶ Complex chronic conditions including heart disease, asthma, and others
- ▶ 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.

## RARE CONDITION MANAGEMENT

This new no-cost program is available to any member with one of nine core conditions. The goal of this program is to provide you with another level of help for your condition and to compliment what you already have through Wellmark.

Covered conditions include Crohn's disease, Cystic fibrosis, Gaucher's disease, Hemophilia, Hereditary angioedema, Multiple Sclerosis, Rheumatoid arthritis, systemic lupus erythematosus (SLE or lupus), and Ulcerative colitis.

## DIABETES PREVENTION AND DIABETES MANAGEMENT WITH LIVONGO

We're pleased to offer no-cost two options for diabetes care through Livongo, a holistic program that can offer assistance to benefitted members living with or trying to prevent the onset of diabetes.

**Livongo Diabetes Prevention** is a healthy lifestyle change program that helps you lose weight and prevent the onset of type 2 diabetes.

**Livongo Diabetes Management** is a program helps make living with diabetes easier by providing you with a connected meter, unlimited strips and lancets and coaching. In addition to 24/7 support, participants will receive:

- ▶ 1 blood glucose meter
- ▶ 150 testing strips
- ▶ 150 lancets
- ▶ 1 lancing device
- ▶ 1 USB charger
- ▶ 1 carrying case
- ▶ Instructions
- ▶ 2 bottles of control solution



## SUPPORTING HEALTHY PREGNANCIES

State employees and any covered spouses and/or dependents can access additional resources for a healthy 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 within the first 12 weeks of your pregnancy 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.

**Text4Baby<sup>SM</sup>:** 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.

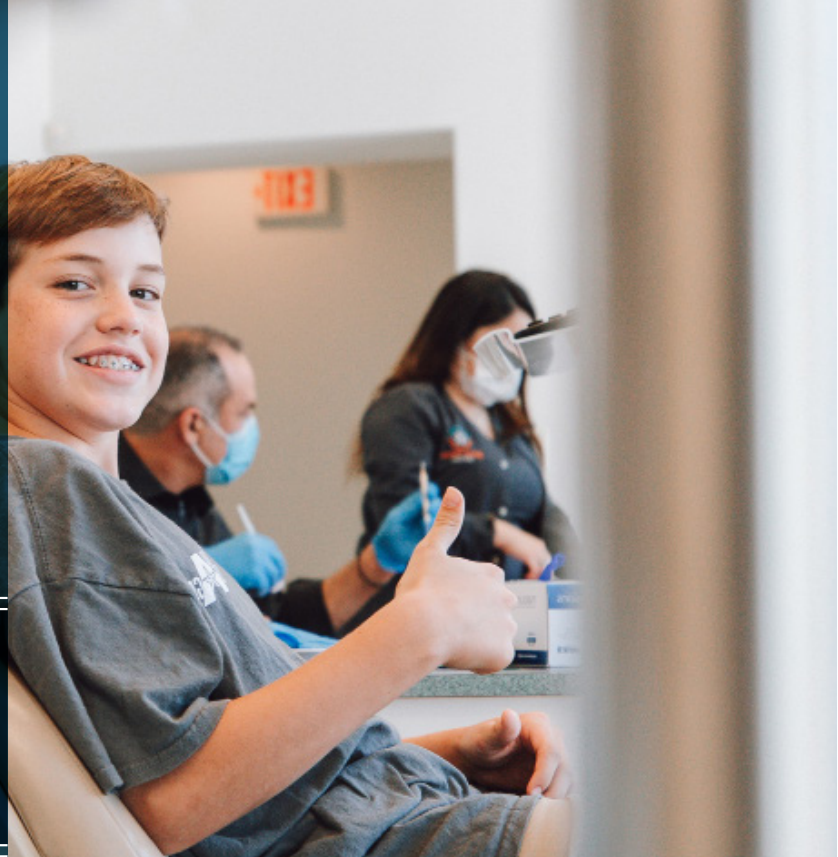
**Note: You must register within the first 12 weeks of pregnancy to be eligible for the initial incentives.**

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](https://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	\$9.18	\$18.37	\$20.49	\$40.99
Employee + spouse	\$27.50	\$55.01	\$50.06	\$100.13
Employee + child(ren)	\$30.96	\$61.93	\$51.23	\$102.47
Family	\$49.28	\$98.57	\$80.82	\$161.65
Deductible	\$25 per covered person		N/A	
Annual maximum benefit <sup>1</sup>	\$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 basic services, major services, and orthodontics. Here are some important things to know about your coverage.

- ▶ As a value to you, the State subsidizes a cost share of \$18.37 per month, regardless of which plan or coverage level you choose. **The premiums published include the subsidy, and therefore, reflect the premium you will pay.**
- ▶ 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 <https://bhr.sd.gov/benefits/flexible-benefits/dental/> or at [deltadentalsd.com](https://deltadentalsd.com).

DENTAL CARE AND SERVICES	BASE PLAN	ENHANCED PLAN
	Percentage your plan pays after the deductible is met	Percentage your plan pays
<b>Preventive care</b> 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 (for unrestored first and second permanent molars, up to age 16). These services do not apply to the Annual Maximum Benefit.	75%	100%
<b>Basic services</b> 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%
<b>Major services</b> Root canals, treatment of diseases of the tissues supporting the teeth, crowns, bridges, dentures, implants, and surgical extractions.	35%	50%
<b>Orthodontics</b>	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. Employees can accumulate up to the \$2,000 in their MBA account.

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, or visit <https://southdakota.deltadental.com/shop-dental-plans/features-and-options/maximum-bonus-account/>.

### PREVENTION PAYS

*Administered by Delta Dental*

The Prevention Pays feature exempts preventive care and some gum disease (periodontal) services from the calculation of the plan's annual maximum benefit. That means preventive services like exams, x-rays, and periodontal maintenance cleanings are covered even when the plan's annual maximum benefit has been reached. It also means more benefits are available to help pay for treatment procedures like cavity fillings, crowns, and root canals.

### 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

Learn more: <https://southdakota.deltadental.com/shop-dental-plans/features-and-options/health-through-oral-wellness/>.

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

#### To qualify for MBA benefits, you must:

1. Enroll in the Enhanced Plan for at least one year before earning benefits.
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.



## Vision Plan

Administered by EyeMed Vision Care



PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$3.19	\$6.38
Employee + spouse	\$6.38	\$12.76
Employee + child(ren)	\$5.40	\$10.80
Family	\$8.91	\$17.82

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, as well as 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 [eyemedvisioncare.com/sosd](https://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 <https://bhr.sd.gov/benefits/flexible-benefits/vision/> 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 <small>Once every plan year</small>		\$10 copay	Up to \$45
Frames		\$0 copay, \$130 allowance, 20% off balance over \$130	up to \$70
Lenses <small>Once every plan year</small>	Single vision	\$25 copay	Up to \$30
	Bifocal		Up to \$50
	Trifocal		Up to \$65
	Lenticular		Up to \$100
Lenses (progressive) <small>Once every plan year</small>	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) <small>Once every plan year</small>	Standard polycarbonate <small>Age 19 and over</small>	\$40	N/A
	Anti-reflective coating tiers 1 & 2	\$45-\$68	
	Anti-reflective coating tier 3	20% off retail price	
	Photochromic	\$75	Up to \$5
	Standard polycarbonate <small>Under age 19</small>	\$0 copay	
	UV treatment		
	Standard plastic scratch coating		
Tint <small>Solid and gradient</small>			
All other lens options <small>Once every plan year</small>		20% off retail price	N/A
Contact lenses, in place of glasses lenses <small>Once every plan year</small>	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 <small>Once every plan year after a comprehensive eye exam has been completed</small>	Standard	\$40	N/A
	Premium	10% off retail price	
Retinal imaging <small>Once every plan year</small>		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 <https://bhr.sd.gov/benefits/flexible-benefits/vision/> 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 WEX

### HSA CONTRIBUTION LIMITS

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

Employee	\$4,150
Employee + spouse and/or children	\$8,300
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-\$900
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**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 pre-tax payroll contribution amount 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.

If you qualify and earn your wellbeing reward, you can receive a contribution to an HSA if you enroll in one of the High Deductible Health Plans.

**Questions?** To learn more about HSAs, download contribution forms, and get instructions for opening an account, visit <https://bhr.sd.gov/benefits/hsa-fsa-hra/hsa/>.

### ELIGIBILITY

Not everyone is eligible to enroll in an HSA and/or make contributions. Certain situations make you ineligible, including if ...

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

If you have questions about your HSA eligibility, contact WEX at 1.866.451.3399, or consult your tax advisor.





## Flexible Spending Accounts (FSAs)

Administered by 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 three types of FSA accounts: a Medical FSA, a Dependent Care FSA, and a combination FSA if you enroll in an HSA.

### MEDICAL FSA

- ▶ Use this FSA to pay for qualified medical, prescription, dental, and vision care costs.
- ▶ Contribute up to \$3,200 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, 2024, to spend the funds or incur claims. You have until October 28, 2024, 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. 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, 2024, to spend the funds or incur claims. You have until October 28, 2024, 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 <https://bhr.sd.gov/benefits/hsa-fsa-hra/fsa/> or go to [wexinc.com](http://wexinc.com).



## Health Reimbursement Account (HRA)

Administered by WEX



## Combination FSAs

Administered by WEX

Employees who elect a low-deductible health plan for health care coverage (either the Jefferson Plan or the Roosevelt Plan) and earn their well-being reward will receive a contribution in a health reimbursement account (HRA).

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

Employees have until August 31st of each plan year to submit a claim to their HRA for costs incurred through June 30th of the current plan year. For example, if you receive an HRA contribution in July 2023, you have until August 31, 2024, to submit claims incurred.

**Questions?** For more information on HRAs, visit [wexinc.com](https://wexinc.com).

### BENEFIT ACCOUNTS ARE EASY WITH 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 WEX 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@wexinc.com](mailto:customerservice@wexinc.com).

FSAs and HRAs are generally used by people with low deductible health plans to save for qualified expenses. But there is some opportunity for employees on high deductible health plans (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 <https://bhr.sd.gov/benefits/DeductibleVerificationForm.pdf>.

Remember: FSAs are "use it or lose it" accounts. You have until September 14, 2024 to spend the funds or incur costs, and you have until Oct. 28, 2024 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.

**Please Note:** State employees who choose to opt out of health care coverage may only elect a combination FSA. They may no longer elect a full FSA.

**Questions?** For more information on combination FSAs and HRAs, please visit [wexinc.com](https://wexinc.com).



Critical Illness is coverage designed to protect you and your covered family members if you are diagnosed with a major illness. This type of plan provides you with extra funds to meet the demands that come with critical illness health emergencies, which often prove to be costly.

Whether you need the extra money to pay for medical treatment, to help offset travel costs associated with treatment, or to just pay your everyday expenses such as groceries or your rent, Critical Illness is there to help you when you need it.

This benefit provides you with a lump-sum payment per critical illness, and you can choose to enroll for increments of \$10,000, \$20,000 or \$30,000.

**Some Covered Services Include:**

- ▶ Benign Brain Tumor
- ▶ Coronary Artery Bypass Graft
- ▶ Down Syndrome
- ▶ Sickle Cell Anemia
- ▶ Heart Attack
- ▶ Legionnaire's Disease
- ▶ Malaria
- ▶ Covid-19
- ▶ Diphtheria
- ▶ Cystic Fibrosis
- ▶ Spina Bifida Coma
- ▶ Alzheimers Disease
- ▶ Muscular Dystrophy
- ▶ And Much More

**Please Note:** If you have previously been diagnosed with one of these conditions, it may be subject to limitations and exclusions.

*Administered by MetLife*

Visit the BHR website for complete list of all covered services and coverage rates:

[bhr.sd.gov/benefits/flexible-benefits/critical/](http://bhr.sd.gov/benefits/flexible-benefits/critical/)



## 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 <https://bhr.sd.gov/benefits/flexible-benefits/life-insurance/>, visit [metlife.com/southdakota](https://www.metlife.com/southdakota), or call MetLife at 1.800.GET.MET8 (1.800.438.6388).

## SUPPLEMENTAL LIFE AND AD&D

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, your spouse and/or dependents will each 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 <https://bhr.sd.gov/benefits/flexible-benefits/life-insurance/>, visit [metlife.com/southdakota](http://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 of \$1,500 monthly is provided to you. You will have the option to buy up for additional coverage.

This insurance is available to eligible employees and family members. For details, visit <https://bhr.sd.gov/benefits/flexible-benefits/life-insurance/>.



## 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	\$0.022	\$0.528	\$0.044	\$0.528
30 to 34	\$0.029	\$0.696	\$0.058	\$0.696
35 to 39	\$0.034	\$0.816	\$0.068	\$0.816
40 to 44	\$0.041	\$0.984	\$0.082	\$0.984
45 to 49	\$0.056	\$1.344	\$0.112	\$1.344
50 to 54	\$0.080	\$1.920	\$0.160	\$1.920
55 to 59	\$0.122	\$2.928	\$0.224	\$2.928
60 to 64	\$0.181	\$4.344	\$0.362	\$4.344
65 to 69	\$0.338	\$8.112	\$0.676	\$8.112
70+	\$0.548	\$13.152	\$1.096	\$13.152

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	\$0.1675 per \$10 weekly benefit, up to \$1,200	\$0.335 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 0.1675. Or, if you are a 12 pay periods employee, multiply by 0.335. 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)
- $\$46.38 \times 0.1675 = \$7.77$  (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. An elimination period is the length of time between the beginning of an injury or illness and when you begin receiving benefit payments.
- ▶ 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.
- ▶ It's important to note that you do not have to exhaust your vacation and/or sick leave to before applying for STD benefits, with the exception as noted above.
- ▶ 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 paid on an after-tax basis.

**Questions?** For plan details and additional information on short-term disability, go to <https://bhr.sd.gov/benefits/flexible-benefits/std/>, visit [metlife.com/southdakota](https://metlife.com/southdakota), or call MetLife at 1.800.GET.MET8 (1.800.438.6388).



## Accident Insurance

Administered by MetLife

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.
- ▶ Premiums are paid on an after-tax basis.
- ▶ Treatment for mental illness is not covered by Accident Insurance. Treatment for alcoholism and drug addiction in a hospital is not covered, nor is injury or illness resulting from drug and alcohol misuse.

New participants can designate beneficiaries online effective 7/1/2023 on MetLife's website: <https://metlife.com/mybenefits/>.

**Questions?** For more information on accident insurance, go to <https://bhr.sd.gov/benefits/flexible-benefits/accident/>, visit [metlife.com/southdakota](https://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.

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$1.52	\$3.04
Employee + spouse	\$2.90	\$5.80
Employee + child(ren)	\$3.22	\$6.44
Family	\$4.03	\$8.06

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

MEDICAL SERVICES & TREATMENT <sup>2</sup>	
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
Surgical Repair	\$100-\$1,000
Dismemberment or paralysis	\$50-\$10,000



## Hospital Indemnity Insurance



*Administered by MetLife*

PREMIUMS	24 PAY PERIODS	12 PAY PERIODS
Employee	\$3.56	\$7.12
Employee + spouse	\$5.66	\$11.32
Employee + child(ren)	\$7.36	\$14.72
Family	\$9.52	\$19.04

### TREATMENT FOR AN ACCIDENT

<b>In-patient hospital stay</b> 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
<b>In-patient rehab</b> Stays must occur immediately following hospital confinement and within 365 days of the accident or illness	\$100 a day, up to 15 days per accident and 30 days per calendar year

### TREATMENT FOR AN ILLNESS

<b>In-patient hospital stay</b> Paid per sickness	Non-ICU: \$200 a day for up to 180 days per calendar year. 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.
- ▶ A \$50 admission benefit is available 4 times per calendar year.
- ▶ 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.

New participants can designate beneficiaries online effective 7/1/2023 on MetLife's website: <https://metlife.com/mybenefits/>.

**Questions?** For more information on hospital indemnity insurance, go to <https://bhr.sd.gov/benefits/flexible-benefits/indemnity/>, visit [metlife.com/southdakota](https://metlife.com/southdakota), or call MetLife at 1.800.GET.MET8 (1.800.438.6388).





## Employee Assistance Program (EAP)

Administered by *GuidanceResources®*  
and *ComPsych®*

### myStrength®

GuidanceResources® has partnered with myStrength® to offer tools and resources to help you tackle issues anywhere—anytime. This user-friendly digital program is quick, easy and effective.

#### Guided Programs include:

- Anxiety
- Chronic pain and opioids
- Depression
- Mindfulness
- Sleep improvement
- Stress
- Substance use disorder
- Intense emotions
- PTSD
- Nicotine recovery and more

The platform creates an individualized experience through interactive programs, in-the-moment coping tools, inspirational resources and community support. Programs are available for adults, college students, youth (aged 13 and older) and Spanish-speaking individuals

Reduce personal roadblocks, eliminate stress and overcome mental barriers on the road to a better you. Access the program through the EAP website or the mobile app.

### Contact Us...Anytime, anywhere for 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:

- ▶ Confidential Emotional Support
- ▶ Legal Guidance
- ▶ Work-Life Solutions
- ▶ Financial Guidance

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.

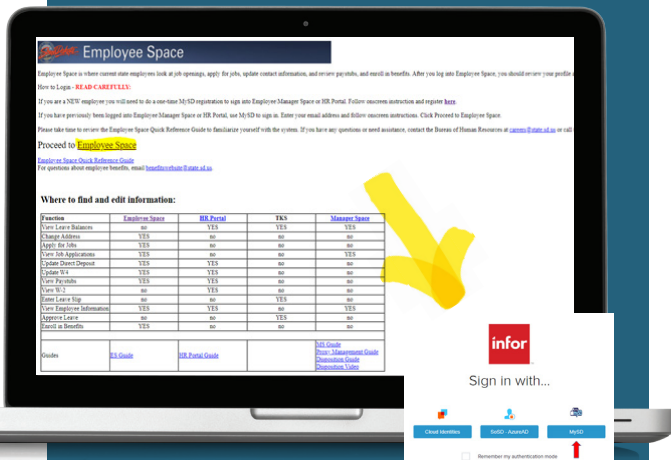
1. Call 1.833.955.3403. You'll speak to a counseling professional who can listen to your concerns and guide you to the appropriate services.
2. Visit [guidanceresources.com](https://guidanceresources.com) and enter the WebID *southdakota*.
3. Download the GuidanceNow<sup>SM</sup> mobile app and enter the WebID *southdakota*.
4. Download the myStrength® mobile app and enter the WebID *southdakota*.



## How to Enroll

During open enrollment, **May 1–15, 2023**, follow these steps to log in and elect your benefits for the coming plan year.

1. Go to Employee Space at [bfm.sd.gov/hr/es.aspx](https://bfm.sd.gov/hr/es.aspx).
2. Select Proceed to Employee Space.
3. On the Infor sign in page, select MySD.
4. Follow onscreen instructions to login.
5. When you have successfully signed into Employee Space, select Benefits, then select Open Enrollment in the menu bar on the left.



**IMPORTANT:** Employees will make their elections for FY24 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.

### AFTER YOU ENROLL: YOUR WELLMARK ID

A Wellmark ID card will be mailed to your home only if you made plan changes. Keep it in your purse or wallet at all times so you can take full advantage of your Wellmark benefits wherever you go, or download the myWellmark app to have your ID available on your phone. Here are some important things to know about your 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.
- **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).

# Contacts

<b>South Dakota State Employee Benefits</b>	Bureau of Human Resources 500 E. Capitol Avenue 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>	605.773.3148
<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>	800.846.9183
<b>LiveWellSD</b> <i>Health screening, health assessment, incentive, and resources</i>		<a href="http://bhr.sd.gov/livewellsd/">bhr.sd.gov/livewellsd/</a> Wellness At My Side mobile app Connection code: <i>southdakota</i>	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>	877.841.1478 Fax: 605.494.2566
<b>EyeMed</b> <i>Vision insurance</i>	EyeMed 4000 Luxottica Place Mason, OH 45050	<a href="http://member.eyemedvisioncare.com/sosden">member.eyemedvisioncare.com/sosden</a>	888.626.6334
<b>WEX</b> <i>HSAs, FSAs, HRAs and COBRA</i>	WEX PO Box 2926 Fargo, ND 58108	<a href="mailto:customerservice@wexhealth.com">customerservice@wexhealth.com</a> <a href="http://wexinc.com">wexinc.com</a>	866.451.3399 Fax: 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>	800.GET.MET8 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>	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>	866.237.9411
<b>South Dakota Retirement System</b>	South Dakota Retirement System P.O. Box 1098 Pierre, SD 57501	<a href="http://www.sd.gov/sdrs">www.sd.gov/sdrs</a>	888.605.SDRS 605.773.3731
<b>Help Quitting Tobacco</b>		<a href="http://sdquitline.com">sdquitline.com</a>	866.SD.QUITS 866.737.8487

Mark your calendars ...

## Open enrollment is May 1–15, 2023

The best investment you will ever make is in your own health. Programs are available to help you manage your physical, emotional, and financial well-being. Visit <https://bhr.sd.gov/benefits/> to learn more today.

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Wellmark Blue Cross and Blue Shield of South Dakota is an independent licensee of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans. Blue Cross®, Blue Shield®, the Cross and Shield symbols and Blue365® are registered marks of the Blue Cross and Blue Shield Association. Wellmark® and myWellmark® are registered marks, and BeWell 24/7 and Blue Rx Value Plus are service marks, of Wellmark, Inc. ALEX® is a registered mark of The Jellyvision Lab, Inc. Doctor On Demand is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Doctor On Demand, Inc. CVS/caremark™ is a trademark of CVS Pharmacy, Inc. ID Experts is a separate company providing an online identity theft protection solution for Wellmark members. IDX Identity™ is a trademark of ID Experts. App Store® is a registered mark of Apple Inc., registered in the U.S. and other countries. Google Play® and the Google Play logo are registered marks of Google LLC. Delta Dental® and Health through Oral Wellness® are registered marks of Delta Dental Plans Association. EyeMed® is a registered mark of EyeMed Vision Care LLC. Discovery Benefits™ and WEX™ are trademarks of WEX, Inc. MetLife® is a registered mark of Metropolitan Life Insurance Company. GuidanceResources® and ComPsych® are registered marks, and GuidanceNow™ is a service mark, of ComPsych Corporation. Unum™ is a trademark of Unum Group. M-2021343 3/21

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