

# SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN

## FY20 PLAN YEAR

July 1, 2019 – June 30, 2020.

### COBRA Monthly Contribution Rates

Starting July 1, 2019, the following monthly premium rates will apply for pre-65 Retiree Health Plan members:		
	Low Deductible Plan (\$1,500)	High Deductible Plan (\$2,200/\$4,400)
Participant Only	\$634.89	\$595.10
Participant + Spouse	\$1,371.19	\$1,284.82
Participant + Child(ren)	\$975.39	\$916.19
Participant + Family	\$1,711.04	\$1,605.24
NOTE: Contributions for retiree and spouse coverage will increase \$60.00 per person per month if retiree and/or covered spouse use tobacco.		

DENTAL		
	Base Dental Plan Premiums	Enhanced Dental Plan Premiums
Participant Only	\$33.05	\$53.39
Participant + Spouse	\$65.99	\$106.59
Participant + Child(ren)	\$72.24	\$108.69
Participant + Family	\$105.18	\$161.91

VISION	
Coverage Level	Monthly Premiums
Participant Only	\$7.22
Participant + Spouse	\$14.46
Participant + Child(ren)	\$12.24
Participant + Family	\$20.20