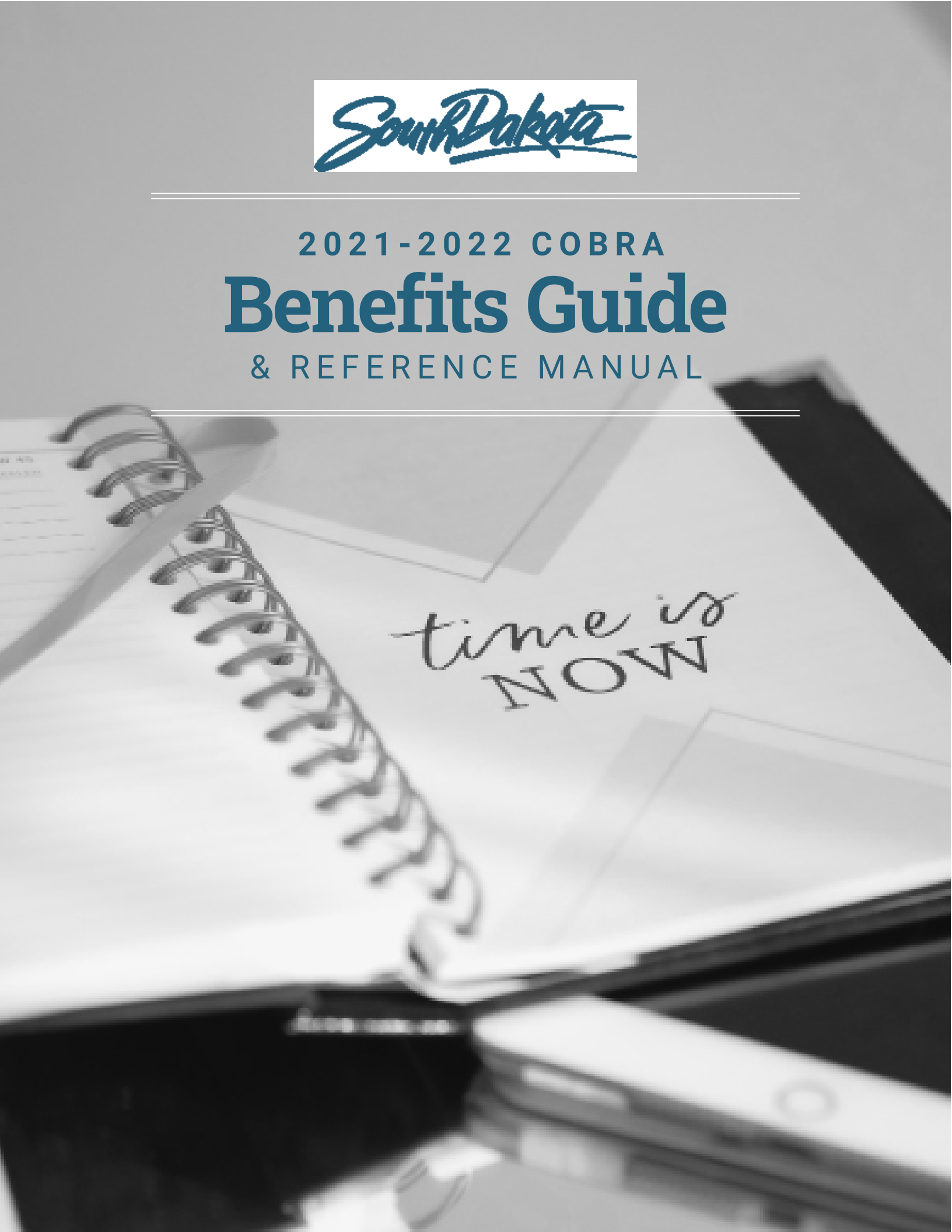
SouthDakota

2021-2022 COBRA

Benefits Guide

& REFERENCE MANUAL



FY22 COBRA Benefits Guide

Open Enrollment is the only time during the plan year you can make changes to your health or flexible benefits without a valid family status change.

You must currently have coverage for health, dental, and/or vision to make changes. If you have coverage, you can add your spouse and/or dependent(s) to the plan(s).

You can cancel your health, dental, and/or vision coverage at any time. However, you will not be able to re-enroll in the plan(s) in the future.

What's Inside

COMPLIANCE

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

What's New?

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

How did we get here?

Last summer, through a survey and a series of focus groups, the Bureau of Human Resources (BHR) asked State employees their opinions about the benefits program – what they were happy with, and what they thought needed improvement.

Along with market research and benchmarking, we used the information to reinvent the health plans to better support you and your family.

The new plans

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

More benefit updates

HEALTH

There are four new plans to choose from – two high deductible health plans, one low deductible health plan, and a no deductible health plan. The plan information is outlined later in this benefits guide. All four plans are available to everyone.

On all health plans, members 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.

PHARMACY

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

FLEXIBLE BENEFITS

Premiums for your dental and vision coverage will remain the same for FY22.

Frequently Used Terms

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

Coinsurance: The percentage you pay for care or prescriptions after you've reached your deductible. Your plan pays the remaining percentage until you reach your out-of-pocket maximum, or OPM. Then your plan takes over and pays 100% of your costs for the rest of the plan year.

Copayment/copay: A fixed dollar amount you pay for care or prescriptions, usually at the time of service.

Deductible: The amount of money you pay out of pocket for care and prescriptions before your plan begins to pay benefits.

Dependent: An eligible spouse or child you elect to cover on your health plan or flexible benefits.

In network: In-network healthcare providers have contracted with our insurance company to accept discounted rates. Out-of-network providers have not agreed to the discounted rates. You will pay much less at in-network doctors, hospitals, and pharmacies.

Network: The doctors, hospitals, pharmacies, and other providers and suppliers your health plan contracts with to provide care and services.

Out of network: Out-of-network healthcare providers have not contracted with our insurance company to accept discounted rates. You will pay much less at in-network doctors, hospitals, and pharmacies.

Out-of-pocket maximum: The most you have to pay out of pocket in a plan year. After you spend this amount on deductibles, copays, and coinsurance, the plan pays 100% of your covered medical and prescription costs.

Preauthorization: A decision by your health plan that a service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Preauthorization is sometimes required before care will be covered. It can also be called prior authorization, prior approval, or precertification.

Preventive care/services: Care received to prevent disease rather than treat it. Examples include routine screenings, well-child care, and immunizations.

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

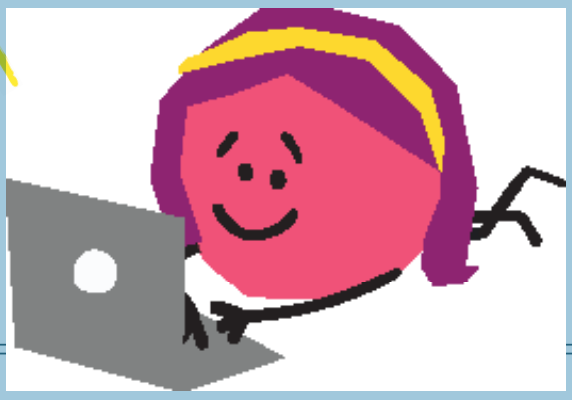
Kelly is single and has two children, Jason and Mandy. Kelly experiences acute appendicitis, resulting in an emergency room visit, an overnight stay in the hospital, and surgery that adds up to $7,500.

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

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

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

alex®



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

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

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

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

Learn more at myalex.com/benefitssd/2022.

NOTE: ALEX does NOT enroll you in benefits. ALEX makes suggestions based on your answers so that, during open enrollment, you can make the decision that feels right for you.

Welcome to Wellmark

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

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

To learn more about our new health insurance administrator, visit Wellmark.com.

After you enroll, your Wellmark ID will be mailed to your home. **Please Note that covered dependents will not be listed on the card.**

STRONGER COVERAGE, BETTER BENEFITS

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

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

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

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

The Washington Plan

HIGH-DEDUCTIBLE HEALTH PLAN

Administered by
Wellmark Blue Cross and Blue Shield

MONTHLY PREMIUMS	
Participant	$561.04
Participant + spouse	$1,224.51
Participant + child(ren)	$869.77
Family	$1,525.79

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 12 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:

- 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.

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.

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

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

Administered by
Wellmark Blue Cross and Blue Shield

MONTHLY PREMIUMS	
Participant	$591.12
Participant + spouse	$1,278.53
Participant + child(ren)	$602.15
Family	$1,593.10

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 12 for pharmacy information.

The Jefferson Plan

LOW-DEDUCTIBLE HEALTH PLAN

Administered by
Wellmark Blue Cross and Blue Shield

MONTHLY PREMIUMS		
Participant		$657.73
Participant + spouse		$1,422.59
Participant + child(ren)		$1,010.47
Family		$1,772.60
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	

See page 12 for pharmacy information.

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

- Preventive services are 100% covered.
- Office visits with primary care providers and specialists have a flat copay, so you will not be charged for your deductible. Primary care refers to any non-specialty provider, including your primary care physician, OB/GYNs, physician assistants, and nurse practitioners. Non-primary care refers to specialists, like dermatologists, oncologists, and cardiologists.
- All copays and coinsurance costs count towards your out-of-pocket maximum (OPM). Once you meet your OPM, all covered care and prescriptions will be 100% paid for by the plan.
- For those with family coverage, the plan includes an embedded deductible. If a family member meets $1,750 of their deductible — half of the family deductible — the plan will then begin to pay 70% of covered charges for that family member.

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.

Administered by
Wellmark Blue Cross and Blue Shield

MONTHLY PREMIUMS	
Participant	$682.71
Participant + spouse	$1,476.61
Participant + child(ren)	$1,048.85
Family	$1,839.92

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 12 for pharmacy information.

Pharmacy Benefits

Administered by
Wellmark Blue Cross and Blue Shield

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

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

		Washington Plan	Lincoln Plan	Jefferson Plan	Roosevelt Plan
Deductible		Combined with medical deductible	Combined with medical deductible	No deductible	No deductible
Coinsurance		No coinsurance	25%	30%	No coinsurance
Out-of-pocket max (OPM) *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
Prescription drugs	Tier 1	Deductible	Deductible then 25% coinsurance	$15 (30-day supply) $37.50 (90-day supply)	$25 (30-day supply) $62.50 (90-day supply)
	Tier 1 preventive	$0	$0		
	Tier 2	Deductible	Deductible then 25% coinsurance	$55 (30-day supply) $137.50 (90-day supply)	$65 (30-day supply) $162.50 (90-day supply)
	Tier 2 preventive	$55 (30-day supply) $137.50 (90-day supply)	$55 (30-day supply) $137.50 (90-day supply)		
	Tier 3	Deductible	Deductible then 37.5% coinsurance	$75 (30-day supply) $187.50 (90-day supply)	$150 (30-day supply) $375 (90-day supply)
	Tier 3 preventive	$75 (30-day supply) $187.50 (90-day supply)	$75 (30-day supply) $187.50 (90-day supply)		
	Preferred specialty	Preventive list: $85 All other drugs: Deductible	Preventive list: $85 All other drugs: Deductible then coinsurance	$85	$300
	Non-preferred specialty	Preventive list: $110 All other drugs: Deductible	Preventive list: $110 All other drugs: Deductible then coinsurance	$110	$450

THE BLUE RX VALUE PLUS℠ 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.
2. Scroll down to the bottom of the page and select *Prescription Drug Information* and then *Drug List*. Then, scroll down and choose *Blue Rx Value Plus* from the Formulary Drug Lists.
3. Finally, search for your drug by name.
   - If your drug is considered preventive, it will be listed as PV.
   - If your drug is on a higher tier, you can ask your doctor if a lower-cost equivalent is appropriate.
   - If your drug is listed as non-formulary or NF, your drug is not covered. Ask your doctor for a medication that is covered by your plan.

SPECIALTY DRUGS

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

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.

Compare Your Health Plan Options

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

Options for Affordable Care

Preventive care

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

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

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

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

New! Doctor On Demand®

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

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

WHY SEE A DOCTOR ONLINE?

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

TO GET THIS BENEFIT

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

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

The Wellmark Care Team

Support is just one call away

CARE CAN BE COMPLICATED

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

YOUR HEALTH BENEFITS CAN HELP

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

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

ONE CALL FOR EVERY CONDITION

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

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

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

HOW TO PARTICIPATE

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

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

SUPPORTING HEALTHY PREGNANCIES

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

HOW IT WORKS

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

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

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

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

Dental Plans

Administered by Delta Dental of South Dakota

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

MONTHLY PREMIUMS	BASE PLAN	ENHANCED PLAN
Employee	$33.05	$53.39
Employee + spouse	$65.99	$106.59
Employee + child(ren)	$72.24	$108.69
Family	$105.18	$161.91
Deductible	$25 per covered person	N/A
Annual maximum benefit[1]	$1,000 per covered person	$2,000 per covered person
Lifetime orthodontic benefit	$1,000	$2,000
Maximum Bonus Account (MBA) limit	N/A	$2,000

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

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

- 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.

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

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

Additional dental benefits

MAXIMUM BONUS ACCOUNT (MBA) BENEFITS

Administered by Delta Dental

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

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

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

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

To qualify for MBA benefits, you must:

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

HEALTH *THROUGH* ORAL WELLNESS®

Administered by Delta Dental

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

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

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

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

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

Vision Plan

Administered by EyeMed Vision Care

MONTHLY PREMIUMS	
Employee	$7.22
Employee + spouse	$14.46
Employee + child(ren)	$12.24
Family	$20.20

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

- You can see any vision care doctor you choose, but you may pay less at in-network providers. To find in-network care, visit 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 eligble to be partially reimbursed for care. Visit bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/ to read instructions and download an out-of-network claim form. The completed form must be mailed in or uploaded within 15 months of the date of service.
- Your eligibility for services resets on July 1 of each year.

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

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

NETWORK ADEQUACY REIMBURSEMENT

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

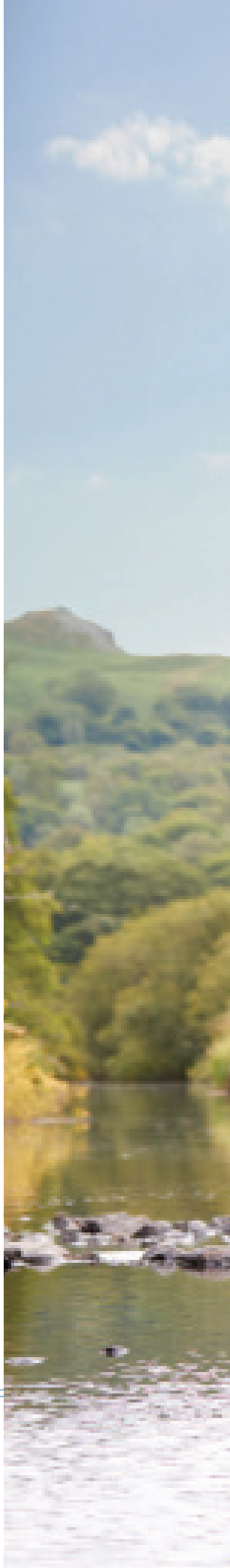
You may take advantage of this benefit if:

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

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

Contacts

South Dakota State Employee Benefits	Bureau of Human Resources Hillsview Plaza 3800 E. Highway 34, Suite 1 Pierre, SD 57501	benefitswebsite@state.sd.us bhr.sd.gov/benefits/	1-605-773-6027
Wellmark Blue Cross and Blue Shield *Health and prescription drug insurance, and the Wellmark Care Team*	Wellmark of South Dakota 1601 W. Madison Street Sioux Falls, SD 57104	wellmark.com	1-800-846-9183
Delta Dental *Dental insurance*	Delta Dental PO Box 1157 Pierre, SD 57501	deltadentalsd.com	1-877-841-1478 Fax: 1-605-494-2566
EyeMed *Vision insurance*	EyeMed 4000 Luxottica Place Mason, OH 45050	eyemedvisioncare.com/sosd/public/login.emvc	1-888-626-6334
Suicide Prevention		sdsuicideprevention.org	National Suicide Prevention Lifeline: 1-800-273-TALK 1-800-273-8255
Help Quitting Tobacco		sdquitline.com	1-866-SD-QUITS 1-866-737-8487



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