

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

**Important Benefits Reminders**

- Complete the online benefits enrollment for you and/or your eligible spouse and dependents within 30 days of your start date. If you do not enroll, you will be defaulted to the High Deductible Health Plan with Health Savings Account (\$2,200 deductible for single coverage) with no coverage for your eligible spouse and dependents.
- Enroll online at <https://bhr.sd.gov/benefits/> - choose Active Employee and choose New Employee Enrollment.
- Your health plan benefits as a new employee are active one month and one day from your start date.
- During the enrollment process, you will be asked if you want all your benefits to begin one month and one day after your start date. Additional pay deductions for premium contributions may need to be taken to have benefits start at that time. If the deduction is authorized, your flexible benefits plus the health plan benefits and/or flexible benefits for covered family members will be effective one month and one day after the start date. If the deduction is not authorized, these benefits will be effective the 1st of the month following the payroll cycle in which premium contributions are first withheld.
- Once your benefits are active, you may only elect or change coverage during Open Enrollment in May, or if you experience a qualified family status change (birth, divorce, etc.). Qualified family status changes requests must be submitted to the Benefits Department within 30 days of the event. For example, if you have a child on January 2nd, you must submit the Family Status Change request by February 1st. This means you cannot change your health plan option, flexible benefits elections, or spouse and dependent coverage during the plan year without a qualified family status change. You can change your life insurance coverage or Health Savings Account (HSA) payroll deduction at any time during the year.
- The health plan mirrors the State's fiscal year. The plan year begins on July 1 and ends on June 30 of the following year.
- Health Plan options include:
  - Low Deductible Health Plan (\$1,500 deductible for single coverage)
  - High Deductible Health Plan with HSA (\$2,200 deductible for single coverage/ \$4,400 for a family of two or more)
  - Opt-out with a Certificate of Continuing Creditable Coverage (\$300 Opt-Out Combination Health Reimbursement Account credit); excludes Medicare Opt-Out
- Under the Low Deductible Health Plan (\$1,500) there is a separate \$150 deductible (per person per plan year) for prescription drugs. Copayments apply after the deductible is satisfied. There is a separate pharmacy Out-of-Pocket Maximum of \$1,500 per person or \$3,750 per family of three or more.

- Under the High Deductible Health Plan with HSA (\$2,200 | \$4,400), members pay for prescription drug expenses, which apply to the deductible until it has been met. After the deductible has been met, the member pays 25% coinsurance. The member will also pay a 25% coinsurance for covered generic and brand preferred prescription charges after the deductible has been met. The member will also pay 37.5% coinsurance for covered brand non-preferred prescription charges. Coinsurance continues throughout the plan year until the health plan deductible(s) and medical out-of-pocket maximums have been met.

Medications on the Preventive Therapy List are provided at no cost or at a reduced cost. You can find the list at <https://bhr.sd.gov/benefits/> by selecting Forms and Documents. The list is in the pharmacy section.

- Dependent children may be covered up to age 26 and continue from 26 to 29 with full-time student status verification.
- The South Dakota State Employee Benefits Program has partnered with Dialog Direct to administer ongoing eligibility verification of spouses and dependents who are added to the health plan and/or flexible benefits. If you add a spouse or dependent during your enrollment period, information will be sent to your home in the next two months instructing you how to submit documentation verifying your spouse and/or dependent are eligible for coverage. Visit the <https://bhr.sd.gov/benefits/spouseanddependentaudit.html> for more information.
- The beneFIT well-being program is an important and valuable part of your benefits package. All State employees and covered spouses have access to the program at no cost. This includes health screenings and other well-being opportunities.

For more information about the qualifications and the incentive, go to: <https://bhr.sd.gov/benefits/active/benefit/>.

Please call the Benefits Program with questions at 605.773.6027 or email questions to [benefitswebsite@state.sd.us](mailto:benefitswebsite@state.sd.us).

## STATE OF SOUTH DAKOTA EMPLOYEE BENEFITS OVERVIEW FY21

BENEFITS	WHO IS ELIGIBLE*	WHO PAYS	WHEN YOU ARE ELIGIBLE	WHAT YOU RECEIVE
<b>Health Insurance and Flexible Benefits</b>				
HEALTH PLAN (DakotaCare)	Benefited employees, eligible spouse and dependents	State pays 100% of Employee cost Employee pays for spouse and dependent contributions	A month and a day from date of hire or the effective date of the corresponding pay period	Health insurance coverage through State of South Dakota: Low Deductible Health Plan (\$1,500) High Deductible Health Plan (\$2,200 single coverage/ \$4,400 family coverage)
DENTAL CARE PLAN (Delta Dental)	Benefited employees, eligible spouse and dependents	Employee	A month and a day from date of hire or the effective date of the corresponding pay period	Choice of two plan options: Base Plan or Enhanced Plan. To learn more, visit <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/">http://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/</a> .
VISION CARE PLAN (EyeMed)	Benefited employees, eligible spouse and dependents	Employee	A month and a day from date of hire or the effective date of the corresponding pay period	The vision plan is based on frequency and a set payment amount. To learn more, visit <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/">http://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/</a> .
ACCIDENT INSURANCE PLAN (MetLife)	Benefited employees, eligible spouse and dependents	Employee	A month and a day from date of hire or the effective date of the corresponding pay period	A fixed-dollar benefit for a variety of injuries, services, and treatments resulting from accidental injury. To learn more, visit <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/accident-insurance-plan/index.html">http://bhr.sd.gov/benefits/active/flexible-benefits/accident-insurance-plan/index.html</a> .
HOSPITAL INDEMNITY (MetLife)	Benefited employees, eligible spouse and dependents	Employee	A month and a day from date of hire or the effective date of the corresponding pay period	A daily benefit of \$200 per person per day when authorized hospitalization occurs. To learn more, visit <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/hospital-indemnity-plans/">http://bhr.sd.gov/benefits/active/flexible-benefits/hospital-indemnity-plans/</a> .
SHORT TERM DISABILITY (MetLife)	Benefited employees	Employee	Six months from enrollment	A benefit up to \$1,200 per week (70% of your monthly salary). Employee only coverage. To learn more, visit <a href="http://bhr.sd.gov/benefits/active/flexible-benefits/short-term-disability/">http://bhr.sd.gov/benefits/active/flexible-benefits/short-term-disability/</a> .
FLEXIBLE SPENDING ACCOUNTS	Benefited employees, eligible spouse and dependents	Employee	A month and a day from date of hire or the effective date of the corresponding pay period	Allows employees to pay for out-of-pocket health care, dental, vision, and pharmacy expenses and spouse and/or dependent care expenses with pre-tax dollars.
HEALTH SAVING ACCOUNT	Benefited employees on the High Deductible Health Plan	State and Employee can make contributions	A month and a day from date of hire or the effective date of the corresponding pay period	Allows employees on the High Deductible Health Plan to pay for out-of-pocket health care, dental, vision, and pharmacy expenses with pre-tax dollars.
<b>Life Insurance</b>				
BASIC LIFE COVERAGE (MetLife)	Benefited employees	State	A month and a day from date of hire	\$25,000
SUPPLEMENTAL LIFE COVERAGE (MetLife)	Benefited employees	Employee	A month and a day from date of hire or the effective date of the corresponding pay period	1 to 7 times employee's basic annual salary up to \$1,000,000 maximum. (coverage for part-time employees is still based on full-time basic annual salary)
ACCIDENTAL DEATH AND DISMEMBERMENT (MetLife)	Benefited employees	State	A month and a day from date of hire or the effective date of the corresponding pay period	\$25,000
ACCIDENTAL DEATH AND DISMEMBERMENT (MetLife)	Benefited employees, eligible spouse and dependents	Employee	A month and a day from date of hire or the effective date of the corresponding pay period	Benefits are doubled when accidental death occurs; dismemberment benefits are paid per a fixed schedule
DEPENDENT LIFE COVERAGE (MetLife)	Benefited employees, eligible spouse and dependents	Employee	A month and a day from date of hire or the effective date of the corresponding pay period	\$10,000 coverage
LONG TERM CARE (Unum)	Benefited employees who have the Supplemental Life coverage with MetLife	Employee	A month and a day from date of hire or effective date of pay period when supplemental life paperwork is received	\$1,500 monthly benefit for 2 year duration (Employee has opportunity to buy up to a different plan during initial enrollment period or mid-year by completing an underwriting process.)**
<b>Other Insurance</b>				
PROFESSIONAL LIABILITY COVERAGE	All employees	State	Upon Employment	Occurrence based coverage; \$1 million per occurrence with no aggregate amount; cost of legal defense covered outside of claim cost.

## STATE OF SOUTH DAKOTA EMPLOYEE BENEFITS OVERVIEW FY21

BENEFITS	WHO IS ELIGIBLE*	WHO PAYS	WHEN YOU ARE ELIGIBLE	WHAT YOU RECEIVE
<b>Retirement</b>				
RETIREMENT	Benefited employees [permanent, full-time (20+ hours)]	Employee plus state match	Upon employment Vested after three years of contributory services	Employee contributes 6% of compensation, matched by employer Lifetime retirement benefits at retirement age Portable
LONG TERM DISABILITY	Benefited employees [permanent, full-time (20+ hours)]	Included under retirement plan	Eligible immediately if injured on the job; After three contributing years in other cases	If approved, disability benefits for the duration of long-term disability
SUPPLEMENTAL RETIREMENT	Benefited employees [permanent, full-time (20+ hours)]	Employee	Upon employment	457(b) retirement savings account Contribute on a pre-tax or after-tax (Roth) basis
<b>Paid Time Off</b>				
VACATION LEAVE	Benefited employees [permanent, full-time (20+ hours)]	State	Begins accruing upon employment; available after one pay period	Accrue 3 weeks per year (240-hour maximum accrual); 15+ years of service accrue 4 weeks per year (320-hour maximum accrual); vacation is prorated based on number of hours worked, if less than full time (payment on termination).
SICK LEAVE	Benefited employees [permanent, full-time (20+ hours)]	State	Begins accruing upon employment; available after one pay period	14 days per year, unlimited accrual; sick leave is prorated based on number of hours worked, if less than full time (one fourth payment on termination after 7 consecutive years of service).
PAID FAMILY LEAVE	Benefited employees [permanent, full-time (20+ hours)]	State	Available for use after six months of employment	24 hours per week for up to eight weeks for the birth or placement of a child for adoption.
MILITARY LEAVE	Benefited employees [permanent, full-time (20+ hours)]	State	Begins upon employment; available after one pay period	15 days per calendar year.
<b>Other Pay</b>				
HOLIDAYS	Benefited employees [permanent, full-time (20+ hours)]	State	Upon employment	10 holidays recognized by the State; 8 hours per holiday (prorated based on hours worked, if less than full time).
LONGEVITY PAY	Benefited employees [permanent, full-time (20+ hours)]	State	7 years of total service	\$100 for 7 to 10 years. Amounts increase in \$5 increments for every 5 years of service after 10 years.
PAY PERIODS				Semimonthly, 24 pay periods per year.

**\*Benefited employee** - A permanent full-time employee, permanent part-time employee, or an employee employed by a participating unit who has worked an average of 30 hours or more per week during a 12-month period, as defined by the Patient Protection and Affordable Care Act of 2010, as amended.

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

**Dependent** - Means the following, as long as such person is not otherwise eligible to be covered as an Employee under the Plan; or, if such person was previously eligible, is no longer eligible because of a disability:

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

- a) Under the age of 26 or under the age of 29 if a Full-Time Student. For purposes of life Coverage, benefits shall cease for a Dependent Child on the last day of the month in which each child attains age 26, or age 29 if a Full-Time Student if applicable premium is paid; or
- b) Not in military service.

The term “children” means children by birth, adopted children, children who have been placed for adoption, stepchildren, or children who live with the Employee in a legal parent-child relationship (legal guardianship). Newborn children of an employee may be covered at birth provided the Plan is notified within 30 days of the birth and the appropriate premium is paid. Notwithstanding the above, “Dependent” also includes an eligible Employee’s child named as an alternate recipient with respect to such Eligible Employee under a Qualified Medical Child Support Order (QMCSO) (as defined in ERISA Section 609(a)(2)(A)).

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

# FY21 Health Plan Comparisons

Below is a comparison chart to help you understand the differences, similarities, and costs of the two health plans available to you and your family.

SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN COVERAGE DETAILS FOR FY21				
Plan Details	Low Deductible Health Plan		High Deductible Health Plan with HSA	
	Network Provider <sup>1</sup>	Out-of-Network Provider	Network Provider <sup>1</sup>	Out-of-Network Provider
Eligible Preventive Services <sup>2</sup>	Covered at 100%	Not covered <sup>3</sup>	Covered at 100%	Not covered <sup>3</sup>
Plan Year Deductible	<ul style="list-style-type: none"> <li>• \$1,500 per person</li> <li>• \$3,750 per family of three or more <sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• \$3,000 per person</li> <li>• \$7,500 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,200 single coverage</li> <li>• \$4,400 family coverage per family of two or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$4,400 single coverage</li> <li>• \$8,800 family coverage per family of two or more</li> </ul>
			If you have family coverage, the full family deductible must be met before benefits are paid for any family member.	
Copayment	<ul style="list-style-type: none"> <li>• Emergency Room: \$250</li> <li>• Does not count toward your deductible but does count toward your out-of-pocket maximum.</li> </ul>		N/A	
Coinsurance	<ul style="list-style-type: none"> <li>• Plan pays 75% after deductible</li> <li>• You pay 25%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 65% after deductible</li> <li>• You pay 35%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 75% after deductible</li> <li>• You pay 25%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 65% after deductible</li> <li>• You pay 35%</li> </ul>
Plan Year Out-of-Pocket Maximum (includes deductible)	<ul style="list-style-type: none"> <li>• \$4,400 per person</li> <li>• \$9,375 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$8,300 per person</li> <li>• \$18,250 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$5,300 single coverage or any one family member</li> <li>• \$10,275 family coverage per family of two or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$9,200 single coverage or any one family member</li> <li>• \$19,150 family coverage per family of two or more</li> </ul>
Employer Health Savings Account Contribution	N/A		<ul style="list-style-type: none"> <li>• \$500 for single coverage</li> <li>• \$1,000 for family coverage</li> </ul>	
<b>Prescription Drugs</b>				
Deductible	\$150 per person	\$150 per person	<ul style="list-style-type: none"> <li>• Included in Plan Year Deductible</li> <li>• Preventive therapy medications may be available at a lower cost. You can find the list at <a href="https://bhr.sd.gov/benefits/active/forms-documents/index.html">https://bhr.sd.gov/benefits/active/forms-documents/index.html</a></li> </ul>	
Pharmacy Out-of-Pocket Maximum	<ul style="list-style-type: none"> <li>• \$1,500 per person</li> <li>• \$3,750 per family of three or more</li> </ul>		Included in Plan Year Out-of-Pocket Maximum	

<sup>1</sup>DAKOTACARE Network plus Sanford providers make up the South Dakota State Employee Health Plan provider network.

<sup>2</sup>To view eligible preventive care services, visit <https://bhr.sd.gov/benefits/active/health-plans/preventative-care/>

<sup>3</sup>When a covered spouse or dependent attends an out-of-state school, or when the member resides out-of-state, Preventive Care services as listed in the Summary Plan Descriptions are covered by the plan if member visits a PHCS provider. If a member utilizes a non-PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the member's responsibility to pay.

<sup>4</sup>Family deductible must be satisfied by three or more covered members.

# Contacts and Resources

The South Dakota State Employee Benefits Program works in partnership to provide high quality, competitively priced programs and services. Below is a listing of our contacts and resources and the services they offer.

DAKOTACARE	CONTACT	ONLINE	PHONE / FAX
<ul style="list-style-type: none"> <li>• Coverage questions</li> <li>• Provider Network</li> <li>• Claims Processing</li> </ul>	DAKOTACARE 5300 S. Broadband Ln Sioux Falls, SD 57108	<a href="http://www.DAKOTACARE.com">www.DAKOTACARE.com</a> DAKOTACARE Access <a href="https://access.dakotacare.com/">https://access.dakotacare.com/</a> Network look up: <a href="https://www.dakotacare.com/services/find-a-provider-state-employees/">https://www.dakotacare.com/services/find-a-provider-state-employees/</a>	1.800.831.0785  Fax: 605.274.3291 (Attn: Claims)
<b>South Dakota State Employee Benefits Program</b>			
<ul style="list-style-type: none"> <li>• Health Plan Questions</li> <li>• Enrollment Questions</li> </ul>	Bureau of Human Resources Hillsvie Plaza 3800 E. Highway 34, Suite 1 Pierre, SD 57501	<a href="mailto:benefitswebsite@state.sd.us">benefitswebsite@state.sd.us</a>  <a href="https://bhr.sd.gov/benefits/">https://bhr.sd.gov/benefits/</a>	605.773.6027
<b>benefIT Well-Being Program</b>			
<ul style="list-style-type: none"> <li>• Online Health Assessment</li> <li>• Onsite Health Screening</li> <li>• Wellness Programs</li> </ul>	StayWell Health Management 3000 Ames Crossing Rd. St. Paul, MN 55121	<a href="https://benefit.staywell.com">https://benefit.staywell.com</a>	1.800.721.2749
<b>Health Management Partners (HMP)</b>			
<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Condition Management</li> <li>• Medical Pre-authorizations</li> <li>• Medical Management</li> <li>• Our Healthy Baby</li> </ul>	Health Management Partners 2301 W Russell St. Sioux Falls, SD 57105	<a href="https://sosd.hmpsdportal.com">https://sosd.hmpsdportal.com</a>  <a href="http://www.preauthonline.com">www.preauthonline.com</a>	1.866.330.9886  Fax: 605.731.1905
<b>Discovery Benefits</b>			
<ul style="list-style-type: none"> <li>• Medical Flexible Spending Account</li> <li>• Dependent Care Spending Account</li> <li>• Health Savings Account</li> <li>• Health Reimbursement Account</li> </ul>	Discovery Benefits PO Box 2926 Fargo, ND 58108	<a href="mailto:customerservice@discoverybenefits.com">customerservice@discoverybenefits.com</a>  <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>	1.866.451.3399  Fax: 1.866.451.3245
<b>Dialog Direct</b>			
<ul style="list-style-type: none"> <li>• Spouse and Dependent Eligibility Verification Audit</li> <li>• Student Verification</li> </ul>	Dialog Direct P.O. Box 8072 Royal Oak, MI 48068	<a href="https://dependentverification.budco.com/user/ssd">https://dependentverification.budco.com/user/ssd</a>	1.800.899.9685

# Contacts and Resources

Delta Dental	CONTACT	ONLINE	PHONE / FAX
<ul style="list-style-type: none"> <li>Dental</li> </ul>	Delta Dental PO Box 1157 Pierre, SD 57501	<a href="http://www.deltadentalsd.com">www.deltadentalsd.com</a>  <a href="https://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/">https://bhr.sd.gov/benefits/active/flexible-benefits/dental-plans/</a>	605.224.7345, 1.877.841.1478
<b>EyeMed</b>			
<ul style="list-style-type: none"> <li>Vision</li> </ul>	EyeMed 4000 Luxottica Place Mason, OH 45050	<a href="https://eyemedvisioncare.com/sosd/public/login.emvc">https://eyemedvisioncare.com/sosd/public/login.emvc</a>  <a href="https://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/">https://bhr.sd.gov/benefits/active/flexible-benefits/vision-plans/</a>	1.888.626.6334
<b>MetLife</b>			
<ul style="list-style-type: none"> <li>Accident Insurance</li> <li>Hospital Indemnity</li> <li>Short Term Disability</li> <li>Life Insurance and AD&amp;D</li> </ul>	MetLife 200 Park Ave New York, NY 10166	<a href="http://www.metlife.com/southdakota/">www.metlife.com/southdakota/</a>  <a href="https://bhr.sd.gov/benefits/">https://bhr.sd.gov/benefits/</a>	1.800.GET.MET8, 1.800.438.6388
<b>Risty Benefits, Inc</b>			
<ul style="list-style-type: none"> <li>Long Term Care - UNUM</li> </ul>	Risty Benefits, Inc. 1324 Minnesota Sioux Falls, SD 57105	<a href="mailto:help@ristybenefits.com">help@ristybenefits.com</a>	1.866.237.9411
<b>Employee Assistance Program (EAP)</b>			
<ul style="list-style-type: none"> <li>Family Issues</li> <li>Alcohol/Drugs</li> <li>Anxiety</li> <li>Parenting</li> <li>Workplace</li> <li>Managing Stress</li> </ul>	<ul style="list-style-type: none"> <li>Aging</li> <li>Depression</li> <li>Grief</li> <li>Abuse</li> <li>Legal</li> <li>Relationships</li> </ul>	KEPRO 777 East Park Dr. Harrisburg, PA 17111  company code: <b>southdakota</b> 24 hours a day, 7 days a week	<a href="http://www.EAPHelplink.com">www.EAPHelplink.com</a>  1.800.713.6288
<b>South Dakota Retirement System</b>			
<ul style="list-style-type: none"> <li>Retirement Planning</li> <li>Supplemental Retirement Planning</li> <li>Career &amp; Financial Planning Workshops</li> </ul>	South Dakota Retirement System P.O. Box 1098 Pierre, SD 57501	<a href="https://sdrs.sd.gov/contact.aspx">https://sdrs.sd.gov/contact.aspx</a>	605.773.3731, 1.888.605.7377