

Important Benefits Reminders

- Benefits begin on the first of the month after your hire date. For example, if you are hired on July 15, 2024, your benefits become effective on August 1, 2024. If you enroll for your benefits after your benefits effective date, additional premium deductions may need to be taken for your elected benefits.
- You must 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 default to the Washington High Deductible Health Plan with employee-only coverage and an optional Health Savings Account, if eligible. Additionally, if you do not complete your new hire enrollment, you will not be able to make any changes to your benefits unless you experience a qualifying life event, or during the next Open Enrollment period in May 2025.
- It's important to also note that if you are adding a spouse and any eligible dependents, you will need to submit verification of their eligibility with your electronic enrollment within the 30-day enrollment period. Examples of acceptable proof of eligibility include a certified marriage certificate and/or certified birth certificates. Your enrollment elections cannot be finalized until verification is received. Please visit the New Employee Enrollment Page for more details: <https://bhr.sd.gov/benefits/new-employee/>
- **Please keep in mind that once you make your elections and they are finalized, you cannot make any changes to your benefits except as outlined above.**
- You will receive an email with enrollment instructions from noreply-cloudnotification@infor.com. You will continue to receive daily emails until you have submitted your enrollment elections.
- The benefits plan year mirrors the state's fiscal year. The plan year begins on July 1 and ends on June 30 of the following year. Therefore, deductibles and out-of-pocket maximums for elected benefits reset on July 1 of each plan year.
- Health Plan options include:
 - » The Washington Plan (\$5,750 deductible for single coverage, \$11,500 for family coverage)
 - » The Lincoln Plan (\$3,500 deductible for single coverage, \$7,000 for family coverage)
 - » The Jefferson Plan (\$1,750 deductible for single coverage, \$3,500 for family coverage)
 - » The Roosevelt Plan (Zero-deductible plan)
 - » Opt-Out with a proof of other creditable coverage.
- The Washington and Lincoln plans are high deductible health plans, and therefore compatible with a Health Savings Account (HSA): <https://bhr.sd.gov/benefits/HSA-FSA-HRA/HSA/>
- The Jefferson and Roosevelt plans are not compatible with an HSA per IRS regulations. However, you may elect a Flexible Spending Account (FSA) when selecting one of these plans: <https://bhr.sd.gov/benefits/HSA-FSA-HRA/FSA/>
- A complete breakdown of these plans is available at <https://bhr.sd.gov/benefits/health-plans/options/> or in the FY25Benefits Guide: <https://bhr.sd.gov/benefitsguide.pdf>.
- You can receive certain Preventive Therapy medications at a reduced cost or even no cost. To compare prescriptions, please visit <https://bhr.sd.gov/benefits/HealthPharmacyGuide.pdf>.
- Dependent children may be covered up to age 26 and continue from 26 to 29 with full-time student status verification. Dependent children who are enrolled in benefits prior to age 26, and are deemed legally disabled, may stay on your benefits until they are no longer deemed disabled, or until you terminate employment or are no longer benefit-eligible.
- You can change your Supplemental Life Insurance amount at any time during the plan year, but if it's outside of your 30-day new hire enrollment period, you will need to submit an Evidence of Insurability Form to MetLife. For more information, please see <https://bhr.sd.gov/benefitsguide.pdf>.
- If you are enrolled in one of the High Deductible Health Plans and choose to contribute pre-tax dollars to a Health Savings Account (HSA), you can change the contribution at any time during the year.

- **New Hire Contribution** – New employees who enroll in a health plan will receive an initial contribution to offset out-of-pocket expenses during the plan year based on the plan selected. Low Deductible Health Plans receive reimbursement of up to \$500 in a Health Reimbursement Account (HRA). High Deductible Health Plans receive the State contribution of \$500 into a Health Savings Account (HSA) if eligible based on IRS requirements. Employees who do not qualify for the HSA can choose one of the Low Deductible Health Plans and receive the HRA or choose a High Deductible Health Plan and decline the HSA.

- **The LiveWellSD Program** is an important and valuable part of your benefits package. All benefit eligible employees and covered spouses have access to the **LiveWellSD Portal** at no cost. This includes healthy lifestyle coaching, daily habit tracking, individual and team challenges, and much more.
 - » Earn Well-Being Rewards: Employees can earn incentive dollars by completing the Online Health Assessment and the Annual Wellness Exam. Both the employee and their covered spouse must complete these qualifications to earn the reward. Reward payout will be based on the plan the employee is enrolled in as of July 1, 2025.
 - Employee – \$500
 - Employee plus Spouse – \$750
 - Employee plus Child(ren) – \$750
 - Employee plus Family – \$1,000
 - » The reward will be a state contribution to a Health Reimbursement Account (HRA) or a Health Savings Account (HSA), depending on the health plan you choose in May 2026.
 - » The reward is subject to change at the State’s discretion.
 - » The employee is responsible for checking their reward status prior to the April 1, 2025 deadline.
 - » The reward status displayed on your LiveWellSD Portal on April 1, 2025, is the reward you will receive. New Employees will have access to the LiveWellSD portal within one week of their benefits being finalized.
 - » For more information about the qualifications and reward, please visit <https://bhr.sd.gov/benefits/livewellsd/>.

- **The Employee Assistance Program (EAP)** provides no-cost, confidential solutions to life’s challenges. It can provide you, your eligible dependents, and household members with a wide array of resources to help manage personal challenges, and includes counseling services, financial and legal advice, work/life balance issues, as well as resources for personal and professional development. For more information, go to: <https://bhr.sd.gov/benefits/eap/>.

If you have questions or concerns, please feel free to contact the South Dakota State Employee Benefits Program by calling 605.773.3148 or by emailing benefitswebsite@state.sd.us.

STATE OF SOUTH DAKOTA EMPLOYEE BENEFITS OVERVIEW FY25

BENEFITS	WHO IS ELIGIBLE*	WHO PAYS	WHEN YOU ARE ELIGIBLE	WHAT YOU RECEIVE
Health Insurance and Flexible Benefits				
HEALTH PLAN (Wellmark BCBS)	Benefitted employees, eligible spouse, and dependents.	State pays 100% of Employee cost for Washington Plan. Employee pays cost-share to buy up coverage for Lincoln, Jefferson, and Roosevelt Plans. Employee pays additional premium for spouse and dependent contributions.	First of the month following date of hire.	Health and prescription insurance coverage through State of South Dakota. Four Plans to choose from (deductibles): Washington (\$5,750 single/\$11,500 family) Lincoln (\$3,500 single/\$7,000 family) Jefferson (\$1,750 single/\$3,500 family) Roosevelt (\$0 single/family)
DENTAL CARE PLAN (Delta Dental)	Benefitted employees, eligible spouse, and dependents.	Employee (State pays \$25.32 per month cost share)	First of the month following date of hire.	Choice of two plan options: Base Plan or Enhanced Plan.
VISION CARE PLAN (EyeMed)	Benefitted employees, eligible spouse, and dependents.	Employee	First of the month following date of hire.	The vision plan is based on co-pays and set payment amounts.
ACCIDENT, HOSPITAL INDEMNITY, AND CRITICAL ILLNESS (MetLife)	Benefitted employees, eligible spouse, and dependents.	Employee	First of the month following date of hire.	Accident: A fixed-dollar benefit for a variety of injuries, services, and treatments resulting from accidental injury. Hospital Indemnity: A daily benefit per person per day when authorized hospitalization occurs. Critical Illness: A lump-sum dollar benefit in the event of diagnosis of a covered critical illness.
SHORT-TERM DISABILITY (MetLife)	Benefitted employees.	Employee	Six months after initial enrollment.	A benefit up to \$1,200 per week not to exceed 70% of your weekly salary. Employee only coverage.
FLEXIBLE SPENDING ACCOUNTS	Benefitted employees.	Employee	First of the month following date of hire.	Allows employees to pay for out-of-pocket health care, dental, vision, and pharmacy expenses for their eligible dependents and/or dependent care expenses with pre-tax dollars. Must elect combo FSA when combined with a high deductible health plan.
HEALTH SAVING ACCOUNT (HSA)	Benefitted employees on the High Deductible Health Plans and who are eligible to participate in an HSA per IRS guidelines.	State and employees can make contributions. New Hires who enroll in a HDHP will receive a \$500 contribution from the State.	First of the month following 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.
HEALTH REIMBURSEMENT ACCOUNT (HRA)	Benefitted employees on the Low Deductible Health Plans.	State only can make contributions. New hires who enroll in a LDHP will receive a \$500 contribution from the State.	First of the month following date of hire or date of the corresponding pay period.	Allows employees on the Low Deductible Health Plan to be reimbursed for out-of-pocket health care, dental, vision, and pharmacy expenses. *Must elect combo HRA when combined with a high deductible health plan.
Life Insurance				
BASIC LIFE and AD&D COVERAGE (MetLife)	Benefitted employees.	State	First of the month following date of hire.	\$25,000. Benefits are doubled when accidental death occurs; dismemberment benefits are paid per a fixed schedule.
SUPPLEMENTAL LIFE COVERAGE & ACCIDENTAL DEATH & DISMEMBERMENT (MetLife)	Benefitted employees.	Employee	First of the month following date of hire.	1-to-7 times employee's basic annual salary up to \$1,000,000 maximum. (Coverage for part-time employees is based on part-time annual salary) Benefits are doubled when accidental death occurs; dismemberment benefits are paid per a fixed schedule.

STATE OF SOUTH DAKOTA EMPLOYEE BENEFITS OVERVIEW FY25

BENEFITS	WHO IS ELIGIBLE*	WHO PAYS	WHEN YOU ARE ELIGIBLE	WHAT YOU RECEIVE
Life Insurance				
DEPENDENT LIFE and AD&D COVERAGE (MetLife)	Benefitted employees, eligible spouse, and dependents.	Employee	First of the month following date of hire.	\$10,000 coverage for each eligible dependent. Benefits are doubled when accidental death occurs; dismemberment benefits are paid per a fixed schedule.
LONG TERM CARE (Unum)	Benefitted employees who have Supplemental Life/AD&D coverage with MetLife	Employee	First of the month following date of hire.	\$1,500 monthly benefit for a two year duration (Employee has opportunity to buy up to a different plan during initial enrollment period or mid-year by completing an underwriting process)**
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.
Retirement				
RETIREMENT	Benefitted employees [permanent, full-time (Part time 20+ hours)]	Employee plus state match.	Upon employment – Vested after three years of contributory service.	Employee is required to contribute 6-8% of compensation, depending on their division, matched by employer. Lifetime retirement benefits at retirement age. (Portable.)
LONG TERM DISABILITY	Benefitted employees [permanent, full-time (Part 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	Benefitted employees [permanent, full-time (part time 20+ hours)]	Employee	All eligible employees will be auto-matically enrolled to contribute \$25 per month, however, may opt-out of participation.	457(b) retirement savings account. Contribute on a pre-tax or after-tax (Roth) basis.
Paid Time Off				
VACATION LEAVE	Benefitted employees [permanent, full-time (Part 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 separation if qualify).
SICK LEAVE	Benefitted employees [permanent, full-time (Part 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 separation after seven-consecutive years of service up to 480 hours).
PAID FAMILY LEAVE (2023)	Benefitted employees [permanent, full-time (Part time 20+ hours)]	State	Available for use after six months of employment.	Up to 40 hours a week for up to 12 weeks for the birth or placement of a child for adoption.
PAID FAMILY MEDICAL LEAVE	Benefitted employees [permanent, full-time (Part time 20+ hours)]	State	Qualify for FMLA and have 80 hours or less of sick leave.	100% pay for up to 12 weeks.
MILITARY TRAINING LEAVE	Benefitted employees [permanent, full-time (Part time 20+ hours)]	State	Begins upon employment; available after one pay period.	15 days (120 Hours) per calendar year.
MILITARY SERVICE LEAVE	Benefitted employees [permanent, full-time (Part time 20+ hours)]	State	Begins as sick leave is available.	Up to 40 hours of accumulated sick leave annually for any military-related service as a member of the military reserve or national guard.
HOLIDAYS	Benefitted employees [permanent, full-time (Part time 20+ hours)]	State	Upon employment.	Eleven holidays recognized by the State; eight hours or your scheduled hours per holiday (prorated based on hours worked, if less than full-time).

***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 because of a marriage that is legally recognized in South Dakota is eligible to be covered on the plan. The spouse in a common-law marriage is not eligible to be covered on the plan.

Dependent – Means the following:

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 the applicable premium is paid;
- b) Not in military service; or
- c) An unmarried child who is deemed disabled. The disability must have existed before the child turned age 26 or while the child was a full-time student under age 29.

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 31 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.

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	\$13.76	\$27.52	\$51.89	\$103.72	\$67.20	\$134.40
Employee + spouse*		\$54.46	\$108.92	\$85.27	\$170.54	\$167.61	\$335.22	\$201.80	\$403.60
Employee + child(ren)*		\$22.61	\$45.22	\$43.40	\$86.80	\$99.54	\$199.08	\$122.57	\$245.14
Family*		\$65.97	\$131.94	\$103.32	\$206.64	\$205.06	\$401.15	\$246.96	\$493.92
YOUR IN-NETWORK COST SHARE									
Deductible	Medical	\$5,750 single \$11,500 family		\$3,500 single \$7,000 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 \$5,750 single \$11,500 family		\$6,600 single \$13,000 family		\$4,500 single \$9,000 family		\$5,000 single \$10,000 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)		\$55 (30-day supply) \$137.50 (90-day supply)		\$65 (30-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)		\$75 (30-day supply) \$187.50 (90-day supply)		\$150 (30-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 (Managed by PrudentRX)		\$300 (Managed by Prudent RX)	
	Non-preferred specialty	Preventive list: \$110 All other drugs: Deductible		Preventive list: \$110 All other drugs: Deductible then coinsurance		\$110		\$450	
	Pharmacy durable medical	Deductible		Deductible then 25% coinsurance		30% coinsurance		\$60	

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.

Contacts

South Dakota State Employee Benefits	Bureau of Human Resources 500 E. Capitol Avenue Pierre, SD 57501	benefitswebsite@state.sd.us bhr.sd.gov/benefits/	605.773.3148
Wellmark Blue Cross and Blue Shield <i>Health and prescription drug insurance, and the Wellmark Care Team</i>	Wellmark of South Dakota 1601 W. Madison Street Sioux Falls, SD 57104	wellmark.com	800.846.9183
LiveWellSD <i>Health screening, health assessment, incentive, and resources</i>		bhr.sd.gov/livewellsd/ Wellness At My Side mobile app Connection code: <i>southdakota</i>	800.721.2749
Delta Dental <i>Dental insurance</i>	Delta Dental PO Box 1157 Pierre, SD 57501	deltadentalsd.com	877.841.1478
EyeMed <i>Vision insurance</i>	EyeMed 4000 Luxottica Place Mason, OH 45050	member.eyemedvisioncare.com/sosden	888.626.6334
WEX <i>HSAs, FSAs, HRAs and COBRA</i>	WEX PO Box 2926 Fargo, ND 58108	customerservice@wexhealth.com wexinc.com	866.451.3399 Fax: 866.451.3245
MetLife <i>Accident, hospital indemnity, short-term disability, basic life, supplemental life, and AD&D insurances</i>	MetLife 200 Park Ave New York, NY 10166	metlife.com/southdakota	800.GET.MET8 800.438.6388
Employee Assistance Program (EAP) <i>Support for personal and work-related issues</i>		guidanceresources.com WebID: <i>southdakota</i> GuidanceNow mobile app WebID: <i>southdakota</i>	833.955.3403
Unum <i>Long-term care insurance</i>	Risty Benefits 1324 S. Minnesota Avenue Sioux Falls, SD 57105	help@ristybenefits.com	866.237.9411
South Dakota Retirement System	South Dakota Retirement System P.O. Box 1098 Pierre, SD 57501	www.sd.gov/sdrs	888.605.SDRS 605.773.3731
Help Quitting Tobacco		sdquitline.com	866.SD.QUITS 866.737.8487