

FY19 Health Plan Contributions

If you enroll your spouse and/or dependents in one of the Health Plans, contributions are deducted on a pretax basis. The chart below shows the State Employee Health Plan contributions for FY19.

Coverage Level	24 PAY PERIODS		12 PAY PERIODS BOARD OF REGENTS EMPLOYEES	
	Low Deductible Health Plan Contributions ¹	High Deductible Health Plan with HSA Contributions ¹	Low Deductible Health Plan Contributions ³	High Deductible Health Plan with HSA Contributions ³
Employee	N/A	N/A	N/A	N/A
Employee and 1 Child	\$43.42	\$6.71	\$86.84	\$13.42
Employee and 2 Children	\$79.33	\$13.40	\$158.66	\$26.80
Employee and 3 or more Children	\$101.33	\$20.08	\$202.66	\$40.16
Employee and Spouse (Spouse Age as of July 1, 2018)²				
< 30	\$54.14	\$13.95	\$108.28	\$27.90
30 to 39	\$69.52	\$22.07	\$139.04	\$44.14
40 to 44	\$86.09	\$31.67	\$172.18	\$63.34
45 to 49	\$102.40	\$42.13	\$204.80	\$84.26
50 to 54	\$124.36	\$56.97	\$248.72	\$113.94
55 to 59	\$149.76	\$72.96	\$299.52	\$145.92
60 +	\$171.81	\$83.52	\$343.62	\$167.04
Employee and Spouse and 1 Child (Spouse Age as of July 1, 2018)²				
< 30	\$91.73	\$20.30	\$183.46	\$40.60
30 to 39	\$107.61	\$28.70	\$215.22	\$57.40
40 to 44	\$124.48	\$38.30	\$248.96	\$76.60
45 to 49	\$140.95	\$48.80	\$281.90	\$97.60
50 to 54	\$161.43	\$63.60	\$322.86	\$127.20
55 to 59	\$187.24	\$79.60	\$374.48	\$159.20
60 +	\$210.40	\$90.20	\$420.80	\$180.40
Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2018)²				
< 30	\$128.94	\$27.00	\$257.88	\$54.00
30 to 39	\$145.88	\$35.40	\$291.76	\$70.80
40 to 44	\$162.75	\$45.00	\$325.50	\$90.00
45 to 49	\$179.20	\$55.50	\$358.40	\$111.00
50 to 54	\$199.68	\$70.30	\$399.36	\$140.60
55 to 59	\$225.51	\$86.30	\$451.02	\$172.60
60 +	\$248.67	\$96.90	\$497.34	\$193.80
¹ \$30 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products.	² For Family Status Changes or new hires during the plan year, current age determines the contribution rate.		³ \$60 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products.	

FY19 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 FY19				
Plan Details	Low Deductible Health Plan		High Deductible Health Plan with HSA	
	Network Provider ¹	Out-of-Network Provider	Network Provider ¹	Out-of-Network Provider
Eligible Preventive Services ²	Covered at 100%	Not covered ³	Covered at 100%	Not covered ³
Plan Year Deductible	<ul style="list-style-type: none"> • \$1,000 per person • \$2,500 per family of three or more ⁴ 	<ul style="list-style-type: none"> • \$2,000 per person • \$5,000 per family of three or more 	<ul style="list-style-type: none"> • \$2,000 single coverage • \$4,000 family coverage per family of two or more 	<ul style="list-style-type: none"> • \$4,000 single coverage • \$8,000 family coverage per family of two or more
			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"> • Emergency Room: \$250 • Does not count toward your deductible but does count toward your out-of-pocket maximum. 		N/A	
Coinsurance	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35% 	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35%
Plan Year Out-of-Pocket Maximum (includes deductible)	<ul style="list-style-type: none"> • \$4,100 per person • \$8,625 per family of three or more 	<ul style="list-style-type: none"> • \$7,700 per person • \$16,750 per family of three or more 	<ul style="list-style-type: none"> • \$5,000 single coverage or any one family member • \$9,525 family coverage per family of two or more 	<ul style="list-style-type: none"> • \$8,600 single coverage or any one family member • \$17,650 family coverage per family of two or more
Employer Health Savings Account Contribution	N/A		<ul style="list-style-type: none"> • \$250 for single coverage • \$500 for family coverage • These amounts are doubled if member and covered spouse, if applicable, completed wellness qualifications by March 31, 2018. 	
Prescription Drugs				
Deductible	\$100 per person	\$100 per person	<ul style="list-style-type: none"> • Included in Plan Year Deductible • Preventive therapy medications may be available at a lower cost. You can find the list at https://benefits.sd.gov/forms.aspx 	
Pharmacy Out-of-Pocket Maximum	<ul style="list-style-type: none"> • \$1,000 per person • \$2,500 per family of three or more 		Included in Plan Year Out-of-Pocket Maximum	

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

²To view eligible preventive care services, visit <https://benefits.sd.gov/preventivecare.aspx>.

³When a covered 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 member utilizes a non-PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the member's responsibility to pay.

⁴Family deductible must be satisfied by three or more covered members.