

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN
FY2011 PLAN YEAR**

Active Employees - Semi-Monthly Premium Rates				
DEDUCTIBLE		\$300 Ded. Copay	\$1,000 Ded.	\$2,000 Ded. HSA
EMPLOYEE		N/A	N/A	N/A
EMPLOYEE AND 1 CHILD		\$41.35	\$26.31	\$6.39
EMPLOYEE AND 2 CHILDREN		\$75.55	\$48.69	\$22.62
EMPLOYEE AND 3+ CHILDREN		\$96.50	\$59.98	\$30.80
<u>SPOUSE'S AGE as of July 1, 2010</u> (for changes during the plan year, current age determines rate)				
EMPLOYEE AND SPOUSE	<30	\$51.56	\$35.83	\$13.29
	30-39	\$66.21	\$46.48	\$21.02
	40-44	\$81.99	\$59.09	\$30.16
	45-49	\$97.52	\$72.83	\$40.12
	50-54	\$118.44	\$92.35	\$54.26
	55-59	\$142.63	\$113.34	\$69.49
	60+	\$163.63	\$127.21	\$79.54
EMPLOYEE, SPOUSE AND CHILD	<30	\$87.36	\$60.56	\$31.23
	30-39	\$102.49	\$70.14	\$38.17
	40-44	\$118.55	\$82.93	\$47.44
	45-49	\$134.24	\$96.31	\$57.14
	50-54	\$153.74	\$115.46	\$71.02
	55-59	\$178.32	\$136.43	\$86.23
	60+	\$200.38	\$150.31	\$96.29
EMPLOYEE, SPOUSE AND 2+ CHILDREN	<30	\$122.80	\$80.76	\$45.86
	30-39	\$138.93	\$91.94	\$53.97
	40-44	\$155.00	\$104.33	\$62.96
	45-49	\$170.67	\$118.36	\$73.12
	50-54	\$190.17	\$137.84	\$87.24
	55-59	\$214.77	\$158.85	\$102.48
	60+	\$236.83	\$172.71	\$112.53

NOTE: Contributions for employee and spouse coverage will increase \$30.00 per person per pay period if you and/or your covered spouse use tobacco.

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN
FY2011 PLAN YEAR**

Active Employees - Monthly Premium Rates				
DEDUCTIBLE		\$300 Ded. Copay	\$1,000 Ded.	\$2,000 Ded. HSA
EMPLOYEE		N/A	N/A	N/A
EMPLOYEE AND 1 CHILD		\$82.70	\$52.62	\$12.78
EMPLOYEE AND 2 CHILDREN		\$151.10	\$97.38	\$45.24
EMPLOYEE AND 3+ CHILDREN		\$193.00	\$119.96	\$61.60
<u>SPOUSE'S AGE as of July 1, 2010</u> (for changes during the plan year, current age determines rate)				
EMPLOYEE AND SPOUSE	<30	\$103.12	\$71.66	\$26.58
	30-39	\$132.42	\$92.96	\$42.04
	40-44	\$163.98	\$118.18	\$60.32
	45-49	\$195.04	\$145.66	\$80.24
	50-54	\$236.88	\$184.70	\$108.52
	55-59	\$285.26	\$226.68	\$138.98
	60+	\$327.26	\$254.42	\$159.08
EMPLOYEE, SPOUSE AND CHILD	<30	\$174.72	\$121.12	\$62.46
	30-39	\$204.98	\$140.28	\$76.34
	40-44	\$237.10	\$165.86	\$94.88
	45-49	\$268.48	\$192.62	\$114.28
	50-54	\$307.48	\$230.92	\$142.04
	55-59	\$356.64	\$272.86	\$172.46
	60+	\$400.76	\$300.62	\$192.58
EMPLOYEE, SPOUSE AND 2+ CHILDREN	<30	\$245.60	\$161.52	\$91.72
	30-39	\$277.86	\$183.88	\$107.94
	40-44	\$310.00	\$208.66	\$125.92
	45-49	\$341.34	\$236.72	\$146.24
	50-54	\$380.34	\$275.68	\$174.48
	55-59	\$429.54	\$317.70	\$204.96
	60+	\$473.66	\$345.42	\$225.06

NOTE: Contributions for employee and spouse coverage will increase \$60.00 per person per month if you and/or your covered spouse use tobacco.

FY2011 FLEXIBLE BENEFITS PREMIUM RATES - Active Employees

DENTAL PLAN

<u>Coverage</u>	<u>24 Pay Periods</u>		<u>12 Pay Periods</u>	
	<u>Base Plan</u>	<u>Enhanced Plan</u>	<u>Base Plan</u>	<u>Enhanced Plan</u>
Employee	\$9.80	\$15.75	\$19.60	\$31.50
Employee / 1 Dependent	\$14.66	\$23.70	\$29.32	\$47.40
Employee / 2 Dependents	\$23.28	\$31.30	\$46.56	\$62.60
Employee / 3 or More Dependents	\$27.96	\$45.00	\$55.92	\$90.00

VISION PLAN

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$6.07	\$12.14
Employee / 1 Dependent	\$7.81	\$15.62
Employee / 2 Dependents	\$10.72	\$21.44
Employee / 3 or More Dependents	\$14.85	\$29.70

MAJOR INJURY PROTECTION PLAN

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$2.99	\$5.98
Employee / 1 Dependent	\$3.23	\$6.46
Employee / 2 Dependents	\$4.84	\$9.68
Employee / 3 or More Dependents	\$7.57	\$15.14

HOSPITAL INDEMNITY PLAN

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$5.46	\$10.92
Employee / 1 Dependent	\$5.63	\$11.26
Employee / 2 Dependents	\$9.67	\$19.34
Employee / 3 or More Dependents	\$14.97	\$29.94

SHORT TERM DISABILITY INCOME PROTECTION PLAN

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee Only	\$5.70	\$11.40

**FY2011 SUPPLEMENTAL LIFE PREMIUM RATES - Active Employees
PER \$1000 OF COVERAGE**

<u>AGE GROUP</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Less than 30	\$0.025	\$0.05
30 to 34	\$0.025	\$0.05
35 to 39	\$0.040	\$0.08
40 to 44	\$0.060	\$0.12
45 to 49	\$0.075	\$0.15
50 to 54	\$0.125	\$0.25
55 to 59	\$0.140	\$0.28
60 to 64	\$0.230	\$0.46
65 to 69	\$0.515	\$1.03
70+	\$0.995	\$1.99

**FY2011 DEPENDENT LIFE PREMIUM RATES - Active Employees
\$10,000 COVERAGE**

<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
\$1.05	\$2.09