LATITUDE WELLNESS AND PREVENTION

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The State of South Dakota offers Latitude, a free wellness and prevention program, to all Members regardless of Health Plan.

Health is a deeply personal issue and not easily shared with an employer or even a health plan advocate, but positive lifestyle or attitude changes are an important part of good health. Health Management Partners (HMP) is working with the State to provide Latitude Wellness Programs.

As an employer, our responsibilities include:
- Offering wellness and prevention programs
- Engaging employees
- Personalizing wellness program options
- Supporting behavior changes

As an employee, your responsibilities include:
- Participating in Latitude Programs
- Setting personal goals
- Improving healthy behaviors

South Dakota State Employee Health Plan Members who may enroll in Latitude programs include:
- Employees
- Covered spouses of Employees
- Retirees and their covered spouses under the age of 65
- COBRA members and their covered spouses
- Dependent Children (Asthma and Diabetes Condition Management only)

Join us in taking the little steps that can make a big difference in your life and in your benefits.

HEALTH SCREENINGS

Completing a Health Screening is one requirement of the lowest deductible plan in FY15 which must be completed during FY14. The Health Screening is a face to face appointment to assess your biometric measurements. Health Screenings are scheduled from July 1 to December 31, in various locations across the state.

To Register for a Health Screening:
- Go to latitude.hmpsd.com
- Enter your DAKOTACARE ID # (9 digits) + the two digit number before your name (written as 01, 02, etc.) in the user name box.
- Enter your birth date (YYYYMMDD) in the password box.
- Choose your location, appointment date, and time.

Your Health Screening includes:
- Cholesterol (Total, HDL, LDL, Triglycerides, TC/HDL Ratio)
- Blood Pressure
- HbA1C
- Body Mass Index
The annual Health Screenings are offered to Members at no charge. You may locate more program information by visiting http://benefits.sd.gov, clicking Active or Retiree/COBRA, scrolling over Latitude, and clicking Health Screening.

**LATITUDE PROGRAMS**

Participating in a Latitude Program is one requirement of the lowest deductible plan in FY15 which must be completed during FY14. Detailed information about Latitude Programs will be available in Fall of FY14.

**HEALTH ASSESSMENT**

Completing a Health Assessment is one requirement of the lowest deductible plan in FY15 which must be completed during FY14. The online Health Assessment is available between January 1 to March 31.

The Health Assessment is confidential and takes about 15 minutes to complete.

**To complete the Health Assessment:**

- Enter your DAKOTACARE ID # (9 digits) + the two digit number before your name (written as 01, 02, etc.) in the user name box.
- Enter your birth date (YYYYMMDD) in the password box.

Based on your responses, you receive a personalized report of your current health with tips on how to prevent or reduce your individual health risks for diabetes, cardiovascular disease, and other conditions.

**HEALTH ADVISING**

Upon completing your Health Assessment, a Health Advisor will contact you to share insight about your Health Assessment results and may invite you to participate in Lifestyle Coaching, a health improvement program. If you choose to participate, a personal coach will contact you regularly.
CONDITION MANAGEMENT

Five programs are available to Members with chronic health conditions.

- **Asthma**
- **Pain**
- **Diabetes**
- **Cardiovascular**
- **Kidney Care**

**Asthma Condition Management Program**

The Asthma program is designed to prevent hospital admissions by promoting self-management skills and adherence to treatment guidelines. This program has four focus areas including:

- Education to enhance understanding and compliance
- Benefits of exercise
- Symptom Management
- Tobacco cessation

Respiratory Therapists will provide coaching for members in the following areas:

- Medication comprehension and compliance
- Symptom management to prevent exacerbations
- Proper use and maintenance of respiratory equipment
- Identify early warning signs and develop action plan
- Reinforce and practice breathing exercises and improve exercise tolerance
- Identify triggers and develop coping strategies
- Break away from tobacco dependency with one-on-one support

The Asthma program is offered via telephonic coaching and education materials (mailed and online). Members who opt to participate in telephonic coaching are considered “engaged” members and receive additional program incentives.

**Program Incentives:**
As an engaged member, your program incentives are determined by your risk stratification level.

**Stratification Levels:**

**High Risk: Level 3**
- 2 Telephonic coaching calls per month
- 1 “Asthma only” office visit per plan year
- Educational Material available when appropriate
- 1 Replacement spacer per plan year for better concentration of the medication and administration
- 1 Peak Flow Meter per member for self-monitoring of the asthmatic condition

**Medium Risk: Level 2**
- 1 telephonic coaching call per month
- 1 “Asthma only” office visit per plan year
- Educational Material available when appropriate
- 1 Replacement spacer per plan year for better concentration of the medication and administration
- 1 Peak Flow Meter per member for self-monitoring of the asthmatic condition

**Low Risk: Level 1**
- 4 telephonic coaching calls per year
- 1 “asthma only” office visit per plan year
- Educational Material available when appropriate
- 1 Replacement spacer per plan year for better concentration of the medication and administration
- 1 Peak Flow Meter per member for self-monitoring of the asthmatic condition

**Very Low Risk: Level 0**
- 1 telephonic coaching call per year
- Educational Material available when appropriate

**Stratification:**

Members are stratified based on the results of a complete assessment of their health, which involves determining the clinical risk of the member with their diagnosis (either primary or co-morbidities), their health literacy or knowledge of their diagnosis/condition, and their readiness to change. The stratification level may change as member needs and clinical status changes.

**Program Incentives CPT Codes:**

The following will be paid at 100% when provided by an in-network provider:
- Asthma only office visit. Office visit must have one of the following-CPT codes:
  - 99201-99205
  - 99211-99215
  - 99241-99245
  - 99381-99404
- The diagnosis code below must be used.
  - 496
  - 493.XX
  - V82.9

Additional Condition Management information is available at the following website addresses:

**Members**
http://benefits.sd.gov, click Active Employee, scroll over Latitude, and click Condition Management.

**Providers**
http://benefits.sd.gov, click Active Employee, scroll over Latitude, and click Condition Management.

**Contact Information:**
Call 877.573.7347, option 5 for Health Management Partners, and then option 4 for Condition Management.
Pain Condition Management

The Pain program is designed to promote recovery from chronic pain and prevent future chronic pain issues. This program focuses on following areas:

- Symptom specific education
- Proper instruction for endurance, strength, and flexibility
- Assessment and optimization of body mechanics and posture
- Alternative measures

A health coach will provide coaching for members in the following areas:

- Injury/re-injury prevention education
- Appropriate pain management strategies
- Personalized stretching and strengthening plans
- Reinforcement of therapy goals and instructions
- Goal-setting and recovery planning
- Stress management and relaxation techniques
- Medication review
- Review of occupational workstation ergonomics

The Pain program is offered via telephonic coaching and education materials (mailed and online). Members who opt to participate in telephonic coaching are considered “engaged” members and receive additional program incentives.

Program Incentives:
As an engaged member, your program incentives are determined by your risk stratification level.

High Risk: Level 3
- Two telephonic coaching calls per month
- One office visit per plan year with a pain specialist
- Up to 2 Physical Therapy visits per plan year to promote a home program compliance
- Educational material available when appropriate

Medium Risk: Level 2
- Monthly telephonic coaching calls per month
- One office visit per plan year with a pain specialist
- Up to 2 Physical Therapy visits per plan year to promote a home program compliance
- Educational material available when appropriate

Low Risk: Level 1
- Four telephonic coaching calls per year
- Up to 2 Physical Therapy visits per plan year to promote a home program compliance
- Educational material available when appropriate

Very Low Risk: Level 0
- One telephonic coaching call per year
- Educational material available when appropriate
Stratification:

Members are stratified based on the results of a complete assessment of their health, which involves determining the clinical risk of the member with their diagnosis (either primary or co-morbidities), their health literacy or knowledge of their diagnosis/condition, and their readiness to change. The stratification level may change as member needs and clinical status changes.

Program Incentive CPT Codes:

The Pain Management program is specific to the condition the member presents. Due to the varied nature of the conditions that may fall under this program, the member’s Health Coach, in collaboration with the HMP Clinical Management will determine the medical appropriateness of a Certified Pain Specialist appointment. This will be based upon the member’s presented condition or diagnosis. The Health Coach will assist in coordinating and completing the pre-authorization prior to the Pain Specialists and/or Physical Therapy appointments.

Preauthorization of the services will be required. Incentives include:

- 1 visit to a pain specialist, office visit CPT codes 99201-99215 will be considered eligible for benefit. Any additional services such as x-ray, scans, lab work will be considered under the provisions of the member’s health plan at their regular plan benefits.

- Up to 2 Physical Therapy visits that will educate the member on home therapy programs, eligible CPT codes are:
  - 97110
  - 97535
  - 97530

Additional Condition Management information is available at the following website addresses:

Members

- [http://benefits.sd.gov](http://benefits.sd.gov), click Active Employee, scroll over Latitude, and click Condition Management.

Providers

- [http://benefits.sd.gov](http://benefits.sd.gov), click Active Employee, scroll over Latitude, and click Condition Management.

Contact Information

- Call 877.573.7347, option 5 for Health Management Partners, and then option 4 for Condition Management.

Diabetes Condition Management

The Diabetes Program is designed to improve self-management skills and promote adherence to treatment guidelines to reduce the risk of diabetes-related complications. This program has four focus areas including:

- Education to enhance understanding and compliance
- Benefits of exercise
- Nutrition counseling
- Tobacco cessation
A Health Coach will provide coaching for members in the following areas:

- Medication comprehension and compliance
- Optimizing physical activity levels to meet recommended guidelines
- Nutrition counseling for carbohydrate counting and weight management
- Blood pressure and cholesterol management
- Self blood glucose monitoring and recognizing signs of low and high blood glucose levels
- Break away from tobacco dependency with one-on-one support

The Diabetes program is offered via telephonic coaching and education materials (mailed and online). Members who opt to participate in telephonic coaching are considered “engaged” members and receive additional program incentives.

**Program Incentives:**
As an engaged member, your program incentives are determined by your risk stratification level.

**High Risk: Level 3**
- Two telephonic coaching calls per month
- Up to 3 office visits per plan year
- Up to 3 HbgA1C per plan year
- Up to 2 Lipid profile per plan year
- Up to 3 Visits to a Registered Dietician per plan year
- 1 Urine for protein/creatinine
- 2 Comprehensive Metabolic Panels (includes a fasting blood sugar & Serum Creatinine) per plan year
- 1 Foot exam by medical doctor per plan year
- 1 Retinal exam per plan year
- Educational material available when appropriate

**Medium Risk: Level 2**
- 1 telephonic coaching call per month
- Up to 2 office visits per plan year
- Up to 2 HbgA1C per plan year
- Up to 2 Lipid profile per plan year
- Up to 2 Comprehensive Metabolic Panels (includes a fasting blood sugar & Serum Creatinine) per plan year
- Up to 2 Visits to a Registered Dietician per plan year
- 1 Urine for protein/creatinine per plan year
- 1 Foot exam by medical doctor per plan year
- 1 Retinal exam per plan year
- Educational material available when appropriate

**Low Risk: Level 1**
- 4 telephonic coaching calls per year
- 1 office visit per plan year
- 1 HbgA1C per plan year
- 1 Lipid profile per plan year
- 1 Visit to a Registered Dietician per plan year
- 1 Comprehensive Metabolic Panel (includes fasting blood sugar & Serum Creatinine) per plan year
- 1 Urine for protein/creatinine per plan year
- 1 Foot exam by medical doctor per plan year
- 1 Retinal exam per plan year
- Educational material available when appropriate

**Very Low Risk: Level 0**
- 1 telephonic coaching call per year
- Educational material available when appropriate

**Stratification:**
Members are stratified based on the results of a complete assessment of their health, which involves determining the clinical risk of the member with their diagnosis (either primary or co-morbidities), their health literacy or knowledge of their diagnosis/condition, and their readiness to change. The stratification level may change as member needs and clinical status changes.

**Program Incentive CPT Codes:**
The following will be paid at 100% when provided by an in-network provider:
- Office visits (height, weight, and blood pressure required). Office visit must have one of the following-CPT codes:
  - 99201-99205
  - 99211-99215
  - 99241-99245
  - 99381-99404

- HbgA1C (glucose 3 month average)
  - CPT Code: 83036

- Lipid profile (cholesterol, HDL, LDL, and triglycerides)
  - CPT Codes: 80061 and/or 82465

- Comprehensive Metabolic Panel
  - CPT Codes: 80053

- Urine for protein/creatinine
  - CPT Codes: 84156 and/or 82570

- Annual retinal exam (by Physician or Optometrist)
  - CPT Codes: 92002 and/or 92004
    - 92014
    - 92012
    - 99211-99212

- One of the following diagnosis codes must be used:
  - 250.XX
  - 277.7
  - 790.21
  - 790.22
  - 790.29
  - V70.9
  - V77.1
  - V77.9
Cardiovascular Condition Management

The Cardiovascular program is designed to improve self-management skills and promote adherence to treatment guidelines in order to reduce the risk of heart attacks and hospital admissions. This program has four focus areas including:

- Education to enhance understanding and compliance
- Benefits of exercise
- Nutrition counseling
- Tobacco cessation

A health coach will provide coaching for members in the following areas:

- Medication comprehension and compliance
- Fluid and sodium restrictions as recommended by the treating physician
- Optimizing physical activity levels to meet recommended guidelines
- Healthy nutrition and weight management counseling
- Blood pressure and cholesterol management
- Self-monitoring for signs and symptoms of a cardiac event
- Break away from tobacco dependency with one-on-one support

The Cardiovascular program is offered via telephonic coaching and education materials (mailed and online). Members who opt to participate in telephonic coaching are considered “engaged” members and receive additional program incentives.

Program Incentives:
As an engaged member, your program incentives are determined by your risk stratification level.

Stratification Levels:

High Risk: Level 3
- 2 telephonic coaching calls per month
- Up to 3 office visits per plan year
- Up to 2 Lipid profile per plan year
- 1 Urine for protein/creatinine per plan year
- Up to 2 Comprehensive Metabolic Panels (includes fasting blood sugar) per plan year
• Educational material available when appropriate

**Medium Risk: Level 2**
- 1 telephonic coaching call per month per plan year
- Up to 2 office visits per plan year
- Up to 2 Lipid profile per plan year
- Educational material available when appropriate
- Up to 2 Comprehensive Metabolic Panels (includes fasting blood sugar) per plan year
- 1 Urine for protein/creatinine per plan year

**Low Risk: Level 1**
- 4 telephonic coaching calls per year
- 1 office visit per plan year
- 1 Lipid profile per plan year
- 1 Comprehensive Metabolic Panel (includes fasting blood sugar) per plan year
- 1 Urine for protein/creatinine per plan year
- Educational material available when appropriate

**Very Low Risk: Level 0**
- 1 telephonic coaching call per year
- Educational material available when appropriate

**Stratification:**
Members are stratified based on the results of a complete assessment of their health, which involves determining the clinical risk of the member with their diagnosis (either primary or co-morbidities), their health literacy or knowledge of their diagnosis/condition, and their readiness to change. The stratification level may change as member needs and clinical status changes.

**Program Incentive CPT Codes:**
The following will be paid at 100% when provided by an in-network provider:
- Office visits (height, weight, and blood pressure required). Office visit must have one of the following CPT Codes:
  - 99201-99205
  - 99211-99215
  - 99241-99245
  - 99381-99404

- Lipid profile (cholesterol, HDL, LDL, and triglycerides)
  - CPT Codes: 80061 and/or 82465

- Comprehensive Metabolic Panel
  - CPT Code 80053

  - Urine for protein/creatinine
    - CPT Codes: 84156, 82570

- One of the following diagnosis codes must be used:
  - 272.0-272.4
  - 401.XX-414.9
  - 796.2
Additional Condition Management information is available at the following website addresses:

**Members**
- [http://benefits.sd.gov](http://benefits.sd.gov), click Active Employee, scroll over Latitude, and click Condition Management.

**Providers**
- [http://benefits.sd.gov](http://benefits.sd.gov), click Active Employee, scroll over Latitude, and click Condition Management.

**Contact Information:**
- Call 877.573.7347, option 5 for Health Management Partners, and then option 4 for Condition Management.

**Kidney Care Condition Management**

The Kidney Care Program is designed to improve self-management skills and promote adherence to treatment guidelines in order to reduce the risk of hospital admissions. This program has three focus areas including the following:
- Education to enhance understanding and compliance
- Nutrition counseling
- Tobacco cessation

A health coach will provide coaching for members in the following areas:
- Medication comprehension and compliance
- Fluid and sodium restrictions as recommended by the treating physician
- Healthy nutrition and weight management counseling
- Blood pressure and cholesterol management
- Self-monitoring
- Break away from tobacco dependency with one-on-one support

The Kidney Care Conditions Management Program is offered via telephonic coaching and educational material (mailed and online). Members who choose to participate in telephonic coaching are considered “engaged” members and receive additional program incentives. The Kidney Care Program is managed by a registered nurse with a background in nephrology. The Kidney Care Conditions Manager meets with a board certified nephrologists on a weekly basis to review new members develop and review plans of care, and review incoming laboratory results. When necessary, HMP’s nephrologist will make contact with treating providers to ensure the highest level of quality care.

**Program Incentives:**
As an engaged member, your program incentives are determined by your risk stratification level.

**Stratification Levels:**

**High Risk: Level 3**
- 2 telephonic coaching calls per month
- Educational materials when appropriate
- Up to 2 Clinic appointments with a board certified nephrologist
- Up to 2 Comprehensive Metabolic Panel with Glomerular Filtration Rate (GFR)
- Up to 2 Hemoglobin and Hematocrit levels
- Up to 2 Parathyroid hormone levels
- Up to 2 Lipid Panels
- Up to 2 Phosphorous (serum) level
- Up to 2 urine for albumin and creatinine ratio or protein and creatinine ratio
- Up to 2 Urinalysis
- 1 Ultrasound within 2 years of both kidneys, bladder, aorta and blood flow to the kidneys

Medium Risk: Level 2
- 1 telephonic coaching call per month
- Educational materials when appropriate
- 2 Up to Clinic appointments with a board certified nephrologist
- Up to 2 Comprehensive Metabolic Panel with Glomerular Filtration Rate (GFR)
- Up to 2 Hemoglobin and Hematocrit levels
- Up to 2 Parathyroid hormone levels
- Up to 2 Lipid Panels
- Up to 2 Phosphorous (serum) level
- Up to 2 Urinalysis
- Up to 2 Urines for albumin and creatinine ratio or protein and creatinine ratio
- Up to 1 Ultrasound within 2 years of both kidneys, bladder, aorta and blood flow to the kidneys

Low Risk: Level 1
- 4 telephonic coaching calls per year
- Educational materials when appropriate
- Up to 1 Clinic appointment with a board certified nephrologist
- Up to 1 Comprehensive Metabolic Panel with Glomerular Filtration Rate (GFR)
- Up to 1 Hemoglobin and Hematocrit level
- Up to 1 Urinalysis
- Up to 1 Urine for albumin and creatinine ratio or protein and creatinine ratio

Very Low Risk: Level 0
- 1 telephonic coaching call per year
- Educational materials available when appropriate

Stratification:
Members are stratified based on the results of a complete assessment of their health, which involves determining the clinical risk of the member with their diagnosis (either primary or co-morbidities), knowledge of their diagnosis or condition, and readiness to change. The stratification level may change as member needs and clinical status changes.

Program Incentive CPT Codes:
The following will be paid at 100% when provided by an in-network provider per plan year: Nephrologist offices visit with blood pressure. Office visit must have one of the following:
- 99201-99205
Hemoglobin & Hematocrit
  o  85018 or 85014

Comprehensive Metabolic Panel with GFR
  o  80053 and 82565

Urine for albumin/creatinine ratio or protein/creatinine ratio
  o  82570 and 82043 or 82570 and 84156

Urinalysis
  o  81001

Parathyroid hormone
  o  83970

Phosphorous - (serum)
  o  84100

Lipid Panel
  o  80061 or 83721 or 82465

Ultrasound within 2 years both kidneys, bladder, aorta, and blood flow to the kidneys for Kidney Care disease
  o  76770 or 76775

The diagnosis code below must be used.
  o  585.xxx
  o  584.xxx
  o  403.xxx
  o  404.xxx

Additional Condition Management information is available at the following website addresses:

Members
• http://benefits.sd.gov, click Active Employee, scroll over Latitude, and click Condition Management.

Providers
• http://benefits.sd.gov, click Active Employee, scroll over Latitude, and click Condition Management.

Contact Information
• Call 877.573.7347, option 5 for Health Management Partners, and then option 4 for Condition Management
ELIGIBLE PREVENTIVE CARE

The Plan covers:
- Cancer Screening Procedures
- Maternity Care
- Our Healthy Baby
- Well Child Care
- Scheduled Immunizations and Vaccinations

CANCER SCREENING PROCEDURES

The preventive cancer screening benefits pay 100% when the Member meets age and frequency requirements and utilizes a participating provider. Procedures are eligible for preventive benefit prior to satisfying Deductible.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Frequency</th>
<th>Plan Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Pap Smear and Thin Prep Screening, HPV (human papillomavirus) screening, Chlamydia screening</td>
<td>1 per Plan Year</td>
<td>• Office Visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cost of Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ancillary Fees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Biopsies Fees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lab Fees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pathology Fees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physician Services</td>
</tr>
<tr>
<td>Mammogram and Digital Mammograms</td>
<td>1 baseline between ages 35-39</td>
<td>Reading/Interpretive Fees</td>
</tr>
<tr>
<td></td>
<td>1 per Plan Year beginning at age 40</td>
<td>Testing Fees</td>
</tr>
<tr>
<td>Sigmoidoscopy</td>
<td>1 every 5 Plan Years beginning at age 50</td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>1 every 10 Plan Years beginning at age 50 for Members with no risk factors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 every 3 Plan Years beginning at age 50 for Members with colorectal cancer risk factors</td>
<td></td>
</tr>
<tr>
<td>Prostate Screening</td>
<td>1 per Plan Year beginning at age 50</td>
<td></td>
</tr>
</tbody>
</table>

Sources: American Cancer Society, American Medical Association, and Center for Medicare and Medicaid Services

When a covered Dependent attends school out-of-state, or when the Member resides out-of-state, Preventive Care services as listed are covered per this section. In this situation, any charges above Usual, Customary, and Reasonable (UCR) are the Member’s responsibility to pay, unless services are provided by a PHCS provider.

If a medical diagnosis is present and a preventive benefit is available, the preventive benefit will apply. If additional tests are ordered by a physician and medically necessary, they will be paid at normal plan benefits.

Tests outside of the cancer screening are not covered by the preventive cancer screening benefit.
MATERNITY CARE

Maternity Care services include obstetrical care for a routine Pregnancy (e.g. including one Physician visit per month for weeks 0-28, two visits per month for weeks 29-36, and one visit per week for weeks 37 to delivery), vaginal delivery and postpartum care, lab charges and other ancillary services associated with Office Visits. Ultrasounds require Pre-authorization by HMP.

After the Deductible is satisfied, 75% of eligible expenses are paid by the Plan. This could include Physician visits, vaginal delivery, postpartum care, and lab charges. Additional covered benefits for expectant mothers who enroll in Our Healthy Baby program.

$500 DEDUCTIBLE PLAN

Member Responsibility:
- Deductible-$500
- Coinsurance-25% of eligible charges
- Out-of-Pocket Maximum of $2,500 per person if in network, $5,000 if out-of-network

Under the $500 Deductible Plan, if the mother (Plan Member) and the child are released from the Hospital:
- together, the Deductible and Coinsurance apply for the mother only
- separately, both the mother and child have a Deductible and Coinsurance

$1,000 DEDUCTIBLE PLAN

Member Responsibility:
- Deductible-$1,000
- Coinsurance-25% eligible charges
- Out-of-Pocket Maximum of $3,500 per person if in network, $5,000 if out-of-network

Under the $1,000 Deductible if the mother (Plan Member) and the child are released from the Hospital:
- together, the Deductible and Coinsurance apply for the mother only
- separately, both the mother and child have a Deductible and Coinsurance

$1,800 DEDUCTIBLE PLAN

Member Responsibility:
- Deductible-$1,800 Single or $3,600 Family
- 25% of eligible charges
- Out-of-Pocket Maximum of $3,600 for single in network coverage, $7,200 per family for in network coverage; $5,400 for single out of network coverage and $10,800 per family for out-of-network coverage.

Under the $1,800 Deductible Plan, if the mother (Plan Member) and the child are released from the hospital:
- together, the Deductible applies for the mother only
- separately, mother and child have the Family Deductible

Charges in connection with the Pregnancy of a Dependent child are not covered.
**OUR HEALTHY BABY PROGRAM**

The Our Healthy Baby™ Program is a voluntary program available to expectant mothers covered by the South Dakota State Employee Health Plan.

The purpose of this program is to provide support to expectant parents through individual case management, educational materials, and contact throughout the Pregnancy. By providing this service, the South Dakota State Employee Health Plan achieves healthier outcomes for Members.

**Program incentives include:**

- Expectant mothers covered under the Plan who enroll in the program within the first three months of Pregnancy receive a **$250 non-tax incentive** into their Health Reward and Wellness Account;
- Choice of one available prenatal or parenting book upon enrollment;
- One first trimester ultrasound to confirm viable pregnancy covered at 100% (Pre-authorized by HMP);
- One second trimester ultrasound to verify dates and growth covered at 100% (Pre-authorized by HMP);
- Online access to Pregnancy related information;
- Educational materials mailed to Members throughout the Pregnancy;
- Expectant mothers covered under the Plan who complete the program receive an additional **$250 non-tax incentive** into their Health Reward and Wellness Account upon successful participation and completion of program; and
- Follow-up after the Pregnancy.

*Enrollment in the Our Healthy Baby™ Program does not automatically add the new child to the Health Plan.*

To be covered, the child must be enrolled in the Plan within 60 days of the birth. The Employee must complete a Family Status Change form during the 60 day time period and pay required contributions for coverage to take effect.

If the child is not added during the 60-day Special Enrollment Period, the child will not be covered under the Plan. The Employee will be able to enroll the child during Annual Enrollment or when incurring qualifying family status change or after satisfying a waiting period. See “Special Enrollment” and “Late Entrants to the South Dakota State Employee Health Plan” sections.

Expectant Dependents are not eligible for maternity benefits under the South Dakota State Employee Health Plan.

For more information contact Health Management Partners (HMP), at 1.888.821.2242 or by enrolling online at [http://www.hmpsd.com/baby.html](http://www.hmpsd.com/baby.html)
**WELL CHILD CARE**

To be covered under the Plans, Preventive Care services must be received from a participating provider.

When a covered Dependent attends school out-of-state, or when the Member resides out-of-state, Preventive Care services as listed are covered per this section. If Member utilizes a non PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the Member’s responsibility to pay.

All three health plans cover well child care at 100% through age 6, including Office Visits, lab work, and immunizations, according to the schedule when services are provided by a participating provider.

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 12 Months</td>
<td>5 exams</td>
</tr>
<tr>
<td></td>
<td>• 1 exam between birth and 2 months</td>
</tr>
<tr>
<td></td>
<td>• 1 exam at 2, 4, 6, and 9 months</td>
</tr>
<tr>
<td>Age 1 to 2nd Birthday</td>
<td>3 exams</td>
</tr>
<tr>
<td>2 through 6 years</td>
<td>1 exam per Plan Year</td>
</tr>
<tr>
<td>7+ years</td>
<td>No Coverage</td>
</tr>
</tbody>
</table>
**SCHEDULED IMMUNIZATIONS AND VACCINATIONS**

Scheduled immunizations and vaccinations are available under all three health plans.

When a covered Dependent attends school out-of-state, or when the Member resides out-of-state, Preventive Care services as listed are covered per this section. Member utilizes a non PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the Member’s responsibility to pay.

The following immunizations are:
- covered at 100% when services are provided by a participating provider.
- not covered when services are provided by a non-participating provider.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A Vaccine</td>
<td>At 12-24 months</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td>At birth, plus 2 between birth and 18 months</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>At 2, 4, and 6 months</td>
</tr>
<tr>
<td>DTaP Vaccine</td>
<td>At 2, 4, 6, and 15-18 months</td>
</tr>
<tr>
<td>DTaP Booster</td>
<td>Once between 4 and 6 years</td>
</tr>
<tr>
<td>IPV Vaccine</td>
<td>At 2, 4, and 6-18 months</td>
</tr>
<tr>
<td>IPV Booster</td>
<td>Once between 4 and 6 years</td>
</tr>
<tr>
<td>MMR Vaccine</td>
<td>At 12-15 months and 1 dose 4-6 years</td>
</tr>
<tr>
<td>HIB Vaccine</td>
<td>At 2, 4, and 6 months plus 1 booster at 12-15 months</td>
</tr>
<tr>
<td>Varicella Vaccine</td>
<td>At 12-15 months and 1 dose between 4 and 6 years; 2 doses for adults 19-65 years</td>
</tr>
<tr>
<td>Pneumococcal Conjugate Vaccine (PCV or Prevnar) a vaccine to prevent pneumonia</td>
<td>At 2, 4, 6, and 15-18 months</td>
</tr>
<tr>
<td>Pneumovax</td>
<td>Allowed with documented risk factors for ages 19 to 65 years</td>
</tr>
<tr>
<td>Tdap</td>
<td>Once at 11-12 years of age, and every 10 years for adults</td>
</tr>
<tr>
<td>Tetanus/Diptheria Booster</td>
<td>Every 10 years for adults</td>
</tr>
<tr>
<td>HPV</td>
<td>11-26 years, 3 dose series</td>
</tr>
<tr>
<td>Meningitis, Meningococcal Conjugate Vaccine</td>
<td>Age 11-12, and 1 booster at age 16.</td>
</tr>
<tr>
<td>Influenza Vaccine</td>
<td>1 to 2 doses between age 6 months through age 6, and once each Plan Year thereafter at a State sponsored clinic.</td>
</tr>
</tbody>
</table>
  - High Risk Members are eligible to have an influenza vaccine covered through the health plan at the preventive benefit. High risk may include those with sickle cell disease, human immunodeficiency virus (HIV) infection, and others who are immuno-compromised or have a chronic medical condition. |
  - All other plan members should receive the influenza vaccine FREE at a State sponsored clinic. Check [http://benefits.sd.gov/](http://benefits.sd.gov/) for times and locations. |
| Zoster (Shingle) | 1 dose for adults age 60 and older |

Sources: Department of Health and Human Services, Center for Disease Control and Prevention, and South Dakota Department of Health.

- If a combination vaccine is received, the Member must be eligible to receive at least one of the vaccines included in the combination vaccine to be covered.
- Vaccinations required for employment are not eligible.
LATITUDE EMPLOYEE ASSISTANCE PROGRAM (LEAP)

LEAP helps employees resolve a wide range of issues and restore both personal and professional effectiveness. LEAP will assist employees in managing the personal challenges that influence well-being, performance, and effectiveness. Employees using LEAP services must follow established leave policies; contact your Human Resource Manager with questions.

LEAP Eligibility

(LEAP) is available to benefit eligible state employees and Dependents. State employees and Dependents do not need to be covered under the South Dakota State Employee Health Plan to use LEAP services. Visit www.apshelplink.com and enter company code southdakota to learn more or call 800.713.6288.

Covered Services:

- Stress/Anxiety
- Financial/Legal Concerns
- Managing Change & Transition
- Drug/Alcohol
- Work Related Concerns
- Family/Relationship Issues
- Grief
- Depression
- Parenting Issues
- Child/Eldercare Issues
- Management or Supervisory Issues

Program Incentives:

- Telephonic support by Masters and PhD level counselors for crises and emergencies
- Telephonic support to arrange for in-person counseling
- Up to 5 in-person counseling sessions (per incident per fiscal year) for a range of personal issues, depression, work-family balance, and substance abuse concerns. Employees must have a referral from APS to use counseling services.

Consultation Services:

In addition, LEAP offers consultations including:

- **Family Caregiving** - Resources and referrals for dependent care related services, in addition to emergency back-up childcare and elder and more.
- **Convenience Services** - Assistance in locating household and daily living resources, including pet care services, home repairs, travel planning and event scheduling and more.
- **Financial Services** - Up to 30-minutes financial consultation with a Certified Financial Planner or CPA per issue at no-cost.
- **Legal Services** - Up to 30-minutes consultation per issue with an attorney at no-cost and 25% discount of fees if you decide to retain an attorney