

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN  
FY2015 PLAN YEAR**

<b>COBRA - Monthly Premium Rates</b>				
<b>DEDUCTIBLE</b>	<b>\$750</b>	<b>Ded.</b>	<b>\$1,250</b>	<b>\$1,800</b>
			<b>Ded.</b>	<b>HSA</b>
<b>PARTICIPANT</b>		\$531.79	\$513.71	\$498.59
<b>PARTICIPANT + SPOUSE</b>		\$1,148.26	\$1,109.01	\$1,076.16
<b>PARTICIPANT + CHILD(REN)</b>		\$819.22	\$792.32	\$769.82
<b>FAMILY</b>		\$1,435.69	\$1,387.62	\$1,347.39

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

**DENTAL AND VISION PLANS (Ameritas) - COBRA  
FY2015 MONTHLY PREMIUM RATES**

**DENTAL PLAN**

	<u>BASE PLAN</u>	<u>ENHANCED PLAN</u>
Participant Only	\$27.91	\$47.45
Participant and 1 Dependent	\$49.86	\$82.54
Participant and 2 Dependents	\$72.30	\$109.59
Participant and 3+ Dependents	\$90.62	\$147.90

**VISION PLAN**

Participant Only	\$13.71
Participant and 1 Dependent	\$24.19
Participant and 2 Dependents	\$28.52
Participant and 3+ Dependents	\$35.99

**LIFE INSURANCE - COBRA  
FY2015 MONTHLY PREMIUM RATES  
PER \$1000 OF COVERAGE**

<u>AGE GROUP</u>	<u>LIFE</u>	<u>AD&amp;D</u>
Less than 30	\$0.02	\$0.03
30 to 34	\$0.02	\$0.03
35 to 39	\$0.06	\$0.03
40 to 44	\$0.09	\$0.03
45 to 49	\$0.14	\$0.03
50 to 54	\$0.23	\$0.03
55 to 59	\$0.28	\$0.03
60 to 64	\$0.46	\$0.03
65 to 69	\$1.00	\$0.03
70*	\$1.76	\$0.03

\*NOTE: Your Term Life coverage ends the last day of the month of your 80th birthday.  
There is a conversion policy.