Health Plan Comparison

Below is a comparison chart to help you understand the differences, similarities and costs of the three Health Plans available to you and your family.

SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN COVERAGE DETAILS FOR FY15						
Plan Details	$750 Deductible Plan		$1,250 Deductible Plan		$1,800 Deductible Plan with HSA	
	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider
Eligible Preventive Services	Covered	65% covered	Covered	65% covered	Covered	65% covered
Plan Year Deductible	• $750 per person • $1,875 per family of three or more	• $1,500 per person • $3,750 per family of three or more	• $1,250 per person • $3,125 per family of three or more	• $2,500 per person • $6,250 per family of three or more	• $1,800 single coverage • $3,600 family coverage If you have family coverage, the full family deductible must be met before benefits are paid for any family member.	• $3,600 single coverage • $7,200 family coverage
Copayment	• Emergency Room: $250		• Emergency Room: $250		N/A	
Coinsurance	• Plan pays 75% after deductible • You pay 25%	• Plan pays 65% after deductible • You pay 35%	• Plan pays 75% after deductible • You pay 25%	• Plan pays 65% after deductible • You pay 35%	• Plan pays 75% after deductible • You pay 25%	• Plan pays 65% after deductible • You pay 35%
Plan Year Out-of-Pocket Maximum	• $3,250 per person • $8,125 per family of three or more	• $6,500 per person • $16,250 per family of three or more	• $4,250 per person • $10,200 per family of three or more	• $8,500 per person • $21,250 per family of three or more	• $4,350 single coverage • $10,200 per family	• $8,700 single coverage • $21,750 per family
State Health Savings Account contribution	N/A		N/A		• $300 for employee only with proof of HSA	
Prescription Drugs						
Deductible	$50 per person	$50 per person	$50 per person	$50 per person	Included in Plan Deductible	
Pharmacy Out-of-Pocket Maximum	• $1,000 per person • $2,500 per family of three or more		• $1,000 per person • $2,500 per family of three or more		Included in Plan Year Out-of-Pocket Maximum	

You may have additional expenses associated with Tier 1. See page 6 for additional information.