

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN
FY16 PLAN YEAR**

RETIREE - Monthly Premium Rates Effective 7/1/2015 through 6/30/2016
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DEDUCTIBLE	\$750 Ded.	\$1,250 Ded.	\$1,800 Ded. HSA
RETIREE	\$962.56	\$726.03	\$461.80
RETIREE + SPOUSE	\$2,102.49	\$1,406.56	\$862.01
RETIREE + CHILD(REN)	\$1,211.05	\$946.68	\$557.34
FAMILY	\$2,350.98	\$1,627.21	\$957.55

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

**DENTAL (Delta Dental) AND VISION PLANS (MetLife) - COBRA
FY16 MONTHLY PREMIUM RATES**

DENTAL PLAN - Delta Dental

	<u>BASE PLAN</u>	<u>ENHANCED PLAN</u>
Participant Only	\$30.56	\$49.35
Participant / Spouse	\$61.02	\$98.55
Participant / Child(ren)	\$66.79	\$100.49
Participant / Family	\$97.25	\$149.70

VISION PLAN - MetLife

Participant Only	\$6.53
Participant / Spouse	\$13.08
Participant / Child(ren)	\$11.08
Participant / Family	\$18.26
