

High Deductible Health Plan

(\$1,800 single coverage / \$3,600 family coverage)

High Deductible Health Plan with Health Savings Account (HSA)

- All eligible health plan expenses, including prescription drugs, apply toward the deductible.
- There is a \$1,800 deductible for single coverage and a \$3,600 deductible for family coverage (per family of two or more).
- If you have family coverage, you will pay \$3,600 before the plan pays anything (other than eligible preventive services).
- The out-of-pocket maximum has increased by \$500.
- A new preventive formulary for prescriptions has been added. (see below)
- An HSA enables you to pay for covered medical expenses with pretax dollars. The High Deductible Health Plan is paired with an HSA to allow you to pay for covered medical expenses with pretax dollars.
- An HSA is available only with the High Deductible Health Plan.
- The State contributes to your HSA to help cover the out-of-pocket expenses, like prescriptions, that insurance does not cover until the deductible (\$1,800 for single coverage or \$3,600 for family coverage of two or more people) is met.
- For more HSA information, see page 12.



How Prescription Drug Coverage Works

PRESCRIPTION DRUG COVERAGE UNDER THE HIGH DEDUCTIBLE HEALTH PLAN
Prescription Drug Coverage
Member pays for eligible prescription drug expenses directly to the pharmacy at the time of service, which then apply to the deductible.
Pharmacy charges are applied to deductible: \$1,800 single coverage or \$3,600 family coverage per family of two or more.
After the deductible has been met, the member pays 25% coinsurance for covered prescription charges. Coinsurance continues throughout the plan year until the out-of-pocket maximum is met.

PREVENTIVE FORMULARY DRUG COVERAGE ON THE HIGH DEDUCTIBLE HEALTH PLAN		
Prescriptions included on the preventive formulary list available at http://benefits.sd.gov/Forms.aspx will be available to you at a reduced price even before you meet your deductible.		
Tiered Prescription Drug Coverage	Up to 30 Day Supply Copayment	60-90 Day Supply Copayment
Tier 1 - Generic	\$0	\$0
Tier 2 - Brand Preferred	\$45	\$112.50
Tier 3 - Brand Non-Preferred	\$65	\$162.50
Tier 4 - Specialty Preferred	\$65	n/a
Tier 5 - Specialty Non-Preferred	\$90	n/a



- Only prescriptions on the preventive drug formulary list will be available to members of the High Deductible Health Plan at no cost (generic drugs) or you'll pay a maximum of \$90 for a 30-day supply for brand name drugs. This is to help you continue to take preventive maintenance drugs before satisfying the deductible. To see a complete list of prescriptions on the preventive formulary go to <http://benefits.sd.gov/FY18AE.aspx>.
- DAKOTACARE is available to assist you with determining your prescription costs on the High Deductible Health Plan before May 11, 2017. DAKOTACARE can look at your prescription costs from last year and let you know the charges under the High Deductible Health Plan. Complete the form available at <http://benefits.sd.gov/FY18AE.aspx> and return it to DAKOTACARE.