

# FY18 Health Plan Comparisons

Below is a comparison chart to help you understand the differences, similarities and costs of the two health plans available to you and your family.

SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN COVERAGE DETAILS FOR FY18				
Plan Details	Low Deductible Health Plan		High Deductible Health Plan with HSA	
	Network Provider <sup>1</sup>	Out-of-Network Provider	Network Provider <sup>1</sup>	Out-of-Network Provider
Eligible Preventive Services <sup>2</sup>	Covered at 100%	Not covered <sup>3</sup>	Covered at 100%	Not covered <sup>3</sup>
Plan Year Deductible	<ul style="list-style-type: none"> <li>• \$850 per person</li> <li>• \$2,125 per family of three or more<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• \$1,700 per person</li> <li>• \$4,250 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,800 single coverage</li> <li>• \$3,600 family coverage per family of two or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,600 single coverage</li> <li>• \$7,200 family coverage per family of two or more</li> </ul>
			If you have family coverage, the full family deductible must be met before benefits are paid for any family member.	
Copayment	<ul style="list-style-type: none"> <li>• Emergency Room: \$250</li> <li>• Does not count toward your deductible but does count toward your out-of-pocket maximum.</li> </ul>		N/A	
Coinsurance	<ul style="list-style-type: none"> <li>• Plan pays 75% after deductible</li> <li>• You pay 25%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 65% after deductible</li> <li>• You pay 35%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 75% after deductible</li> <li>• You pay 25%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays 65% after deductible</li> <li>• You pay 35%</li> </ul>
Plan Year Out-of-Pocket Maximum (includes deductible)	<ul style="list-style-type: none"> <li>• \$4,100 per person</li> <li>• \$8,625 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$7,700 per person</li> <li>• \$16,750 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$4,100 single coverage or any one family member</li> <li>• \$8,625 family coverage per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$7,700 single coverage or any one family member</li> <li>• \$16,750 family coverage per family of three or more</li> </ul>
Employer Health Savings Account Contribution	N/A		<ul style="list-style-type: none"> <li>• \$250 for single coverage</li> <li>• \$500 for family coverage</li> <li>• These amounts are doubled if member and covered spouse, if applicable, completed wellness qualifications</li> </ul>	
<b>Prescription Drugs</b>				
Deductible	\$100 per person	\$100 per person	Included in Plan Year Deductible Preventive maintenance medications may be available at a lower cost. You can find the formulary at <a href="http://benefits.sd.gov/forms.aspx">http://benefits.sd.gov/forms.aspx</a>	
Pharmacy Out-of-Pocket Maximum	<ul style="list-style-type: none"> <li>• \$1,000 per person</li> <li>• \$2,500 per family of three or more</li> </ul>		Included in Plan Year Out-of-Pocket Maximum	

<sup>1</sup>DAKOTACARE Network plus Sanford providers make up the South Dakota State Employee Health Plan provider network.

<sup>2</sup>To view eligible preventive care services, visit <http://benefits.sd.gov/preventivecare.aspx>.

<sup>3</sup>When a covered Dependent attends school out-of-state, or when the member resides out-of-state, Preventive Care services as listed are covered by the plan if member visits a PCHS provider. If member utilizes a non-PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the member's responsibility to pay.

<sup>4</sup>Family deductible must be satisfied by three or more covered members.