

South Dakota State Employee Health Plan

FY18 Plan Year Cobra Monthly Contribution Rates

FY18 MONTHLY COBRA HEALTH PLAN		
Coverage Level	Low Deductible Plan (\$850)	High Deductible Plan (\$1,800/\$3,600)
Participant Only	\$585.76	\$549.05
Participant + Spouse	\$1,265.10	\$1,185.41
Participant + Child(ren)	\$899.92	\$845.30
Participant + Family	\$1,578.64	\$1,481.04
*\$60 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products		

DENTAL - DELTA DENTAL		
	Base Dental Plan Premiums	Enhanced Dental Plan Premiums
Participant Only	\$33.05	\$53.39
Participant + Spouse	\$65.99	\$106.59
Participant + Child(ren)	\$72.24	\$108.69
Participant + Family	\$105.18	\$161.91

VISION - METLIFE	
Coverage Level	Monthly Premiums
Participant Only	\$6.79
Participant + Spouse	\$13.61
Participant + Child(ren)	\$11.53
Participant + Family	\$18.99