

South Dakota State Employee Health Plan

FY19 Plan Year

COBRA Monthly Contribution Rates

Starting July 1, 2018, the following monthly premium rates will apply for COBRA Health Plan members:

Coverage Level	Low Deductible Plan (\$1,000)	High Deductible Plan (\$2,000/\$4,000)
Participant Only	\$602.39	\$564.64
Participant + Spouse	\$1,301.01	\$1,219.06
Participant + Child(ren)	\$925.47	\$869.30
Participant + Family	\$1,623.46	\$1,523.08

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

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

Coverage Level	Monthly Premiums
Participant Only	\$7.22
Participant + Spouse	\$14.46
Participant + Child(ren)	\$12.24
Participant + Family	\$20.20