



ANNUAL ENROLLMENT DATES: MAY 1-14, 2014

FY15 Decision Guide

FY15 (July 1, 2014 - June 30, 2015)

SOUTH DAKOTA
**state employee
benefits program**

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FY15 Decision Guide

South Dakota State Employee Benefits Program

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Plan Changes for FY15

Health Plan

\$750 DEDUCTIBLE PLAN

- Increase \$500 Deductible Plan to \$750 Deductible Plan
- Increase Out-of-Pocket Maximums
- Add family Out-of-Pocket Maximum
- Add MRI/CT/PET scans to Tier 1 Services
- Expand preventive care services including contraceptives
- Increase pharmacy copayments
- Remove up to 90 day pharmacy refill copayment but you can still get up to 90 day supply

\$1,250 DEDUCTIBLE PLAN

- Increase \$1,000 Deductible Plan to \$1,250 Deductible Plan
- Increase Out-of-Pocket Maximums
- Add family Out-of-Pocket Maximum
- Add MRI/CT/PET scans to Tier 1 Services
- Expand preventive care services including contraceptives
- Increase pharmacy copayments
- Remove up to 90 day pharmacy refill copayment but you can still get up to 90 day supply

\$1,800 DEDUCTIBLE PLAN COMPATIBLE WITH HEALTH SAVINGS ACCOUNT (HSA)

- Increase Out-of-Pocket Maximums
- Add MRI/CT/PET scans to Tier 1 Services
- Expand preventive care services including contraceptives

Flexible Benefits

- Expand coverage for Hospital Indemnity Protection
- Increase Dental premiums
- Changes to Dental benefits
- Changes to Vision premiums
- Changes to Vision benefits

What you need to know about the Health Plans

- You must visit a DAKOTACARE network provider to receive the highest level of benefits.
- If you are having a Tier 1 service, you must visit a Tier 1 provider and facility to receive the highest level of benefits.
- In some cases, Health Management Partners must pre-authorize services or referrals. To view the Pre-authorization Listing visit <http://benefits.sd.gov>, scroll over Forms/ Documents and choose Forms/ Documents. The Pre-authorization Listing is in the Other section.
- Eligible preventive services are covered prior to satisfying your deductible. To view eligible preventive care services, visit <http://benefits.sd.gov/preventivecare.aspx>.
- Out-of-Network provider means:
 - A DAKOTACARE network provider did not provide care;
 - You did not receive approval from Health Management Partners for a referral to an out-of-network provider; or
 - You failed to obtain pre-authorization when necessary.
- The following charges do NOT apply to the out-of-pocket maximum:
 - Expenses not covered by the Plan.
- When insured under the \$1,800 Deductible Plan, all costs of prescription drugs apply to the deductible and then coinsurance. There are no prescription copayments.

Opt-Outs

- You must provide proof of creditable coverage by June 11, 2014 to Opt-Out of coverage under the employee health plan.
- Proof of other coverage is required for each fiscal year.
- Acceptable proof of coverage includes a certificate of coverage that indicates coverage is continuing.
- If you are Opting-Out in FY15 and are enrolled in TRICARE, you are required to provide proof of coverage. If you are enrolled in TRICARE and are currently an Opt-Out in FY14, proof is not required. However, documentation may be required at any time upon request.
- Acceptable proof of coverage includes a certificate of coverage or a TRICARE identification card that indicates coverage is continuing.
- Submit Opt-Out documentation to benefitswebsite@state.sd.us. Please include your name and current employer on the documentation.

Health Plan Options

\$750 Deductible Health Plan

- To be eligible for this plan, you and your covered spouse must have already completed a Health Screening, Health Assessment and Latitude Wellness Program during the designated time frames in FY14.
- If you and your covered spouse did not complete the annual requirements for FY15 and are currently enrolled in the lowest deductible plan, you and your covered dependents will be defaulted to the \$1,250 Deductible Plan if you do not enroll during Annual Enrollment.
- You must meet a \$750 per person or a \$1,875 family deductible (family of 3 or more).
- Copayment: Emergency Room \$250.
- After the deductible has been met when using a DAKOTACARE network provider, 25% coinsurance applies until the out-of-pocket maximum has been met.
- A separate prescription drug deductible of \$50 per person applies before prescription drug coverage begins.

\$1,250 Deductible Health Plan

- You must meet a \$1,250 per person or a \$3,125 family deductible (family of 3 or more).
- Copayment: Emergency Room \$250.
- After the deductible has been met when using a DAKOTACARE network provider, 25% coinsurance applies until the out-of-pocket-maximum has been met.
- A separate prescription drug deductible of \$50 per person applies before prescription drug coverage begins.

\$1,800 Deductible Health Plan with Health Savings Account (HSA)

- All eligible health plan expenses, including prescription drugs, apply toward meeting the deductible.
- There is a \$1,800 deductible for single coverage and a \$3,600 deductible for family coverage. The family deductible must be met by one or more individuals before any benefits will be paid.
- After the deductible has been met when using a DAKOTACARE network provider, 25% coinsurance applies until the out-pocket-maximum has been met.
- Members pay for prescription drug expenses, which apply to the deductible until the deductible has been met. After the deductible has been met, the member pays 25% coinsurance after reimbursement by DAKOTACARE.
- An HSA enables you to pay for covered medical expenses with pretax dollars. The contributions you and the State make to the HSA grow with interest over time and can be taken with you when you retire or if you terminate employment with the State.
- If you open an HSA and complete the HSA form, you will receive a \$300 employer contribution from the State. The Benefits Program will email HSA forms following Annual Enrollment.
- The HSA must be verified each plan year. A verification email will be sent following Annual Enrollment. If you do not verify your HSA by July 16, 2014, you will not receive the \$300 contribution.

HSA MAXIMUM CONTRIBUTION FOR FY15

In addition to the State \$300 contribution, with proof of HSA, you may also make tax-free contributions to your HSA, up to limits established by the IRS. The following are the maximum contributions you can make to your HSA in FY15 according to IRS regulations.

	Employer		Employee		HSA Contribution 2014*
Employee only	\$300	+	\$3,000	=	\$3,300
Employee and spouse	\$300	+	\$6,250	=	\$6,550
Employee and child(ren)	\$300	+	\$6,250	=	\$6,550
Family	\$300	+	\$6,250	=	\$6,550

* Catch-up contributions are allowed for individuals age 55 or older and each individual age 55 or older can contribute an additional \$1,000 in FY15. Consult your financial planner or accountant for more information.

Health Plan Comparison

Below is a comparison chart to help you understand the differences, similarities and costs of the three Health Plans available to you and your family.

SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN COVERAGE DETAILS FOR FY15						
Plan Details	\$750 Deductible Plan		\$1,250 Deductible Plan		\$1,800 Deductible Plan with HSA	
	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider
Eligible Preventive Services	Covered	65% covered	Covered	65% covered	Covered	65% covered
Plan Year Deductible	<ul style="list-style-type: none"> • \$750 per person • \$1,875 per family of three or more 	<ul style="list-style-type: none"> • \$1,500 per person • \$3,750 per family of three or more 	<ul style="list-style-type: none"> • \$1,250 per person • \$3,125 per family of three or more 	<ul style="list-style-type: none"> • \$2,500 per person • \$6,250 per family of three or more 	<ul style="list-style-type: none"> • \$1,800 single coverage • \$3,600 family coverage 	<ul style="list-style-type: none"> • \$3,600 single coverage • \$7,200 family coverage
					If you have family coverage, the full family deductible must be met before benefits are paid for any family member.	
Copayment	• Emergency Room: \$250		• Emergency Room: \$250		N/A	
Coinsurance	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35% 	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35% 	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35%
Plan Year Out-of-Pocket Maximum	<ul style="list-style-type: none"> • \$3,250 per person • \$8,125 per family of three or more 	<ul style="list-style-type: none"> • \$6,500 per person • \$16,250 per family of three or more 	<ul style="list-style-type: none"> • \$4,250 per person • \$10,200 per family of three or more 	<ul style="list-style-type: none"> • \$8,500 per person • \$21,250 per family of three or more 	<ul style="list-style-type: none"> • \$4,350 single coverage • \$10,200 per family 	<ul style="list-style-type: none"> • \$8,700 single coverage • \$21,750 per family
State Health Savings Account contribution	N/A		N/A		• \$300 for employee only with proof of HSA	
Prescription Drugs						
Deductible	\$50 per person	\$50 per person	\$50 per person	\$50 per person	Included in Plan Deductible	
Pharmacy Out-of-Pocket Maximum	<ul style="list-style-type: none"> • \$1,000 per person • \$2,500 per family of three or more 		<ul style="list-style-type: none"> • \$1,000 per person • \$2,500 per family of three or more 		Included in Plan Year Out-of-Pocket Maximum	

You may have additional expenses associated with Tier 1. See page 6 for additional information.

Tier 1

How Tier 1 Works

- To receive the highest level of benefit, you must have a Tier 1 service performed at an approved Tier 1 facility by an approved Tier 1 provider.
- If you have a Tier 1 service at a Tier 1 facility by an approved Tier 1 provider, you will have a lower out-of-pocket maximum. The out-of-pocket maximum is the most you will pay for services during a fiscal year.
- If you want to have a Tier 1 service at a Non-Tier 1 facility or by a Non-Tier 1 provider, you will pay a higher out-of-pocket maximum. Non-Tier 1 facilities and providers must be in the DAKOTACARE network.
- Tier 1 services require pre-authorization by Health Management Partners (HMP).
- Services you receive at the approved facility three days prior to a Tier 1 service and 30 days after the service (excludes bariatrics) are wrapped up into one bill for you. You will not receive multiple bills.
- Out-of-Network coinsurance of 35% and Out-of-Network Maximums apply if you do not utilize a DAKOTACARE provider.
- The complete list of Tier 1 services, facilities, providers and frequently asked questions is available at <http://benefits.sd.gov/tier1.aspx>.

COVERAGE FOR TIER 1

\$750 Deductible Plan		\$1,250 Deductible Plan		\$1,800 Deductible Plan with HSA	
Tier 1*	Non-Tier 1	Tier 1*	Non-Tier 1	Tier 1*	Non-Tier 1
<ul style="list-style-type: none"> \$750 per person Deductible 25% Coinsurance \$3,250 Out-of-Pocket maximum \$8,125 Out-of-Pocket maximum per family 	<ul style="list-style-type: none"> \$750 per person Deductible 25% Coinsurance \$5,350 Out-of-Pocket maximum \$10,200 Out-of-Pocket maximum per family 	<ul style="list-style-type: none"> \$1,250 per person Deductible 25% Coinsurance \$4,250 Out-of-Pocket maximum \$10,200 Out-of-Pocket maximum per family 	<ul style="list-style-type: none"> \$1,250 per person Deductible 25% Coinsurance \$5,350 Out-of-Pocket maximum \$10,200 Out-of-Pocket maximum per family 	<ul style="list-style-type: none"> \$1,800 per person Deductible \$3,600 family Deductible 25% Coinsurance \$4,350 Out-of-Pocket maximum single \$10,200 Out-of-Pocket maximum per family 	<ul style="list-style-type: none"> \$1,800 per person Deductible \$3,600 family Deductible 25% Coinsurance \$5,350 Out-of-Pocket maximum single \$10,200 Out-of-Pocket maximum per family

* To receive the highest level of benefit, you must have a Tier 1 service performed at an approved Tier 1 facility by an approved Tier 1 provider.

TIER 1 FACILITIES, SERVICES AND PROVIDERS

Sanford	Avera	Sioux Falls Specialty Hospital	Multiple Locations Statewide
<u>Cardiac</u> Heart Bypass Surgery Cardiac Catheterization Balloon Angioplasty Pacemakers <u>Orthopedic</u> Back & Neck Surgery (including spinal fusion) Total Knee Replacement Total Hip Replacement <u>Bariatric</u> Weight Reduction Surgery Lap-band, Gastric Sleeve, and Roux-en-Y Must be enrolled and approved through the Bariatric Management program with Health Management Partners	<u>Renal Care</u> Kidney Transplants Dialysis	<u>Gastroenterology</u> Colonoscopies (does not apply to preventive colonoscopies) Upper GI and/or Endoscopies Hernia Repair Gallbladder	<u>MRI/CT/PET Scans</u>
<ul style="list-style-type: none"> Must be a Sanford provider 	<ul style="list-style-type: none"> Must be an Avera provider 	<ul style="list-style-type: none"> Must be an approved provider 	<ul style="list-style-type: none"> Must be an approved provider

Prescription Drug Coverage

How Prescription Drug Coverage Works

- Under the \$750 Deductible and \$1,250 Deductible Plans there is a separate \$50 deductible (per person, per plan year) for prescription drugs. Copayments apply after the deductible is satisfied. If the price is less than the defined copayment, you will pay the lesser of the two amounts.
- There is no longer an up to 90 day copayment. You can fill prescriptions for up to 90 days but you are responsible for three 30 day copayments.
- Under the \$1,800 Deductible Plan with HSA, a single \$1,800 deductible and \$3,600 family deductible apply to both medical expenses and prescription drug expenses combined. Prescription drug coinsurance applies toward the out-of-pocket maximum after reimbursement by DAKOTACARE.
- If a physician indicates Dispense as Written (DAW) or if the member requests the brand name product when a generic is available, the member will pay the applicable copayment or coinsurance PLUS the difference between the brand name medication and the contracted rate. This cost difference is referred to as an ancillary charge.

FY15 Prescription Drug Plan

- The formulary list is available at <http://benefits.sd.gov/Forms.aspx> under the pharmacy section.
- Brand Preferred medications are products that contain no generic equivalent, but are recognized by the Pharmacy and Therapeutics Committee to be preferred treatment options on the basis of clinical outcomes.
- Specialty Preferred medications are prescription medications that are typically developed on DNA-based technologies. These medications require specialized management, monitoring and/or delivery.
- A comprehensive list of specialty medications can be found at the following link: <http://cvscaremarksspecialtyrx.com/sites/default/files/pdf/SpecialtyDrugs.pdf>

PRESCRIPTION DRUG COVERAGE UNDER THE \$750 DEDUCTIBLE AND \$1,250 DEDUCTIBLE PLANS

Tier	up to 30 day supply
Tier 1 - Generic	\$10
Tier 2 - Brand Preferred	\$40
Tier 3 - Brand Non-Preferred	\$60
Tier 4 - Specialty Preferred	\$60
Tier 5 - Specialty Non-Preferred	\$85

Health Plan Contributions

If you enroll your dependents in one of the health plans, contributions are deducted on a pretax basis. The chart below shows the State group health plan contributions for FY15.

24 PAY PERIODS			
Coverage Level	\$750 Deductible Plan Contributions*	\$1,250 Deductible Plan Contributions*	\$1,800 Deductible Plan with HSA Contributions*
Employee	N/A	N/A	N/A
Employee and 1 Child	\$43.42	\$27.63	\$6.71
Employee and 2 Children	\$79.33	\$51.12	\$13.40
Employee and 3 or more Children	\$101.33	\$62.98	\$20.08
Employee and Spouse (Spouse Age as of July 1, 2014)**			
< 30	\$54.14	\$37.62	\$13.95
30 to 39	\$69.52	\$48.80	\$22.07
40 to 44	\$86.09	\$62.04	\$31.67
45 to 49	\$102.40	\$76.47	\$42.13
50 to 54	\$124.36	\$96.97	\$56.97
55 to 59	\$149.76	\$119.01	\$72.96
60 +	\$171.81	\$133.57	\$83.52
Employee and Spouse and 1 Child (Spouse Age as of July 1, 2014)**			
< 30	\$91.73	\$63.59	\$20.30
30 to 39	\$107.61	\$73.65	\$28.70
40 to 44	\$124.48	\$87.08	\$38.30
45 to 49	\$140.95	\$101.13	\$48.80
50 to 54	\$161.43	\$121.23	\$63.60
55 to 59	\$187.24	\$143.25	\$79.60
60 +	\$210.40	\$157.83	\$90.20
Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2014)**			
< 30	\$128.94	\$84.80	\$27.00
30 to 39	\$145.88	\$96.54	\$35.40
40 to 44	\$162.75	\$109.55	\$45.00
45 to 49	\$179.20	\$124.28	\$55.50
50 to 54	\$199.68	\$144.73	\$70.30
55 to 59	\$225.51	\$166.79	\$86.30
60 +	\$248.67	\$181.35	\$96.90
* \$30 per person, per pay period will be added to your health plan contribution if you and/or your spouse use tobacco products.			
** For Family Status Changes during the plan year, current age determines rate.			

If you enroll your dependents in one of the health plans, contributions are deducted on a pretax basis. The chart below shows the State group health plan contributions for FY15.

12 PAY PERIODS			
Coverage Level	\$750 Deductible Plan Contributions*	\$1,250 Deductible Plan Contributions*	\$1,800 Deductible Plan with HSA Contributions*
Employee	N/A	N/A	N/A
Employee and 1 Child	\$86.84	\$55.26	\$13.42
Employee and 2 Children	\$158.66	\$102.24	\$26.80
Employee and 3 or more Children	\$202.66	\$125.96	\$40.16
Employee and Spouse (Spouse Age as of July 1, 2014)**			
< 30	\$108.28	\$75.24	\$27.90
30 to 39	\$139.04	\$97.60	\$44.14
40 to 44	\$172.18	\$124.08	\$63.34
45 to 49	\$204.80	\$152.94	\$84.26
50 to 54	\$248.72	\$193.94	\$113.94
55 to 59	\$299.52	\$238.02	\$145.92
60 +	\$343.62	\$267.14	\$167.04
Employee and Spouse and 1 Child (Spouse Age as of July 1, 2014)**			
< 30	\$183.46	\$127.18	\$40.60
30 to 39	\$215.22	\$147.30	\$57.40
40 to 44	\$248.96	\$174.16	\$76.60
45 to 49	\$281.90	\$202.26	\$97.60
50 to 54	\$322.86	\$242.46	\$127.20
55 to 59	\$374.48	\$286.50	\$159.20
60 +	\$420.80	\$315.66	\$180.40
Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2014)**			
< 30	\$257.88	\$169.60	\$54.00
30 to 39	\$291.76	\$193.08	\$70.80
40 to 44	\$325.50	\$219.10	\$90.00
45 to 49	\$358.40	\$248.56	\$111.00
50 to 54	\$399.36	\$289.46	\$140.60
55 to 59	\$451.02	\$333.58	\$172.60
60 +	\$497.34	\$362.70	\$193.80
* \$60 per person, per pay period will be added to your health plan contribution if you and/or your spouse use tobacco products.			
** For Family Status Changes during the plan year, current age determines the contribution rate.			

Flexible Benefits

The South Dakota State Employee Benefits Program offers voluntary Flexible Benefit Plans.

Flexible Benefits include:

DENTAL

- Provides benefits for eligible dental expenses and vision with the Dental Fusion.

VISION

- Provides benefits for eligible vision expenses.

SHORT-TERM DISABILITY INCOME PROTECTION PLAN

- Provides a benefit during eligible periods of disability (employee only coverage).

HOSPITAL INDEMNITY PLAN

- Provides a daily benefit during eligible pre-authorized hospitalizations, regardless of coverage under other Plans.

MAJOR INJURY PROTECTION PLAN

- Provides a fixed-dollar benefit for certain accidental injuries, regardless of coverage under other Plans.

FLEXIBLE SPENDING ACCOUNTS

- Medical Expense Spending Account
 - Provides pretax reimbursement for eligible expenses
- Dependent Care/Day Care Spending Account
 - Provides pretax reimbursement for eligible expenses

FLEXIBLE BENEFITS CONTACTS			
Ameritas			
<ul style="list-style-type: none"> • Dental • Vision 	Ameritas Group Claims PO Box 82520 Lincoln, NE 68501	group@ameritas.com www.ameritasgroup.com/stateSD	800.487.5553 Fax: 402.467.7336 group@ameritas.com
Risty Benefits, Inc.			
<ul style="list-style-type: none"> • Short Term Disability • Hospital Indemnity • Major Injury Protection 	Risty Benefits, Inc. 311 S. Phillips Ave, Ste 201 Sioux Falls, SD 57109	help@ristybenefits.com www.southdakotaflexbenefits.com	877.573.7347, option 4
DAKOTACARE			
<ul style="list-style-type: none"> • Flexible Spending Accounts 	DAKOTACARE P.O. Box 7406 Sioux Falls, SD 57117-7406	www.DAKOTACARE.com DAKOTACARE Flex Online www.dakotacareflexonline.com DAKOTACARE Access https://access.dakotacare.com/?Client=DD10028	877.573.7347, option 1 or 800.831.0785 Fax: 605.334.8717 (Attn: Claims)

Dental Plans

- The South Dakota State Employee Benefits Program offers two Dental Plans provided by Ameritas.
- Under both the Base and the Enhanced Plans, you and your covered dependents can utilize any licensed dental provider.
- You can visit the provider of your choice and receive benefits but network providers agree to offer you a discount.
- The Base Dental Plan covers procedures based on the maximum covered expense (MCE). The MCE reimburses procedures based on a set dollar amount for each covered procedure code after the deductible.
- The Enhanced Dental Plan covers procedures on a listed percentage based on the 75th percentile of usual and customary (U&C) charges and zip code of the dental provider.

FY15 Dental Plan Comparison

Below is a comparison chart to help you understand the differences, similarities and costs of the two Dental Plans available to you and your family. For detailed information, see pages 12-13.

DENTAL PLAN COMPARISON CHART				
Plan Details	Base Plan		Enhanced Plan	
	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider
Deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
Eligible Services	MCE (after deductible)	MCE (after deductible)	U&C (after deductible)	U&C (after deductible)
Plan Year Maximum Dental and Dental Fusion	<ul style="list-style-type: none"> • \$1,000 dental (per person) • vision benefits are based on schedule allowance per procedure, not to exceed \$1,000 dental maximum • see Base Plan 		<ul style="list-style-type: none"> • \$1,000 dental (per person) • vision benefits are based on schedule allowance per procedure, not to exceed \$1,000 dental maximum • see Enhanced Plan 	
Waiting Periods	<p>Members who did not enroll in either dental plan for FY14 or members who had a break in the State Ameritas coverage, will have a 1 year waiting period for Major and Orthodontic Services.</p> <p>Members can switch between dental plans during Annual Enrollment with no waiting periods.</p>		<p>Members who did not enroll in either dental plan for FY14 or members who had a break in the State Ameritas coverage, will have a 1 year waiting period for Major and Orthodontic Services.</p> <p>Members can switch between dental plans during Annual Enrollment with no waiting periods.</p>	
Orthodontics	\$1,000 lifetime benefit children only under age 19		\$1,500 lifetime benefit adults and children	
Dental Rewards**	No		Yes <ul style="list-style-type: none"> • Benefit Threshold \$500 • Annual Carryover Amount \$250 • Maximum Carryover \$1,000 	
<p>* Dental Rewards® apply to only the Enhanced Dental Plan.</p> <ul style="list-style-type: none"> • The Enhanced Dental Plan allows qualifying plan members to carryover part of the unused annual maximum. • Members must submit at least one claim for dental expenses incurred during the benefit year and stay at or under the threshold amount for benefits received for that year. The annual benefit threshold limit is \$500 (keep paid claims at or below this limit to earn Dental Rewards®). • Members may accumulate rewards up to the stated maximum carryover amount and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. • Dental Rewards® are available on the Enhanced Plan only, switching to the Base Plan will eliminate any roll over maximum previously established. 				

Base Dental Plan

- The Base Dental Plan is provided by Ameritas.
- There is a \$25 per visit deductible.
- This Base Dental Plan covers procedures based on the maximum covered expense (MCE). The MCE reimburses procedures based on a set dollar amount for each covered procedure code after the deductible.
- The member is responsible for the per visit deductible, charges that exceed the MCE allowance and any charges over the annual maximum.
- To view a complete list of MCE charges, visit www.ameritasgroup.com/stateSD and choose covered procedures.
- No more than the noted dental maximum can be applied to dental benefits, and no more than the noted vision maximum may be applied to visions benefits, with a ceiling of the FUSION® maximum for both.
- Dental Fusion is reimbursed for a set dollar amount based on frequency.
- You can visit the provider of your choice and receive benefits but network providers agree to offer you a discount. A complete list of network providers is available at www.ameritasgroup.com/stateSD.
- Questions? Call Ameritas at 800.487.5553 or visit www.ameritasgroup.com/stateSD.



Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$13.68	\$27.36
Employee + 1 dependent	\$24.44	\$48.88
Employee + 2 dependents	\$35.44	\$70.88
Employee + 3 dependents or more	\$44.42	\$88.84

Contributions for coverage under the Dental Plan are made on a pretax basis.

Maximum & Per Visit Deductible	Dental	Vision	FUSION®
annual maximum	\$1,000	see schedule	\$1,000
per visit deductible	\$25	\$0	\$25/visit dental

Waiting Period	
basic and preventive services	no waiting period
major services	1 year waiting period (applies to break in the State Ameritas coverage)
orthodontic services	1 year waiting period (applies to break in the State Ameritas coverage)

Dental Fusion Vision Schedule		Frequency
Exam	\$25.00	1 per plan year
Frame	\$40.00	1 per plan year
Lenses		
Single	\$35.00	1 per plan year
Bifocal	\$50.00	1 per plan year
Trifocal	\$65.00	1 per plan year
Lent	\$70.00	1 per plan year
Progressive	\$70.00	1 per plan year
Contacts	frames + lenses	1 per plan year

Dental Fusion benefit is only available when the dental maximum has not been reached. Vision discounts available at providers across the state. Visit www.ameritasgroup.com/stateSD to view a list of providers offering discounts. Benefit available for either glasses and frames, or contacts under each plan.

Base Dental Plan

Preventive Services	Frequency	Coverage after Deductible
oral examinations	2 per plan year	MCE
bite-wing X-rays	2 per plan year	MCE
panoramic X-rays	1 in 3 years	MCE
prophylaxis	2 per plan year	MCE
fluoride treatments	1 per plan year age 18 and under	MCE
sealants	age 15 and under	MCE
Basic Services	Frequency	Coverage after Deductible
restorations amalgams /restorative composites	1 in 6 months per tooth	MCE
endodontics (anterior & posterior)	1 per tooth	MCE
denture repair	1 in 6 months per arch	MCE
simple extractions	as needed	MCE
anesthesia	in-conjunction with surgical service	MCE
Major Services	Frequency	Coverage after Deductible
crowns	1 per tooth new and replacement 1 in 5 years	MCE
fixed bridges (replacement 1 in 5 years)	new in-conjunction with covered extraction and replacement 1 in 5 years	MCE
dentures (full & partial replacement 1 in 5 years)	as needed	MCE
onlays	1 per tooth new and replacement 1 in 5 years	MCE
implants	1 per tooth	MCE
Orthodontic	Frequency	Coverage after Deductible
child only (under age 19)	lifetime max of \$1,000	50%

Enhanced Dental Plan

- The Enhanced Dental Plan is provided by Ameritas.
- There is a \$25 per visit deductible.
- The Enhanced Dental Plan covers procedures on a listed percentage based on the 75th percentile of usual and customary (U&C) charges and zip code of the dental provider.
- The member pays the per visit deductible, charges that exceed the 75th Percentile U&C, coinsurance, and charges that exceed the annual maximum.
- No more than the noted dental maximum can be applied to dental benefits, and no more than the noted vision maximum may be applied to visions benefits, with a ceiling of the FUSION® maximum for both.
- Dental Fusion is reimbursed for a set dollar amount based on frequency.
- You can visit the provider of your choice and receive benefits but network providers agree to offer you a discount. A complete list of network providers is available at www.ameritasgroup.com/stateSD.
- Questions? Call Ameritas at 800.487.5553 or visit www.ameritasgroup.com/stateSD.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$23.26	\$46.52
Employee + 1 dependent	\$40.46	\$80.92
Employee + 2 dependents	\$53.72	\$107.44
Employee + 3 dependents or more	\$72.50	\$145.00
Contributions for coverage under the Dental Plan are made on a pretax basis.		

Maximum & Per Visit Deductible	Dental	Vision	FUSION®
annual maximum	\$1,000	see schedule	\$1,000
per visit deductible	\$25	\$0	\$25/visit dental

Waiting Period	
basic and preventive services	no waiting period
major services	1 year waiting period (applies to break in the State Ameritas coverage)
orthodontic services	1 year waiting period (applies to break in the State Ameritas coverage)

Dental Fusion Vision Schedule		Frequency
Exam	\$25.00	1 per plan year
Frame	\$40.00	1 per plan year
Lenses		
Single	\$35.00	1 per plan year
Bifocal	\$50.00	1 per plan year
Trifocal	\$65.00	1 per plan year
Lent	\$70.00	1 per plan year
Progressive	\$70.00	1 per plan year
Contacts	frames + lenses	1 per plan year

Dental Fusion benefit is only available when the dental maximum has not been reached. Vision discounts available at providers across the state. Visit www.ameritasgroup.com/stateSD to view a list of providers offering discounts. Benefit available for either glasses and frames, or contacts under each plan.



Photo courtesy of South Dakota Department of Tourism

Enhanced Dental Plan

Preventive Services	Frequency	Coverage after Deductible
oral examinations	2 per plan year	100%
bite-wing X-rays	1 per plan year	100%
prophylaxis	2 per plan year	100%
fluoride treatments	1 per plan year age 18 and under	100%
Basic Services	Frequency	Coverage after Deductible
restorations amalgams/ restorative composites	1 in 6 months per tooth	80%
endodontics (anterior & posterior)	2 per plan year instead of prophylaxis	80%
denture repair	1 in 6 months	80%
simple extractions	as needed	80%
peripical X-rays	as needed	80%
sealants	age 15 and under	80%
space maintainers	as needed	80%
full mouth/panoramic X-rays	1 in 5 years	80%
Major Services	Frequency	Coverage after Deductible
crowns/crown implant/repair	1 per tooth new and replacement 1 in 5 years	50%
fixed bridges (replacement 1 in 5 years)	new in-conjunction with covered extraction and replacement 1 in 5 years	50%
dentures (full & partial replacement 1 in 5 years)	as needed	50%
onlays	1 per tooth new and replacement 1 in 5 years	50%
implants	1 per tooth	50%
endodontics	1 per tooth	50%
periodontics	1 in 24 months for scaling and root planing; other services reviewed	50%
anesthesia	in-conjunction with surgical service	50%
Orthodontic	Frequency	Coverage after Deductible
adult and child	lifetime max of \$1,500	50%

Base Plan Example

AMERITAS DENTAL CLAIMS ILLUSTRATIONS FOR THE STATE OF SOUTH DAKOTA

The sample procedures listed below were taken from actual claims processed for State of South Dakota members enrolled under the Base Plan.**

**The plan pays the Maximum Covered Expense (MCE).
 Member responsibility: Network Provider: deductible + charges that Exceed MCE Allowance.
 Member responsibility: Out-of-Network: deductible + charges that Exceed MCE Allowance.
 When utilizing an Out-of-Network provider, there aren't any provider adjustments.

For questions regarding this illustration, call 800.487.5553.

Sample Dentist	Service Type	Code	Description	Submitted Charge	Provider Adjustment	Network Provider Accepted Fee	MCE Allowance	Exceeds MCE Allowance	Deductible Applied	Amount patient owes provider	Ameritas Covered Amount after Deductible
This claim illustration is based on the average charges received by Out-of-Network providers in the area for preventive services.											
Out-of-Network	Preventive	D0120	Exam	42.00	N/A	N/A	33.00	9.00	25.00	34.00	8.00
Out-of-Network	Preventive	D1110	Cleaning	76.00	N/A	N/A	70.00	6.00	0.00	6.00	70.00
			Total	118.00	N/A	N/A	103.00	15.00	25.00	40.00	78.00
This claim illustration is based on the average charges received by Network providers in the area for preventive visits.											
Network Dentist	Preventive	D0120	Exam	42.00	-8.00	34.00	33.00	1.00	25.00	26.00	8.00
Network Dentist	Preventive	D1110	Cleaning	76.00	-12.00	64.00	64.00	0.00	0.00	0.00	64.00
			Total	118.00	-20.00	98.00	97.00	1.00	25.00	26.00	72.00
This claim illustration is based on the average charges received by Out-of-Network providers in the area for restorative and major services.											
Out-of-Network	Basic	D2150	Amalgam Restoration	134.00	N/A	N/A	85.00	49.00	25.00	74.00	60.00
Out-of-Network	Major	D2740	Crown	872.00	N/A	N/A	357.00	515.00	0.00	515.00	357.00
			Total	1006.00	N/A	N/A	442.00	564.00	25.00	589.00	417.00
This claim illustration is based on the average charges received by Network providers in the area for restorative and major services.											
Network Dentist	Basic	D2150	Amalgam Restoration	134.00	-35.00	99.00	85.00	14.00	25.00	39.00	60.00
Network Dentist	Major	D2740	Crown	872.00	-158.00	714.00	357.00	357.00	0.00	357.00	357.00
			Total	1006.00	-193.00	813.00	442.00	371.00	25.00	396.00	417.00

Enhanced Plan Example

AMERITAS DENTAL CLAIMS ILLUSTRATIONS FOR THE STATE OF SOUTH DAKOTA

The sample procedures listed below were taken from actual claims processed for State of South Dakota members enrolled under the Enhanced Plan.**

**Procedures under the Enhanced Plan are subject to the 75th percentile U & C.

Member responsibility: Network Provider: deductible + coinsurance.

Member responsibility: Out-of-Network: deductible + charges that Exceed 75th Percentile + coinsurance.

When utilizing an Out-of-Network provider, there aren't any provider adjustments.

For questions regarding this illustration, call 800.487.5553

Sample Dentist	Service Type	Code	Description	Submitted Charge	Provider Adjustment	Network Provider Accepted Fee	Exceeds 75th Percentile	Amount Covered by Plan	Deductible Applied	Amount Covered After Deductible	Patient's Plan Pays	Amount Payable by Plan	Amount patient owes provider
This claim illustration is based on the average charges received by Out-of-Network providers in the area for preventive services.													
Out-of-Network	Preventive	D0120	Exam	42.00	N/A	N/A	0.00	42.00	25.00	17.00	100%	17.00	25.00
Out-of-Network	Preventive	D1110	Cleaning	76.00	N/A	N/A	0.00	76.00	0.00	76.00	100%	76.00	0.00
			Total	118.00	N/A	N/A	0.00	118.00	25.00	93.00		93.00	25.00

This claim illustration is based on the average charges received by Network providers in the area for preventive visits.													
Network Provider	Preventive	D0120	Exam	42.00	-8.00	34.00	N/A	34.00	25.00	9.00	100%	9.00	25.00
Network Provider	Preventive	D1110	Cleaning	76.00	-12.00	64.00	N/A	64.00	0.00	64.00	100%	64.00	0.00
			Total	118.00	-20.00	98.00	0.00	98.00	25.00	73.00		73.00	25.00

This claim illustration is based on the average charges received by Out-of-Network providers in the area for restorative and major services.													
Out-of-Network	Basic	D2150	Amalgam Restoration	134.00	N/A	N/A	0.00	134.00	25.00	109.00	80%	87.20	46.80
Out-of-Network	Major	D2740	Crown	872.00	N/A	N/A	0.00	872.00	0.00	872.00	50%	436.00	436.00
			Total	1006.00	N/A	N/A	0.00	1006.00	25.00	981.00		523.20	482.80

This claim illustration is based on the average charges received by Network providers in the area for restorative and major services.													
Network Provider	Basic	D2150	Amalgam Restoration	134.00	-35.00	99.00	N/A	99.00	25.00	74.00	80%	59.20	39.80
Network Provider	Major	D2740	Crown	872.00	-158.00	714.00	N/A	714.00	0.00	714.00	50%	357.00	357.00
			Total	1006.00	-193.00	813.00	N/A	813.00	25.00	788.00		416.20	396.80

Vision Care Plan

- The Stand-Alone Vision Plan is provided by Ameritas.
- The Stand-Alone Vision Plan schedule is based on a set dollar amount and frequency.
- Examples of eligible expenses include eye exams, lenses, frames or contact lenses.
- This is a Stand-Alone Vision Plan and may be purchased in addition to the Dental Fusion that may include limited vision coverage.
- You can see the vision care doctor of your choice.
- Vision discounts available at providers across the state. Visit www.ameritasgroup.com/stateSD to view a list of providers offering discounts.
- Questions? Call Ameritas at 800.487.5553 or visit www.ameritasgroup.com/stateSD.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$6.72	\$13.44
Employee + 1 dependent	\$11.86	\$23.72
Employee + 2 dependents	\$13.98	\$27.96
Employee + 3 dependents or more	\$17.64	\$35.28

Contributions for coverage under the Vision Care Plan are made on a pretax basis.

Vision Care Plan Example

Stand-Alone Vision Schedule		Frequency
Exam	\$45.00	1 per plan year
Frame	\$65.00	1 per plan year
Lenses		
Single	\$60.00	1 per plan year
Bifocal	\$80.00	1 per plan year
Trifocal	\$95.00	1 per plan year
Lent	\$100.00	1 per plan year
Progressive	\$100.00	1 per plan year
Contacts	frames + lenses	1 per plan year

Benefits increase when combined with the Dental Fusion, if applicable. Dental Fusion benefit is only available when you are enrolled in either the Base or Enhanced Dental Plan and the dental maximum has not been reached. Benefit available for either glasses and frames, or contacts under each plan.

Stand-Alone Vision Schedule	Fee Submitted	Scheduled Benefit	Exceeds Scheduled Benefit	Amount Patient Owes Provider
Exam	\$75.00	\$45.00	\$30.00	\$30.00
Frame	\$61.00	\$65.00	\$0.00	\$0.00
Lenses				
Single	\$86.00	\$60.00	\$26.00	\$26.00
Bifocal	\$131.00	\$80.00	\$51.00	\$51.00
Trifocal	\$208.00	\$95.00	\$113.00	\$113.00
Lent	\$208.00	\$100.00	\$108.00	\$108.00
Progressive	\$208.00	\$100.00	\$108.00	\$108.00
Contacts	\$110.00	\$125.00	\$0.00	\$0.00

Benefits increase when combined with the Dental Fusion, if applicable. The contact allowance is equal to the frames+lenses, the lenses are based on a single vision unless otherwise noted on claims submittal. Benefit available for either glasses and frames, or contacts under each plan.

Short-Term Disability Income Protection Plan

- The Short-Term Disability Income Protection Plan is provided by Unum.
- Coverage is for employee only.
- Short -Term Disability benefits are paid according to the coverage schedule.
- Questions? Call Risty Benefits, Inc at 866.237.9411 or visit www.southdakotaflexbenefits.com.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$5.70	\$11.40
Contributions for coverage under the Short-Term Disability Income Protection Plan are made on an after tax basis.		

Coverage	
Benefits Begin	Latter of: expiration of earned sick leave OR after 30 calendar days of total disability.
Monthly Benefit Amount	60% of monthly salary,* up to \$508.00 per week or \$2,201 per month maximum. Short-Term Disability Income Protection Plan benefits are paid on a weekly basis.
Participation Begins	Generally, six months after the employee enrolls in the Plan**
Benefits End	Earliest of: <ul style="list-style-type: none"> • End of disability (meaning the employee is physically able to return to work) • Employment in any job/occupation • The employee’s death*** • 52 weeks
* For purposes of this Plan, your salary does not include bonuses, fringe benefits, longevity pay, overtime pay or summer school compensation. ** Coverage for new employees generally begins six months after their first day of work, provided they enrolled within 30 days of date of hire. During annual enrollment, coverage is effective the following January 1. You will begin paying premiums in December for coverage effective January 1. *** Any accrued benefits will be paid to your estate upon employee death.	

Hospital Indemnity Plan

- The Hospital Indemnity Plan is provided by Reliance Standard.
- You and/or a covered family member receive a daily benefit of \$200 per person for each day of hospitalization because of an illness or injury – up to a total of 180 days per fiscal year, beginning with the first day of a hospital stay. There is not a lifetime maximum benefit.
- The Plan provides payment for each day you and/or a covered family member are hospitalized, regardless of coverage under other plans.
- Care must be medically necessary, ordered by a physician, take place in a hospital and be pre-authorized by Health Management Partners.
- Questions? Call Risty Benefits, Inc at 866.237.9411 or visit www.southdakotaflexbenefits.com.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$5.63	\$11.26
Employee + 1 dependent	\$5.97	\$11.94
Employee + 2 dependents	\$9.96	\$19.92
Employee + 3 dependents or more	\$15.42	\$30.84
Contributions for coverage under the Hospital Indemnity Plan are made on a pretax basis.		

Major Injury Protection Plan

- The Major Injury Protection Plan is provided by Reliance Standard.
- The fixed dollar benefit is paid for certain injuries regardless of coverage under other plans. To view covered benefits, visit www.southdakotaflexbenefits.com.
- Coverage under this Plan supplements medical benefits if you and/or a covered family member are injured in an accident on or off the job.
- You receive benefits for treatment or services required within 90 days of an accident or for surgery within one year after an accident.
- Questions? Call Risty Benefits, Inc at 866.237.9411 or visit www.southdakotaflexbenefits.com.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$5.32	\$10.64
Employee + 1 dependent	\$8.74	\$17.48
Employee + 2 dependents	\$12.74	\$25.48
Employee + 3 dependents or more	\$16.23	\$32.46
Contributions for coverage under the Major Injury Protection Plan are made on a pretax basis.		

Flexible Spending Accounts (FSAs)

MEDICAL EXPENSE SPENDING ACCOUNT

- Make the most of your money. A Medical Expense Spending Account provides an easy way for you to set aside pretax money to use for medical expenses.
- Pay for out-of-pocket medical costs. A Medical Expense Spending Account helps you pay for out-of-pocket medical costs including: deductibles, copayments, dental costs, vision costs, prescriptions and some other healthcare costs not covered by health insurance.
- Reimbursed expenses. The majority of eligible out-of-pocket medical expenses will be processed by DAKOTACARE automatically. DAKOTACARE will then reimburse you via check or automatic bank deposit.
- Eligible family members. Money set aside in your account can be used to pay for out-of-pocket expenses for eligible member of your family, not just those covered by the health plan.
- \$1,800 Deductible Plan eligible expenses. If enrolled in the \$1,800 Deductible Plan, the Medical Expense Spending Account may only be used toward vision, dental and preventive care expenses.
- Use it or lose it. Active flexible spending account (FSA) holders have until September 15 of the following plan year, to spend or incur claims related to their Medical Expense Spending Account.

FSA	Status	IRS Maximum Annual Contribution 2014-Calendar Year	IRS Maximum Annual Contribution 2015-Calendar Year
Medical Expense Spending Account	per employee	\$2,500	\$2,500

DEPENDENT CARE/DAY CARE SPENDING ACCOUNT

- Make the most of your money. A Dependent Care/Day Care Spending Account provides an easy way for you to set aside pretax money to use for eligible dependent care (day care) only.
- Eligible dependents. Eligible dependents include a child under age 13 and/or dependent child or spouse who is physically or mentally unable to care for themselves. Visit <http://benefits.sd.gov/spds.aspx>, choose FY 2013 Flexible Benefits, and see the Dependent Care/Day Care Expense Spending Account section of the Flexible Benefits SPD for further eligibility requirements.
- Reimbursed expenses. Members must submit a claim form to DAKOTACARE to receive reimbursement. Members will receive a check or direct deposit reimbursement.
- Use it or lose it. Active flexible spending account (FSA) holders have until September 15 of the following plan year, to spend or incur claims related to their Dependent Care/Day Care Spending Account.

FSA	Status	IRS Maximum Annual Contribution 2014-Calendar Year	IRS Maximum Annual Contribution 2015-Calendar Year
Dependent Care/Day Care Spending Account	per household	\$5,000	\$5,000

Life & Accidental Death & Dismemberment (AD&D)

Basic Life Insurance

- Basic Life Insurance coverage of \$25,000 is provided to benefit eligible employees through ING.
- The ING Life Insurance Plan is portable meaning you can continue the policy on your own when you end employment with the state, up to age 80.

Employee Supplemental Life

- You may choose Supplemental Life Coverage levels of two, three, four or five times your annual earnings through ING.
- You may be subject to underwriting after your 30-day enrollment period as a new hire has expired.
- The maximum amount of Supplemental coverage available is \$400,000.
- You pay for coverage through after tax payroll deductions.

Employee Accidental Death & Dismemberment (AD&D)

- AD&D coverage of \$25,000 is provided to benefit eligible employees through ING.
- The AD&D coverage provides a benefit in the case of accidental death and dismemberment.
- AD&D coverage must equal the Supplemental Life Coverage.
- If elected, AD&D coverage will apply to dependent life coverage as well, if applicable.
- You pay for coverage through after tax payroll deductions.
- Questions? Call Risty Benefits, Inc at 866.237.9411 or visit www.southdakotaflexbenefits.com.

Dependent Life/Accidental Death & Dismemberment (AD&D)

- If you have Employee Supplemental Life, you may purchase \$10,000 of Dependent Life Coverage and \$10,000 of Dependent AD&D coverage. The coverage and contribution rates apply to all eligible dependents.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
\$10,000 Life	\$1.13	\$2.26
\$10,000 AD&D	\$0.15	\$0.30

How to figure Supplemental Life and AD&D:

- Employee Supplemental Life and AD&D contribution rates are per \$1,000 of coverage.
- To calculate your contribution amount(s), round your salary up to the next \$1,000 level.
- Multiply salary by desired coverage level. Then multiply by the rate for your age group.
- Finally, divide by 1,000.

Example: Employee paid 24 Pay Periods - age 46 with annual earnings of \$37,600 elects Life and AD&D coverage at 3 times annual.

$$\text{Life Rate} = \$0.09 \text{ per thousand} \\ \$38,000 \times 3 \times 0.09 / 1,000 = \$10.26 \text{ per pay period}$$

$$\text{AD\&D Rate} = \$0.015 \text{ per thousand} \\ \$38,000 \times 3 \times 0.015 / 1,000 = \$1.71 \text{ per pay period}$$

RATE PER \$1,000 OF COVERAGE PER PAY PERIOD				
Age	Premiums 24 Pay Period		Premiums 12 Pay Period	
	Life	AD&D	Life	AD&D
Younger than 30	\$0.030	\$0.015	\$0.060	\$0.030
30 to 34	\$0.030	\$0.015	\$0.060	\$0.030
35 to 39	\$0.050	\$0.015	\$0.100	\$0.030
40 to 44	\$0.065	\$0.015	\$0.130	\$0.030
45 to 49	\$0.090	\$0.015	\$0.180	\$0.030
50 to 54	\$0.135	\$0.015	\$0.270	\$0.030
55 to 59	\$0.160	\$0.015	\$0.320	\$0.030
60 to 64	\$0.250	\$0.015	\$0.500	\$0.030
65 to 69	\$0.520	\$0.015	\$1.040	\$0.030
70+	\$0.900	\$0.015	\$1.800	\$0.030

Enroll in Benefits: May 1-14, 2014

1. Read through this Decision Guide for What's New in FY15

- You will receive the FY15 Decision Guide and other benefits related information by email. Provide your Human Resource Specialist with an updated email address(es) to ensure that you are receiving the most up-to-date information. Members may contact their Human Resource Specialist if they need access to the internet or a printed copy of the Decision Guide.
- To view the Decision Guide online, visit <http://benefits.sd.gov>, click Active Employee, scroll over Enroll and then click Annual Enrollment.

2. Annual Enrollment Video

- There will not be any DDN sessions for FY15. A video is available online explaining FY15 plan changes.
- Visit <http://benefits.sd.gov>, click Active Employee, scroll over Enroll and then click Annual Enrollment.

3. Enroll for FY15 Benefits

To log in, visit <http://benefits.sd.gov>, click Active Employee, scroll over Enroll and then click Annual Enrollment.

IMPORTANT REMINDERS:

- Review each page and select benefits for yourself.
- After selecting benefits for yourself, click the box next to the name of each dependent you want covered.
- Click the Save/Continue button on each page.
- Print a confirmation statement for your records once you have enrolled in benefits.

4. Life Insurance and Beneficiary Data

- Review your current Life Insurance coverage and beneficiary information.
- You can make changes to your Life Insurance coverage, including beneficiaries at any time.
- You can increase your Life Insurance coverage at any time with a completed evidence of insurability form. To view the form, visit <http://benefits.sd.gov/lifeinsurance.aspx>.

<http://benefits.sd.gov/annualenrollment.aspx>



Contacts and Resources

The South Dakota State Employee Health Plan works in partnership to provide high quality, competitively priced programs, and services. Below is a listing of our contacts and resources and the services they offer.

	CONTACT	ONLINE	PHONE/FAX	
Benefits Program				
<ul style="list-style-type: none"> • Health Plan Questions • Enrollment Questions 	Bureau of Human Resources 500 East Capitol Pierre, SD 57501-5070	benefitswebsite@state.sd.us http://benefits.sd.gov	877.573.7347, option 2 605.773.3148 Fax: 605.773.6840	
Latitude Wellness Programs				
<ul style="list-style-type: none"> • Health Assessment • Health Screenings • Latitude Wellness Program 	Health Management Partners 2301 West Russell Street Sioux Falls, SD 57105	latitude@state.sd.us http://benefits.sd.gov and choose Latitude Wellness Portal	877.573.7347, option 3	
DAKOTACARE				
<ul style="list-style-type: none"> • Coverage Questions • Provider Network • Flexible Spending Accounts • Claims Processing 	DAKOTACARE P.O. Box 7406 Sioux Falls, SD 57117-7406	www.DAKOTACARE.com DAKOTACARE Flex Online www.dakotacareflexonline.com DAKOTACARE Access https://access.dakotacare.com/?Client=DD10028	877.573.7347, option 1 or 800.831.0785 Fax: 605.336.0270 (Attn: Claims)	
Health Management Partners				
<ul style="list-style-type: none"> • Case Management • Condition Management • Medical Pre-authorizations • Medical Management • Our Healthy Baby 	Health Management Partners 2301 West Russell Street Sioux Falls, SD 57105	www.hmpsd.com	877.573.7347, option 3 or 866.330.9886 Fax: 605.731.1905	
Ameritas				
<ul style="list-style-type: none"> • Dental • Vision 	Ameritas Group Claims PO Box 82520 Lincoln, NE 68501	group@ameritas.com www.ameritasgroup.com/stateSD	877.573.7347, option 5 or 800.487.5553 Fax: 402.467.7336	
Risty Benefits, Inc.				
<ul style="list-style-type: none"> • Hospital Indemnity • Major Injury Protection • Short Term Disability • Long Term Care • Life Insurance and AD&D 	Risty Benefits, Inc. 1324 Minnesota Sioux Falls, SD 57105	help@ristybenefits.com www.southdakotaflexbenefits.com	877.573.7347, option 4 or 866.237.9411	
Latitude Employee Assistance Program (LEAP)				
<ul style="list-style-type: none"> • Family Issues • Alcohol/Drugs • Anxiety • Managing Stress • Parenting • Workplace 	<ul style="list-style-type: none"> • Aging • Depression • Grief • Relationships • Abuse • Legal 	APS 7125 Columbia Gateway Dr. Suite 250 Columbia, MD 21046	www.apsheplink.com company code: southdakota 24 hours a day, 7 days a week	877.573.7347, option 6 or 800.713.6288