

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN
FY2015 PLAN YEAR**

RETIREE - Monthly Premium Rates
Effective 7/1/2014 through 12/31/2014

DEDUCTIBLE	\$750 Ded.	\$1,250 Ded.	\$1,800 Ded. HSA
RETIREE	\$729.94	\$574.88	\$379.34
RETIREE + SPOUSE	\$1,440.42	\$1,024.10	\$717.18
RETIREE + CHILD(REN)	\$887.55	\$698.83	\$436.03
FAMILY	\$1,598.03	\$1,148.04	\$773.87

RETIREE - Monthly Premium Rates
Effective 1/1/2015 through 6/30/2015

DEDUCTIBLE	\$750 Ded.	\$1,250 Ded.	\$1,800 Ded. HSA
RETIREE	\$915.05	\$690.19	\$439.00
RETIREE + SPOUSE	\$1,998.71	\$1,337.13	\$819.46
RETIREE + CHILD(REN)	\$1,151.27	\$899.95	\$529.83
FAMILY	\$2,234.93	\$1,546.89	\$910.28

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

**DENTAL AND VISION PLANS (Ameritas) - COBRA
FY2015 MONTHLY PREMIUM RATES**

DENTAL PLAN

	<u>BASE PLAN</u>	<u>ENHANCED PLAN</u>
Participant Only	\$27.91	\$47.45
Participant and 1 Dependent	\$49.86	\$82.54
Participant and 2 Dependents	\$72.30	\$109.59
Participant and 3+ Dependents	\$90.62	\$147.90

VISION PLAN

Participant Only	\$13.71
Participant and 1 Dependent	\$24.19
Participant and 2 Dependents	\$28.52
Participant and 3+ Dependents	\$35.99

**LIFE INSURANCE - RETIREE
FY2015 MONTHLY PREMIUM RATES
PER \$1000 OF COVERAGE**

<u>AGE GROUP</u>	<u>LIFE</u>	<u>AD&D</u>
Less than 30	\$0.02	\$0.03
30 to 34	\$0.02	\$0.03
35 to 39	\$0.06	\$0.03
40 to 44	\$0.09	\$0.03
45 to 49	\$0.14	\$0.03
50 to 54	\$0.23	\$0.03
55 to 59	\$0.28	\$0.03
60 to 64	\$0.46	\$0.03
65 to 69	\$1.00	\$0.03
70*	\$1.76	\$0.03

*NOTE: Your Term Life coverage ends the last day of the month of your 80th birthday.
There is a conversion policy.