



**ANNUAL ENROLLMENT DATES: MAY 1-14, 2015**

Photo courtesy of South Dakota Department of Tourism.

# FY16 Decision Guide

FY16 (July 1, 2015 - June 30, 2016)

SOUTH DAKOTA  
**state employee  
benefits program**

learn. act. thrive.

# FY16 Decision Guide

## South Dakota State Employee Benefits Program

### Welcome Message

Annual Enrollment is May 1-14, 2015. During this time, you can make changes to your health and flexible benefit plans. This is the only time during the plan year that you can make changes to your benefits without a valid family status change.

We are changing flexible benefit plans and vendors for the Dental, Vision, Accident Insurance (formerly Major Injury Protection) and Hospital Indemnity Plans effective July 1, 2015. The Short-Term Disability Plan vendor remains the same but the plan benefits have changed. There is also a new rate structure for flexible benefit premiums.

We encourage all employees to use the online enrollment system to review their current benefits and then make changes if necessary.

If you do not enroll during Annual Enrollment, your benefits will remain the same unless you are currently enrolled in the lowest deductible Health Plan and didn't complete the Latitude Wellness Program qualifications.

If you and your covered spouse did not complete the annual Latitude Wellness Program qualifications for FY16 and are currently enrolled in the lowest deductible Health Plan; you, your covered spouse and dependents will be defaulted to the \$1,250 Deductible Health Plan if you do not enroll during Annual Enrollment. If you did not qualify for the lowest deductible Health Plan and enroll during Annual Enrollment, you can choose between the \$1,250 Deductible Health Plan and the \$1,800 Deductible Health Plan.

After Annual Enrollment, we will announce changes to the Latitude Wellness Program points for members who wish to qualify for the lowest deductible Health Plan in FY17.

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# What you need to know about the Health Plans

- Your health insurance rates, deductible, coinsurance and out-of-pocket maximum amounts will remain the same for FY16.
- You must visit a DAKOTACARE network provider 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 care 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
  - You failed to obtain pre-authorization when necessary
- Expenses not covered by the Health Plan do NOT apply to the out-of-pocket maximum.
- When insured under the \$1,800 Deductible Health Plan, all costs of prescription drugs apply to the deductible and then coinsurance. There are no prescription copayments.

## Qualifying for the Lowest Deductible Health Plan in FY17

- To be eligible for the lowest deductible Health Plan in FY17, you and your covered spouse must complete a Health Screening, Health Assessment and earn Latitude Wellness Program points during the designated time frames in FY16.
- Watch your email for more information following Annual Enrollment.

## Opt-Outs

- You can Opt-Out of the State Employee Health Plan if you have other group coverage. Proof of other coverage is required for each fiscal year.
- You must provide proof of creditable coverage by June 11, 2015 to Opt-Out of coverage under the State Employee Health Plan. If you do not provide proof of creditable coverage, you will be defaulted to the \$1,250 Deductible Health Plan.
- If you are a new TRICARE Opt-Out in FY16, you are required to provide proof of coverage. If you were a TRICARE Opt-Out in FY15, proof is not required at this time. 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.
- Email Opt-Out documentation to [benefitswebsite@state.sd.us](mailto:benefitswebsite@state.sd.us). Please include the employee name and current employer on the documentation.



# FY16 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 earned 75 Latitude Wellness Program points during the designated time frames in FY15 unless you were hired or added to the Health Plan after July 1, 2014.
- If you and your covered spouse did not complete the annual qualifications for FY16 and are currently enrolled in the lowest deductible Health Plan; you, your covered spouse and your covered dependents will be defaulted to the \$1,250 Deductible Health Plan if you do not enroll during Annual Enrollment.
- You must meet a \$750 per person or a \$1,875 family deductible (if you have coverage for a 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 copays begin.

## \$1,250 Deductible Health Plan

- You must meet a \$1,250 per person or a \$3,125 family deductible (if you have coverage for a 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-pocket-maximum has been met.
- A separate prescription drug deductible of \$50 per person applies before prescription drug copays begin.

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

- All eligible Health Plan expenses, including prescription drugs, apply toward 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 up front, which then 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. Members always pay up front then will be reimbursed as eligible.
- 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 by the deadline, 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 every plan year. A verification email will be sent following Annual Enrollment. If you do not verify your HSA by July 16, 2015, you will not receive the \$300 contribution.
- If you have questions about an HSA, please email [benefitswebsite@state.sd.us](mailto:benefitswebsite@state.sd.us).

### HSA MAXIMUM CONTRIBUTION FOR FY16

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 Internal Revenue Service (IRS). The following are the maximum contributions you can make to your HSA in FY16 according to IRS regulations.

	Employer		Employee		HSA Contribution 2015*
Employee only	\$300	+	\$3,050	=	\$3,350
Employee and spouse	\$300	+	\$6,350	=	\$6,650
Employee and child(ren)	\$300	+	\$6,350	=	\$6,650
Family	\$300	+	\$6,350	=	\$6,650

\* 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 FY16. Consult your financial planner or accountant for more information.

# FY16 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 FY16						
Plan Details	\$750 Deductible Health Plan		\$1,250 Deductible Health Plan		\$1,800 Deductible Health Plan with HSA	
	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider
Eligible Preventive Services <sup>1</sup>	Covered at 100%	Not covered <sup>2</sup>	Covered at 100%	Not covered <sup>2</sup>	Covered at 100%	Not covered <sup>2</sup>
Plan Year Deductible	<ul style="list-style-type: none"> <li>• \$750 per person</li> <li>• \$1,875 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,500 per person</li> <li>• \$3,750 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,250 per person</li> <li>• \$3,125 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,500 per person</li> <li>• \$6,250 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</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,600 single coverage</li> <li>• \$7,200 family coverage</li> </ul>
					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"> <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>	<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	<ul style="list-style-type: none"> <li>• \$3,250 per person</li> <li>• \$8,125 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$6,500 per person</li> <li>• \$16,250 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$4,250 per person</li> <li>• \$10,200 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$8,500 per person</li> <li>• \$21,250 per family of three or more</li> </ul>	<ul style="list-style-type: none"> <li>• \$4,350 single coverage</li> <li>• \$10,200 per family</li> </ul>	<ul style="list-style-type: none"> <li>• \$8,700 single coverage</li> <li>• \$21,750 per family</li> </ul>
State Health Savings Account contribution	N/A		N/A		• \$300 for employee only with proof of HSA	
<b>Prescription Drugs</b>						
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"> <li>• \$1,000 per person</li> <li>• \$2,500 per family of three or more</li> </ul>		<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> To view eligible preventive care services, visit <http://benefits.sd.gov/preventivecare.aspx>.

<sup>2</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 PHCS provider. If Member utilizes a non PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the Member's responsibility to pay.



# FY16 Prescription Drug Coverage

## How Prescription Drug Coverage Works

- Under the \$750 Deductible and \$1,250 Deductible Health 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.
- Under the \$1,800 Deductible Health Plan with HSA, a \$1,800 Deductible (single coverage) and \$3,600 Deductible (family coverage) 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.

## FY16 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. For more information, call DAKOTACARE at 800.831.0785.

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

Tiered Prescription Drug Coverage	Up to 30 Day Supply Copayment
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

### PRESCRIPTION DRUG COVERAGE UNDER THE \$1,800 DEDUCTIBLE HEALTH PLAN

Prescription Drug Coverage
Member pays full prescription drug expenses directly to the pharmacy at the time of service.
Pharmacy charges are applied to deductible: \$1,800 single coverage or \$3,600 family coverage.
After the deductible has been met, the member is responsible for 25% coinsurance up to the plan year out-of-pocket maximum. Member then pays the full prescription drug expense with 75% reimbursement from DAKOTACARE.



# Flexible Spending Accounts

## MEDICAL EXPENSE SPENDING ACCOUNT

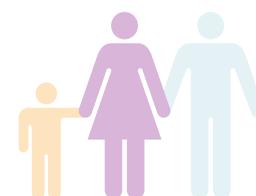
- Make the most of your money. A Medical Expense Spending Account provides an easy way for you to set aside pretax money to use for medical expenses.
- Pay for out-of-pocket medical costs. A Medical Expense Spending Account helps you pay for out-of-pocket medical costs including: deductibles, copayments, dental costs, vision costs, prescriptions and some other healthcare costs not covered by health insurance.
- Reimbursed expenses. Eligible out-of-pocket medical expenses will be processed by DAKOTACARE automatically (excludes vision claims). DAKOTACARE will then reimburse you via check or automatic bank deposit. If you would prefer to manually submit your claims and not have automatic reimbursement, please contact the Benefits Program to have automatic reimbursement removed from your account.
- Eligible family members. Money set aside in your account can be used to pay for out-of-pocket expenses for eligible members of your family, not just those covered by the Health Plan.
- If enrolled in the \$1,800 Deductible Health Plan, the Medical Expense Spending Account may only be used toward vision and dental.
- 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 (unless your benefits term mid-year).

FSA	Status	IRS Maximum Annual Contribution 2014-Calendar Year	IRS Maximum Annual Contribution 2015-Calendar Year
Medical Expense Spending Account	per employee	\$2,500	\$2,550

## 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. Money set aside in your account can be used for the care of dependent children under age 13 and/or a dependent child or spouse who is physically or mentally unable to care for themselves. Visit <http://benefits.sd.gov/spds.aspx> 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 (unless your benefits term mid-year).

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



# FY16 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 Employee Health Plan contributions for FY16.

24 PAY PERIODS			
Coverage Level	\$750 Deductible Health Plan Contributions <sup>1</sup>	\$1,250 Deductible Health Plan Contributions <sup>1</sup>	\$1,800 Deductible Health Plan with HSA Contributions <sup>1</sup>
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
<b>Employee and Spouse (Spouse Age as of July 1, 2015)<sup>2</sup></b>			
< 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
<b>Employee and Spouse and 1 Child (Spouse Age as of July 1, 2015)<sup>2</sup></b>			
< 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
<b>Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2015)<sup>2</sup></b>			
< 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
<sup>1</sup> \$30 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products. <sup>2</sup> For Family Status Changes during the plan year, current age determines rate.			

# FY16 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 Employee Health Plan contributions for FY16.

12 PAY PERIODS			
Coverage Level	\$750 Deductible Health Plan Contributions <sup>1</sup>	\$1,250 Deductible Health Plan Contributions <sup>1</sup>	\$1,800 Deductible Health Plan with HSA Contributions <sup>1</sup>
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
<b>Employee and Spouse (Spouse Age as of July 1, 2015)<sup>2</sup></b>			
< 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
<b>Employee and Spouse and 1 Child (Spouse Age as of July 1, 2015)<sup>2</sup></b>			
< 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
<b>Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2015)<sup>2</sup></b>			
< 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
<sup>1</sup> \$60 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products. <sup>2</sup> For Family Status Changes during the plan year, current age determines the contribution rate.			

# FY16 Flexible Benefits

## Important news about your flexible benefits

Recently, the South Dakota State Employee Benefits Program completed a competitive bidding process for flexible benefits. As a result, we are changing plans and vendors for Dental, Vision, Accident Insurance (formerly Major Injury Protection) and Hospital Indemnity Plans effective July 1, 2015. The Short-Term Disability Plan vendor remains the same but the plan benefits have changed. There is also a new rate structure for flexible benefits coverage and premiums.

New flexible benefit vendors include:

- Delta Dental-Dental Plan
- MetLife-Vision Plan and Accident Insurance Plan (formerly Major Injury Protection)
- VOYA Financial-Hospital Indemnity Plan

All flexible benefit plans have a new rate structure. The Dental and Vision Plans take deductions on an pretax basis. The remaining plans offer after tax deductions. Take some time to review the new structure and rates. If you do not enroll during Annual Enrollment, your flexible benefits coverage levels will be the same but the vendors, plans and rate structure will change.

You received email announcements regarding the new vendors along with directions on where to find detailed information about each plan. For your convenience, plan highlights, rates and plan specific information are in the Decision Guide.

Flexible benefits include:

### Dental Plan

- Provided by Delta Dental.
- Provides benefits for eligible dental expenses for you and your family members.

### Vision Plan

- Provided by MetLife.
- Provides benefits for eligible vision expenses for you and your family members.

### Accident Insurance Plan

- Provided by MetLife.
- Provides a fixed-dollar benefit for certain accidental injuries, regardless of coverage under other plans.

### Short-Term Disability Income Protection Plan

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

### Hospital Indemnity Plan

- Provided by VOYA Financial.
- Provides a daily benefit during hospitalizations, 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.



## FY16 Dental Plans

- The Base and Enhanced Dental Plans are provided by Delta Dental.
- There is a \$25 per plan year per member deductible.
- The Base and Enhanced Plans pay for services based on a percentage of allowable charges.
- The member is responsible for the deductible, charges that exceed the covered percentage of allowable charges and any charges over the annual maximum.
- No more than the noted dental maximum can be applied to dental benefits.
- Delta Dental offers an expanded dental network that includes 98% of the dentists in South Dakota.
- You can visit the dentist of your choice but you may owe less out-of-pocket when you go to a participating/network dentist. Participating/network dentists have agreed to write off charges that exceed the allowable charges; nonparticipating dentists can balance bill those charges back to the members.
- To find a participating/network dentist, visit [www.deltadentalsd.com](http://www.deltadentalsd.com) and click on Find a Dentist.
- If you enroll in either dental plan in FY16, there are no waiting periods for major and orthodontic services.
- Members enrolled in the Enhanced Plan are eligible to receive \$250 per plan year in Maximum Bonus Account (MBA) benefits if they file at least one claim during the plan year and benefits paid are less than \$750 for the plan year. MBA maximum is \$1,500 per member when enrolled in the Enhanced Plan.
- Additional dental plan information is available at <http://benefits.sd.gov/dental.aspx>.
- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.

## Dental Plan Overview

	Base Plan	Enhanced Plan
Annual Maximum	\$1,000	\$1,500
Deductible (per plan year per member)	\$25	\$25
Diagnostic and Preventive Services	no waiting period	no waiting period
Routine and Restorative Services	no waiting period	no waiting period
Major and Orthodontic Services	no waiting period for FY16 1 year waiting period after FY16	no waiting period for FY16 1 year waiting period after FY16
Maximum Bonus Account (MBA)	n/a	up to \$1,500 per Enhanced Plan member

## Base Dental Plan Premiums

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$14.98	\$29.96
Employee + Spouse	\$29.91	\$59.82
Employee + Child(ren)	\$32.74	\$65.48
Employee + Family	\$47.67	\$95.34
Premiums for coverage under the Dental Plan are made on a pretax basis.		

## Enhanced Dental Plan Premiums

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$24.19	\$48.38
Employee + Spouse	\$48.31	\$96.62
Employee + Child(ren)	\$49.26	\$98.52
Employee + Family	\$73.38	\$146.76
Premiums for coverage under the Dental Plan are made on a pretax basis.		

## Dental Plan Coverage

Diagnostic and Preventive Services	Frequency	Base Plan Coverage <sup>1</sup>	Enhanced Plan Coverage <sup>1</sup>
Routine examinations	2 per plan year	75%	100%
Routine cleanings	2 per plan year	75%	100%
Bite-wing x-rays	1 per plan year	75%	100%
Full mouth x-ray	1 in 5 years	75%	100%
Fluoride treatments	2 per plan year up to age 19	75%	100%
Space maintainers	on primary posterior teeth up to age 14	75%	100%
Dental sealants	once for unrestored 1st and 2nd permanent molars of child(ren) up to age 16	75%	100%
Routine and Restorative Services	Frequency	Base Plan Coverage <sup>1</sup>	Enhanced Plan Coverage <sup>1</sup>
Emergency treatment	n/a	60%	80%
Non-surgical extractions	n/a	60%	80%
Amalgam (silver) and composite (tooth colored) restorations/fillings	1 every 2 years per surface	60%	80%
Periodontal maintenance	2 per plan year instead of prophylaxis	60%	80%
Denture repair	n/a	60%	80%
Anesthesia	in-conjunction with surgical service	60%	80%
Major Services <sup>2</sup>	Frequency	Base Plan Coverage <sup>1</sup>	Enhanced Plan Coverage <sup>1</sup>
Root canals	1 every 2 years per tooth	35%	50%
Treatment of gum disease (periodontal service)	surgical-once every 3 years nonsurgical-once every 2 years	35%	50%
Crowns/onlays	1 every 5 years	35%	50%
Bridges	1 every 5 years	35%	50%
Partial and complete dentures	1 every 5 years	35%	50%
Implants	1 every 5 years	35%	50%
Surgical extractions	n/a	35%	50%
Orthodontics <sup>2</sup>		50% up to age 19 only	50%
Lifetime orthodontic benefit		\$1,000	\$1,500
Maximum Bonus Account <sup>3</sup>		n/a	\$1,500

<sup>1</sup> The covered percentage of allowable charges paid after the deductible has been satisfied.

<sup>2</sup> Members who enroll during FY16, will not have waiting periods. Members who do not enroll when initially eligible, will be subject to one year waiting periods for major and orthodontic services.

<sup>3</sup> Members enrolled in the Enhanced Plan are eligible to receive \$250 per plan year in Maximum Bonus Account (MBA) benefits if they file at least one claim during the plan year and benefits paid are less than \$750 for the plan year. MBA maximum is \$1,500 per member.

## Dental Maximum Bonus Account (MBA)

- Members enrolled in the Enhanced Plan are eligible to receive \$250 per plan year in Maximum Bonus Account (MBA) benefits if they file at least one claim during the plan year and benefits paid are less than \$750 for the plan year.
- The MBA maximum is \$1,500 per member.
- You must be enrolled in the Enhanced Plan for one plan year before you can earn MBA benefits.
- You, your spouse and dependents will each have their own account. MBA benefits cannot be shared.
- MBA benefits cannot be used for orthodontic claims.
- If you move from the Enhanced Plan to the Base Plan, you will lose your account balance.
- You will also lose your account balance if you have a break in coverage.
- If you are currently enrolled in the Enhanced Plan, your dental rewards balance will carryover to Delta Dental if you enroll in the Enhanced Plan and see a dentist at least once during FY15 plan year.
- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.

## Dental Plan Coverage Examples

### Base Plan: Example 1

Example 1 shows a child who had a dental exam, x-rays, cleaning, fluoride treatment and two dental sealants.

Code	Description	Charged	Approved	DDS Writeoff	Deductible	Covered %	Plan Pays	Patient Pays
D0120	Examination	\$50.00	\$45.00	\$5.00	\$25.00	75%	\$15.00	\$30.00
D0272	Bitewing x-rays (2)	\$45.00	\$41.00	\$4.00	\$-	75%	\$30.75	\$10.25
D1110	Child cleaning	\$65.00	\$60.00	\$5.00	\$-	75%	\$45.00	\$15.00
D1206	Fluoride varnish	\$35.00	\$35.00	\$-	\$-	75%	\$26.25	\$8.75
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$-	75%	\$35.25	\$11.75
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$-	75%	\$35.25	\$11.75
	Total	\$295.00	\$275.00	\$20.00	\$25.00		\$187.50	\$87.50

### Enhanced Plan: Example 1

Example 1 shows a child who had a dental exam, x-rays, cleaning, fluoride treatment and two dental sealants.

Code	Description	Charged	Approved	DDS Writeoff	Deductible	Covered %	Plan Pays	Patient Pays
D0120	Examination	\$50.00	\$45.00	\$5.00	\$25.00	100%	\$20.00	\$25.00
D0272	Bitewing x-rays (2)	\$45.00	\$41.00	\$4.00	\$-	100%	\$41.00	\$-
D1110	Child cleaning	\$65.00	\$60.00	\$5.00	\$-	100%	\$60.00	\$-
D1206	Fluoride varnish	\$35.00	\$35.00	\$-	\$-	100%	\$35.00	\$-
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$-	100%	\$47.00	\$-
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$-	100%	\$47.00	\$-
	Total	\$295.00	\$275.00	\$20.00	\$25.00		\$250.00	\$25.00

These examples are typical participating/network dental visits. Your dentist may charge more or less than the example.

## Dental Plan Coverage Examples

### Base Plan: Example 2

Example 2 shows an adult who had a dental exam, x-rays, cleaning, three fillings, a root canal and a crown.

The Base Plan \$1,000 annual maximum benefit has been reached in this example.

Code	Description	Charged	Approved	DDS Writeoff	Deductible	Covered %	Plan Pays	Patient Pays
D0150	Examination	\$70.00	\$66.00	\$4.00	\$25.00	75%	\$30.75	\$35.25
D0274	Bitewing x-rays (4)	\$60.00	\$55.00	\$5.00	\$-	75%	\$41.25	\$13.75
D0220	Periapical x-ray	\$30.00	\$27.00	\$3.00	\$-	75%	\$20.25	\$6.75
D1110	Adult cleaning	\$90.00	\$82.00	\$8.00	\$-	75%	\$61.50	\$20.50
D2330	Composite filling	\$150.00	\$135.00	\$15.00	\$-	60%	\$81.00	\$54.00
D2330	Composite filling	\$150.00	\$135.00	\$15.00	\$-	60%	\$81.00	\$54.00
D2392	Composite filling	\$200.00	\$200.00	\$-	\$-	60%	\$120.00	\$80.00
D3330	Root canal	\$850.00	\$850.00	\$-	\$-	35%	\$297.50	\$552.50
D2750	Crown	\$850.00	\$850.00	\$-	\$-	35%	\$266.75	\$583.25
	<b>Total</b>	<b>\$2,450.00</b>	<b>\$2,400.00</b>	<b>\$50.00</b>	<b>\$25.00</b>		<b>\$1,000.00</b>	<b>\$1,400.00</b>

### Enhanced Plan: Example 2

Example 2 shows an adult who had a dental exam, x-rays, cleaning, three fillings, a root canal and a crown.

The Enhanced Plan has \$69 remaining of the \$1,500 annual maximum benefit plus MBA carryover funds, if applicable.

Code	Description	Charged	Approved	DDS Writeoff	Deductible	Covered %	Plan Pays	Patient Pays
D0150	Examination	\$70.00	\$66.00	\$4.00	\$25.00	100%	\$41.00	\$25.00
D0274	Bitewing x-rays (4)	\$60.00	\$55.00	\$5.00	\$-	100%	\$55.00	\$-
D0220	Periapical x-ray	\$30.00	\$27.00	\$3.00	\$-	100%	\$27.00	\$-
D1110	Adult cleaning	\$90.00	\$82.00	\$8.00	\$-	100%	\$82.00	\$-
D2330	Composite filling	\$150.00	\$135.00	\$15.00	\$-	80%	\$108.00	\$27.00
D2330	Composite filling	\$150.00	\$135.00	\$15.00	\$-	80%	\$108.00	\$27.00
D2392	Composite filling	\$200.00	\$200.00	\$-	\$-	80%	\$160.00	\$40.00
D3330	Root canal	\$850.00	\$850.00	\$-	\$-	50%	\$425.00	\$425.00
D2750	Crown	\$850.00	\$850.00	\$-	\$-	50%	\$425.00	\$425.00
	<b>Total</b>	<b>\$2,450.00</b>	<b>\$2,400.00</b>	<b>\$50.00</b>	<b>\$25.00</b>		<b>\$1,431.00</b>	<b>\$969.00</b>

These examples are typical participating/network dental visits. Your dentist may charge more or less than the example.

## Smile Smart for Your Health

If you or someone on your dental plan has any of the following health conditions, you/they may be eligible for additional benefits (per plan year) through the Smile Smart for Your Health program.

- Gum (periodontal) disease (4 cleanings\*, 2 application of fluoride varnish per plan year)
- Diabetes (4 cleanings per plan year)
- Pregnancy (1 additional cleaning during the time of pregnancy per plan year)
- High-risk cardiac conditions (4 cleanings per plan year)
- Kidney failure or undergoing dialysis (4 cleanings per plan year)
- Undergoing cancer-related chemotherapy and/or radiation (4 cleanings, 2 applications of fluoride varnish per plan year)
- Suppressed immune systems (4 cleanings, 2 applications of fluoride varnish per plan year)
- At risk for oral cancer (brush biopsy test for early detection of oral cancer/precancerous cells)

\*Periodontal maintenance cleanings are covered under the Routine and Restorative Services category, not the Diagnostic and Preventive category. Your dentist may or may not charge for extras related to added periodontal maintenance or cleanings. The additional exams are not covered.

- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.

## Vision Plan

- The Vision Plan is provided by MetLife.
- The Vision Plan covers a wide range of services such as eye exams, glasses and contact fittings.
- Services covered under the Vision Plan are based on the date of service, not plan year.
- You can see the vision care doctor of your choice but you may pay the lowest out-of-pocket cost if you visit an In-Network provider.
- You can find an In-Network provider by visiting [www.metlife.com](http://www.metlife.com), clicking on Find a Vision Provider, entering your zipcode, and selecting MetLife Vision PPO as the plan.
- Questions? Call MetLife at 800.GET.MET 8 (800.438.6388).

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$3.20	\$6.40
Employee + Spouse	\$6.41	\$12.82
Employee + Child(ren)	\$5.43	\$10.86
Employee + Family	\$8.95	\$17.90
Premiums for coverage under the Vision Care Plan are made on a pretax basis.		

Service	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Exam Comprehensive exam of visual functions and prescriptive corrective eyewear	\$10.00 copay	reimbursed up to \$45.00	once every 12 months
Materials/Eyewear Copay (either glasses or contact lenses allowed per frequency)	\$25.00 towards frames/lenses	n/a	once every 12 months
Lenses			
Single vision	covered after eyewear copay	up to \$30.00 allowance	once every 12 months
Bifocal	covered after eyewear copay	up to \$50.00 allowance	once every 12 months
Trifocal	covered after eyewear copay	up to \$65.00 allowance	once every 12 months
Lent	covered after eyewear copay	up to \$100.00 allowance	once every 12 months
Standard Lens Options Ultra violet coating Polycarbonate (child up to age 18)	covered after eyewear copay	not covered	once every 12 months
Progressive	\$55.00 copay	up to \$50.00 allowance	once every 12 months
Polycarbonate (adult) Scratch-resistant coating Anti-reflective coating Photochromic	these options are available with "not to exceed" pricing/maximum copay	applied to allowance for applicable corrective lens	once every 12 months
Frames <sup>1</sup>	up to \$130.00 allowance after eyewear copay \$70.00 allowance after eyewear copay at Costco	up to \$70.00 allowance	once every 12 months
Contact Lenses Fitting and Evaluation	standard or premium fit covered in full with a copay up to \$60.00	applied to allowance for contact lenses	once every 12 months
Elective Contact Lenses	up to \$130.00 allowance	up to \$105.00 allowance	once every 12 months
Necessary Contact Lenses (must be medically necessary)	covered after eyewear copay	up to \$210.00 allowance	once every 12 months

<sup>1</sup> 20% off the additional amount when patients choose a frame that exceeds the allowance. Available from all In-Network providers except Costco.

## Accident Insurance Plan

- The Accident Insurance Plan (formerly Major Injury Plan ) is provided by MetLife.
- Accident insurance provides you with a lump-sum payment when you suffer a covered injury or undergo covered testing, medical services or treatment and meet the group policy and certificate requirements. There are more than 150 covered events and there is no limit on the number of different accidents that will be covered.
- You can use the Accident Insurance Plan benefit for any purpose you like, for example: to help pay for expenses not covered by your medical plan, deductible, coinsurance, or your out-of-pocket maximum.
- Payments will be made directly to you to use as you see fit. To view covered benefits, visit <http://benefits.sd.gov/accident.aspx>.
- There are no waiting periods for coverage and payments are made in addition to any other insurance you may have.

- The Accident Insurance Plan is portable. This means, you can continue your coverage if your employment status with the State changes.
- Questions? Call MetLife at 800.GET.MET 8 (800.438.6388).

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$4.03	\$8.06
Employee + Spouse	\$6.10	\$12.20
Employee + Child(ren)	\$7.99	\$15.98
Employee + Family	\$10.22	\$20.44

Premiums for coverage under the Accident Insurance Plan are made on an after tax basis.

Benefit Type <sup>1</sup>	Accident Insurance Plan Pays You
<b>Injuries</b>	
Fractures <sup>2</sup>	\$50-\$5,000 <sup>2</sup>
Dislocations <sup>2</sup>	\$100-\$3,200 <sup>2</sup>
Second and Third Degree Burns	\$50-\$6,400
Concussions	\$200
Cuts/Lacerations	\$25-\$400
Eye Injuries	\$200
<b>Medical Services &amp; Treatment<sup>1</sup></b>	
Ambulance	\$200-\$750
Emergency Care (varies depending on location of care)	\$0-\$150
Non-Emergency Care	\$50
Physician Follow-Up	\$50
Therapy Services (including physical therapy)	\$25
Medical Testing Benefit	\$100
Medical Appliances	\$50-\$500
Inpatient Surgery	\$100-\$1,000
<b>Dismemberment Loss &amp; Paralysis</b>	
Paralysis Benefit (Two limbs of Four limbs)	\$5,000-\$10,000



<sup>1</sup> Covered services/treatments must be the result of covered accidents as defined in the group policy/certificate. See the Outline of Coverage for more details.

<sup>2</sup> Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

## Short-Term Disability Income Protection Plan

- The Short-Term Disability Income Protection Plan is provided by Unum.
- This plan provides a benefit during eligible periods of disability.
- There is an increased maximum benefit of \$866.00 per week (60% of your monthly salary<sup>1</sup>).
- You can visit the medical provider of your choice.
- Coverage is for employees only.
- Short -Term Disability benefits are paid according to the coverage schedule. To view the coverage schedule, visit [www.southdakotaflexbenefits.com](http://www.southdakotaflexbenefits.com).
- Questions? Call Risty Benefits, Inc at 866.237.9411.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$3.98	\$7.96
Premiums 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 your monthly salary <sup>1</sup> , up to \$866.00 per week. 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. <sup>2</sup>
Benefits End	Earliest of: <ul style="list-style-type: none"> <li>• End of disability (meaning the employee is physically able to return to work)</li> <li>• Employment in any job/occupation</li> <li>• The employee's death<sup>3</sup></li> <li>• 52 weeks</li> </ul>
<p><sup>1</sup> For purposes of this Plan, your salary does not include bonuses, fringe benefits, longevity pay, overtime pay or summer school compensation.</p> <p><sup>2</sup> 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.</p> <p><sup>3</sup> Any accrued benefits will be paid to your estate upon employee death.</p>	



## Hospital Indemnity Plan

- The Hospital Indemnity Plan (HIP) is provided by VOYA Financial.
- No medical questions required to enroll.
- There are no waiting periods for coverage and payments are made in addition to any other insurance you may have.
- No pre-existing exclusion limitation.
- 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 beginning with the first day of a hospital stay. There is not a lifetime maximum benefit.
- Care must be medically necessary, ordered by a physician and take place in a hospital.
- You can use the HIP benefit for any purpose you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care cost or any of your normal household expenses.
- Questions? Call Risty Benefits, Inc at 866.237.9411 or visit <http://benefits.sd.gov/HIP.aspx>.

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$4.36	\$8.72
Employee + Spouse	\$5.81	\$11.62
Employee + Child(ren)	\$8.92	\$17.84
Employee + Family	\$11.81	\$23.62

Premiums for coverage under the Hospital Indemnity Plan are made on an after tax basis.



	Employee	Spouse	Child(ren)
Hospital (1x daily benefits amount)	\$200	\$200	\$200
Critical Care Unit (2x daily benefits amount)	\$400	\$400	\$400
Rehabilitation Facility (0.5x daily benefits amount)	\$100	\$100	\$100

# FY16 Life & Accidental Death & Dismemberment (AD&D)

## Basic Life Insurance

- Basic Life Insurance coverage of \$25,000 is provided to benefit eligible employees through VOYA Financial.
- The VOYA Financial 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 VOYA Financial.
- If you are applying for new coverage or an increase to your current amount, outside of your 30 day new hire enrollment period, you may be subject to underwriting approval.
- The maximum amount of supplemental coverage available is \$400,000.
- You pay for coverage with after tax payroll deductions.

## Employee Accidental Death & Dismemberment (AD&D)

- AD&D coverage of \$25,000 is provided to benefit eligible employees through VOYA Financial.
- 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 with after tax payroll deductions.
- Questions? Call Risty Benefits, Inc at 866.237.9411 or visit [www.southdakotaflexbenefits.com](http://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.
- If you are applying for new dependent coverage outside of your 30 day new hire period, your spouse/child(ren) are subject to underwriting approval.

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.

Life Rate = \$0.09 per thousand

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

AD&D Rate = \$0.015 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, 2015

## 1. What's New in FY16

- Pay attention to new flexible benefit offerings and view additional information online at <http://benefits.sd.gov>.

## 2. Annual Enrollment Video

- Videos are available online explaining FY16 flexible benefit plan changes at <http://benefits.sd.gov>, click Active Employee, scroll over Enroll and then click Annual Enrollment.

## 3. 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 anytime.
- 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>.

## 4. Enroll for FY16 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.
- 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.

## 5. Provide Dependent Social Security Numbers

- Due to new Internal Revenue Service regulations, we need all dependent social security numbers (SSN).
- If you have not provided us with your dependent SSNs, you can do one of the following:
  - Call the Benefits Program at 605.773.3148
  - Email the employee name, dependent name, DAKOTACARE ID and dependent SSN to [benefitswebsite@state.sd.us](mailto:benefitswebsite@state.sd.us)
  - Mail a letter with the employee name, dependent name, DAKOTACARE ID and dependent SSN to the South Dakota State Employee Benefits Program, 500 E. Capitol Ave, Pierre, SD 57501



# Latitude Employee Assistance Program (LEAP)

The Latitude Employee Assistance Program (LEAP), is sponsored by the South Dakota State Employee Benefits Program, and provided by APS Healthcare, as a free service offered to benefit eligible employees and dependents. Employees and dependents must be benefit eligible but do not need to be enrolled in the South Dakota State Employee Health Plan to use LEAP.

LEAP provides support for personal and work concerns at no cost. Most concerns can be resolved directly with the assistance of a LEAP professional, but in the case that additional services are needed<sup>1</sup>, LEAP professionals will work with you to identify the most appropriate and affordable community resources to help meet your needs.

Did you know that with a phone call or click of a mouse, you can get assistance from a professional? Whatever the issue, LEAP can assist you in creating solutions that will allow you to be healthier, happier and more productive. LEAP is available to you and your dependents 24 hours a day/365 days per year.

## Benefits

- Counseling Services
- Telephonic support by Masters and PhD level counselors for crises and emergencies
- Telephonic support to arrange for in-person counseling
- Up to 5 in-person counseling sessions (per incident per plan year) for a range of personal issues, depression, work-family balance, and substance abuse concerns
- Free - available at no cost to members and dependents
- Timely & Convenient - appointments with a licensed counselor are available, close to where you work or live, within 3 to 5 days and even sooner if an urgent situation arises

## Online Tools and Information

The LEAP website ([www.apsheplink.com](http://www.apsheplink.com)) is the online component of LEAP which provides you with tools and information for the following:

- Family Issues
- Alcohol/Drugs
- Managing Stress
- Anxiety

- Parenting
- Workplace Issues
- Adult Care
- Childcare
- Financial Concerns
- Legal Concerns
- Depression
- Relationships
- Parenting
- Abuse
- Healthcare Advance Directives

To learn more about LEAP or to request services, call 800.713.6288 or visit [www.apsheplink.com](http://www.apsheplink.com) and enter company code: southdakota. Remember to ensure you are utilizing a DAKOTACARE participating provider to receive the highest level of benefits.



<sup>1</sup>Referrals to services outside of the LEAP benefit may require out-of-pocket cost.

# 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
<b>Benefits Program</b>			
<ul style="list-style-type: none"> <li>• Health Plan Questions</li> <li>• Enrollment Questions</li> </ul>	Bureau of Human Resources 500 East Capitol Pierre, SD 57501	<a href="mailto:benefitswebsite@state.sd.us">benefitswebsite@state.sd.us</a>  <a href="http://benefits.sd.gov">http://benefits.sd.gov</a>	605.773.3148  Fax: 605.773.6840
<b>Latitude Wellness Programs</b>			
<ul style="list-style-type: none"> <li>• Health Assessment</li> <li>• Health Screenings</li> <li>• Latitude Wellness Program</li> </ul>	Health Management Partners 2301 West Russell St. Sioux Falls, SD 57104	<a href="mailto:latitude@state.sd.us">latitude@state.sd.us</a>  <a href="http://benefits.sd.gov">http://benefits.sd.gov</a> and choose Latitude Wellness Portal	866.330.9886  
<b>DAKOTACARE</b>			
<ul style="list-style-type: none"> <li>• Coverage Questions</li> <li>• Provider Network</li> <li>• Flexible Spending Accounts</li> <li>• Claims Processing</li> </ul> 	DAKOTACARE P.O. Box 7406 Sioux Falls, SD 57117-7406	<a href="http://www.DAKOTACARE.com">www.DAKOTACARE.com</a>  DAKOTACARE Flex Online <a href="http://www.dakotacareflexonline.com">www.dakotacareflexonline.com</a>  DAKOTACARE Access <a href="https://access.dakotacare.com/?Client=DD10028">https://access.dakotacare.com/?Client=DD10028</a>	800.831.0785  Fax: 605.336.0270 (Attn: Claims)
<b>Health Management Partners</b>			
<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Condition Management</li> <li>• Medical Pre-authorizations</li> <li>• Medical Management</li> <li>• Our Healthy Baby</li> </ul>	Health Management Partners 2301 West Russell St. Sioux Falls, SD 57105	<a href="http://sosd.hmpsdportal.com">http://sosd.hmpsdportal.com</a>  <a href="http://www.preauthonline.com">www.preauthonline.com</a>	866.330.9886  Fax: 605.731.1905  

# Contacts and Resources Continued

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
<b>Delta Dental</b>			
• Dental	Delta Dental PO Box 1157 Pierre, SD 57501	<a href="http://www.deltadentalsd.com">www.deltadentalsd.com</a> <a href="http://benefits.sd.gov/dental.aspx">http://benefits.sd.gov/dental.aspx</a>	605.224.7345 or 877.841.1478
<b>MetLife</b>			
• Vision • Accident	MetLife 200 Park Avenue New York, NY 10166	<a href="http://www.metlife.com">www.metlife.com</a> <a href="http://benefits.sd.gov/vision.aspx">http://benefits.sd.gov/vision.aspx</a>	800.GET.MET 8 or 800.438.6388
<b>Risty Benefits, Inc.</b>			
• Hospital Indemnity • Short Term Disability • Long Term Care • Life Insurance and AD&D	Risty Benefits, Inc. 1324 Minnesota Sioux Falls, SD 57105	<a href="mailto:help@ristybenefits.com">help@ristybenefits.com</a> <a href="http://www.southdakotaflexbenefits.com">www.southdakotaflexbenefits.com</a>	866.237.9411 
<b>Latitude Employee Assistance Program (LEAP)</b>			
• Family Issues • Alcohol/Drugs • Anxiety • Parenting • Workplace • Managing Stress	• Aging • Depression • Grief • Relationships • Abuse • Legal	APS 7125 Columbia Gateway Dr. Suite 250 Columbia, MD 21046	<a href="http://www.apshelplink.com">www.apshelplink.com</a> company code: southdakota 24 hours a day, 7 days a week 800.713.6288



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