

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN - RETIREE AGE 65+**

**BANKERS LIFE AND CASUALTY COMPANY MONTHLY PREMIUM RATES**

Rates are in effect January 1, 2016 through December 31, 2016

<b><u>AGE as of</u></b> <b><u>January 1, 2016</u></b>	<b>Plan Option 1</b> <b>No Part B Deductible</b>	<b>Plan Option 2</b> <b>\$250 Part B Calendar Year Deductible</b>
<b>AGE 65</b>	\$129.76	\$108.73
<b>AGE 66</b>	\$134.93	\$113.07
<b>AGE 67</b>	\$140.27	\$117.54
<b>AGE 68</b>	\$145.82	\$122.17
<b>AGE 69</b>	\$151.52	\$126.96
<b>AGE 70</b>	\$157.60	\$132.09
<b>AGE 71</b>	\$163.93	\$137.38
<b>AGE 72</b>	\$170.44	\$142.82
<b>AGE 73</b>	\$176.39	\$147.79
<b>AGE 74</b>	\$182.47	\$152.90
<b>AGE 75</b>	\$188.80	\$158.22
<b>AGE 76</b>	\$195.26	\$163.63
<b>AGE 77</b>	\$202.01	\$169.28
<b>AGE 78</b>	\$210.18	\$176.09
<b>AGE 79</b>	\$218.59	\$183.15
<b>AGE 80+</b>	\$227.40	\$190.52

**DENTAL (Delta Dental) AND VISION PLANS (MetLife) - COBRA  
FY16 MONTHLY PREMIUM RATES**

**DENTAL PLAN - Delta Dental**

	<u><b>BASE PLAN</b></u>	<u><b>ENHANCED PLAN</b></u>
Participant Only	\$30.56	\$49.35
Participant / Spouse	\$61.02	\$98.55
Participant / Child(ren)	\$66.79	\$100.49
Participant / Family	\$97.25	\$149.70

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**VISION PLAN - MetLife**

Participant Only	\$6.53
Participant / Spouse	\$13.08
Participant / Child(ren)	\$11.08
Participant / Family	\$18.26

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