

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN
FY16 PLAN YEAR**

Active Employees - Semi-Monthly Premium Rates				
DEDUCTIBLE		\$750 Ded.	\$1,250 Ded.	\$1,800 Ded. HSA
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+ CHILDREN		\$101.33	\$62.98	\$20.08
<u>SPOUSE'S AGE as of July 1, 2015</u> (for changes during the plan year, current age determines rate)				
EMPLOYEE AND SPOUSE	<30	\$54.14	\$37.62	\$13.95
	30-39	\$69.52	\$48.80	\$22.07
	40-44	\$86.09	\$62.04	\$31.67
	45-49	\$102.40	\$76.47	\$42.13
	50-54	\$124.36	\$96.97	\$56.97
	55-59	\$149.76	\$119.01	\$72.96
	60+	\$171.81	\$133.57	\$83.52
EMPLOYEE, SPOUSE AND CHILD	<30	\$91.73	\$63.59	\$20.30
	30-39	\$107.61	\$73.65	\$28.70
	40-44	\$124.48	\$87.08	\$38.30
	45-49	\$140.95	\$101.13	\$48.80
	50-54	\$161.43	\$121.23	\$63.60
	55-59	\$187.24	\$143.25	\$79.60
	60+	\$210.40	\$157.83	\$90.20
EMPLOYEE, SPOUSE AND 2+ CHILDREN	<30	\$128.94	\$84.80	\$27.00
	30-39	\$145.88	\$96.54	\$35.40
	40-44	\$162.75	\$109.55	\$45.00
	45-49	\$179.20	\$124.28	\$55.50
	50-54	\$199.68	\$144.73	\$70.30
	55-59	\$225.51	\$166.79	\$86.30
	60+	\$248.67	\$181.35	\$96.90

NOTE: Contributions for employee and spouse coverage will increase \$30.00 per person per pay period if you and/or your covered spouse use tobacco.

**SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN
FY16 PLAN YEAR**

Active Employees - Monthly Premium Rates				
DEDUCTIBLE		\$750 Ded.	\$1,250 Ded.	\$1,800 Ded. HSA
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+ CHILDREN		\$202.66	\$125.96	\$40.16
<u>SPOUSE'S AGE as of July 1, 2015</u> (for changes during the plan year, current age determines rate)				
EMPLOYEE AND SPOUSE	<30	\$108.28	\$75.24	\$27.90
	30-39	\$139.04	\$97.60	\$44.14
	40-44	\$172.18	\$124.08	\$63.34
	45-49	\$204.80	\$152.94	\$84.26
	50-54	\$248.72	\$193.94	\$113.94
	55-59	\$299.52	\$238.02	\$145.92
	60+	\$343.62	\$267.14	\$167.04
EMPLOYEE, SPOUSE AND CHILD	<30	\$183.46	\$127.18	\$40.60
	30-39	\$215.22	\$147.30	\$57.40
	40-44	\$248.96	\$174.16	\$76.60
	45-49	\$281.90	\$202.26	\$97.60
	50-54	\$322.86	\$242.46	\$127.20
	55-59	\$374.48	\$286.50	\$159.20
	60+	\$420.80	\$315.66	\$180.40
EMPLOYEE, SPOUSE AND 2+ CHILDREN	<30	\$257.88	\$169.60	\$54.00
	30-39	\$291.76	\$193.08	\$70.80
	40-44	\$325.50	\$219.10	\$90.00
	45-49	\$358.40	\$248.56	\$111.00
	50-54	\$399.36	\$289.46	\$140.60
	55-59	\$451.02	\$333.58	\$172.60
	60+	\$497.34	\$362.70	\$193.80

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

FY16 FLEXIBLE BENEFITS PREMIUM RATES - Active Employees

DENTAL PLAN - Delta Dental

<u>Coverage</u>	<u>24 Pay Periods</u>		<u>12 Pay Periods</u>	
	<u>Base Plan</u>	<u>Enhanced Plan</u>	<u>Base Plan</u>	<u>Enhanced Plan</u>
Employee	\$14.98	\$24.19	\$29.96	\$48.38
Employee / Spouse	\$29.91	\$48.31	\$59.82	\$96.62
Employee / Child(ren)	\$32.74	\$49.26	\$65.48	\$98.52
Employee / Family	\$47.67	\$73.38	\$95.34	\$146.76

VISION PLAN - MetLife

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$3.20	\$6.40
Employee / Spouse	\$6.41	\$12.82
Employee / Child(ren)	\$5.43	\$10.86
Employee / Family	\$8.95	\$17.90

Accident - MetLife

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$4.03	\$8.06
Employee / Spouse	\$6.10	\$12.20
Employee / Child(ren)	\$7.99	\$15.98
Employee / Family	\$10.22	\$20.44

HOSPITAL INDEMNITY PLAN - VOYA Financial

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee	\$4.36	\$8.72
Employee / Spouse	\$5.81	\$11.62
Employee / Child(ren)	\$8.92	\$17.84
Employee / Family	\$11.81	\$23.62

SHORT TERM DISABILITY INCOME PROTECTION PLAN - Unum

<u>Coverage</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Employee Only	\$3.98	\$7.96

**FY16 SUPPLEMENTAL LIFE PREMIUM RATES - VOYA Financial
PER \$1000 OF COVERAGE**

<u>AGE GROUP</u>	<u>24 Pay Periods</u>		<u>12 Pay Periods</u>	
	Life	AD&D	Life	AD&D
Less than 30	\$0.030	\$0.015	\$0.06	\$0.03
30 to 34	\$0.030	\$0.015	\$0.06	\$0.03
35 to 39	\$0.050	\$0.015	\$0.10	\$0.03
40 to 44	\$0.065	\$0.015	\$0.13	\$0.03
45 to 49	\$0.090	\$0.015	\$0.18	\$0.03
50 to 54	\$0.135	\$0.015	\$0.27	\$0.03
55 to 59	\$0.160	\$0.015	\$0.32	\$0.03
60 to 64	\$0.250	\$0.015	\$0.50	\$0.03
65 to 69	\$0.520	\$0.015	\$1.04	\$0.03
70+	\$0.900	\$0.015	\$1.80	\$0.03

**FY16 DEPENDENT LIFE PREMIUM RATES - VOYA Financial
\$10,000 COVERAGE**

	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
	\$10,000 Dependent Life	\$1.13
\$10,000 AD&D	\$0.15	\$0.30