



FY17 Decision Guide



**ANNUAL ENROLLMENT
MAY 2–16, 2016**



FY17 (July 1, 2016 - June 30, 2017)

**SOUTH DAKOTA
state employee
benefits program**

FY17 Decision Guide

South Dakota State Employee Benefits Program

Welcome Message

Annual Enrollment is May 2-16, 2016. 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.

The Bureau of Human Resources scheduled in-person presentations at various locations statewide to discuss the changes to the benefits plan. We will discuss the difference between the two health plans offered in FY17, the \$750 Deductible Health Plan and the \$1,800 Deductible Health Plan. The dates and locations are listed in this guide on page 21.

New this year is ALEX, a web based benefits tool that will assist you in selecting your benefits. You simply answer a few questions and ALEX makes a recommendation. He also provides education on a variety of topics related to your benefits. After you have interacted with ALEX, we encourage you to use the online enrollment system during Annual Enrollment to review your current benefits and make changes if necessary.

Please note we added a new vendor, Discovery Benefits, for Health Savings Accounts and Flexible Spending Accounts.

If you and your covered spouse did not complete the annual Wellness Program qualifications for FY17, you, your covered spouse and dependents will be defaulted to the \$1,800 Deductible Health Plan.

If you are enrolled in the \$1,250 Deductible Health Plan and completed the three wellness qualifications, you must log in to enroll in \$750 Deductible Health Plan. Otherwise, you will be defaulted to the \$1,800 Deductible Health Plan.

If you do not enroll during Annual Enrollment, your flexible benefits (dental, vision, etc.) will remain the same.

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Enroll in Benefits: May 2-16, 2016

1. What's New in FY17

- Eliminated the \$1,250 Deductible Health Plan.
- Lowered the out-of-pocket maximum on the \$1,800 Deductible Health Plan.
- Increased employer contribution to Health Savings Accounts for members on the \$1,800 Deductible Health Plan.
- Added Discovery Benefits as the new Flexible Spending Account and Health Savings Account vendor.

2. In-Person Meetings

- Employees received emails regarding the in-person informational benefits meetings in mid-March.
- Employees and covered spouses are encouraged to attend and learn about FY17 benefits.
- Pre-registration is requested for planning purposes.

3. Meet ALEX

- Watch your email in mid-April for more information about ALEX, a web based decision support tool.

4. Life Insurance and Beneficiary Data

- Review your current Life Insurance coverage and beneficiary information to make sure it is correct and up-to-date.
- 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>.

5. Enroll for FY17 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 your spouse and each dependent you want covered.
- Click the Save/Continue button on each page.
- Print a confirmation statement for your records once you have enrolled.

6. Provide Dependent Social Security Numbers

- Because of new Internal Revenue Service regulations, you need to provide social security numbers (SSN) for covered spouses and dependents.
- If you have not provided us with your spouse or dependent SSNs, you can do one of the following:
 - Add info to website during Annual Enrollment.
 - Call the Benefits Program at 605.773.3148.
 - Mail a letter with the employee name, spouse and/or dependent name, DAKOTACARE ID and dependent SSN to the South Dakota State Employee Benefits Program, 500 E. Capitol Ave, Pierre, SD 57501.



Introducing ALEX

Get Help Choosing Your Benefits

Picking the right benefit plans can be a challenge. Which medical plan is best for me? How much should I save in my flexible spending accounts? Should I get extra life insurance? Does a health savings account make sense for me?

The decisions are important, and a lot goes into making the right choice. To make the process easier for you, the South Dakota State Employee Benefits Program has brought in an easy-to-use online tool called ALEX.

How ALEX works is simple.

All you have to do is log on and respond to ALEX's questions. ALEX will prompt you for some basic information about you and your family, ask a few questions about your personal situation (everything you say remains confidential, of course*), and help you figure out what to choose based on your responses.

Talking with ALEX feels like having a conversation with a real person. ALEX uses simple language and avoids insurance jargon, so the explanations and recommendations are easy to understand.

Also, because ALEX is available from your home computer with an internet connection or any smart phone, you can use it with your family as you consider your options. And if you have any questions about how anything works, ALEX can walk you through them.

Once you receive an email with more information, you can start a conversation with ALEX.

* ALEX does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.



What you need to know about the Health Plans

Active Members

- Health insurance rates and deductible and coinsurance amounts will remain the same for FY17.
- You must visit a DAKOTACARE network provider to receive the highest level of benefits.
- Certain pharmacy and medical case services must be pre-authorized. 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.
- If you enroll in the \$1,800 Deductible Health Plan, there are no prescription drug copayments. Instead, all eligible prescription drug costs must be paid out-of-pocket until you reach your deductible. After you reach your deductible, then 25% coinsurance applies to eligible prescription drug costs.
- If you and your spouse both work for the State of South Dakota and cover dependent children, there is a combined family deductible when you both choose the \$750 Deductible Health Plan. To combine your deductible, email benefitswebsite@state.sd.us. Please include your name, the name of your spouse and your DAKOTACARE ID numbers. You will receive a confirmation email within 5 business days. If you don't receive a confirmation email, please call the Benefits Program at 605.773.3148.

Qualifying for the Lowest Deductible Health Plan in FY18

- To be eligible for the lowest deductible Health Plan in FY18, you and your covered spouse must complete a Health Screening, Health Assessment and earn Wellness Program points during the designated time frames in FY17.
- Watch your email for more information following Annual Enrollment.

Opt-Outs

- You can Opt-Out of the South Dakota State Employee Health Plan if you have proof of creditable group health coverage. Proof of other coverage is required each fiscal year.
- Opt-Outs receive a \$300 Opt-Out credit with proof of creditable coverage.
- You must provide proof of creditable coverage by June 10, 2016 to Opt-Out of health coverage under the South Dakota State Employee Health Plan.
- If you do not provide proof of creditable coverage, you will be defaulted to the \$1,800 Deductible Health Plan.
- If you are a new TRICARE Opt-Out in FY17, you are required to provide proof of coverage. If you were a TRICARE Opt-Out in FY16, 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. Please include the employee name and current employer on the documentation.

\$750 Deductible Health Plan

\$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 100 Wellness Program points during the designated time frames in FY16 unless you were hired or added to the health plan after July 1, 2015.
- If you and your covered spouse did not complete the annual wellness qualifications for FY17 then you, your covered spouse and your covered dependents will be defaulted to the \$1,800 Deductible Health Plan.
- You must meet a \$750 per person or a \$1,875 family deductible (per family of three 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 copayments begin.

How Prescription Drug Coverage Works

- Under the \$750 Deductible Plan 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.
- 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 PLUS the difference between the brand name medication and the contracted rate. This cost difference is referred to as an ancillary charge.
- 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 HEALTH PLAN

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

\$1,800 Deductible Health Plan

\$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 (per family of two or more).
- New this year, there is a lower out-of-pocket maximum of \$3,600 for single coverage and \$8,175 for family coverage with a new provision to cap the maximum when one family member meets \$3,600.
- After the deductible has been met when using a DAKOTACARE network provider, 25% coinsurance applies for in-network services until the out-of-pocket-maximum has been met.
- 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 complete the paperwork to open an HSA with Discovery Benefits by the deadline, you will receive an employer contribution from the State. The Benefits Program will email HSA information following Annual Enrollment.
- New this year, employer contributions and payroll deductions will be made to your HSA established with Discovery Benefits.
- Employees of the Board of Regents can now make pretax payroll deductions to an HSA with Discovery Benefits.
- If you have questions about an HSA, please email benefitswebsite@state.sd.us.

HSA MAXIMUM CONTRIBUTIONS

In addition to the State contribution, 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 FY17 according to IRS regulations.

	Employer	Employee	Total HSA Contribution 2016*
Employee only	\$500	\$2,850	\$3,350
Employee and spouse	\$1,000	\$5,750	\$6,750
Employee and child(ren)	\$1,000	\$5,750	\$6,750
Family	\$1,000	\$5,750	\$6,750

* 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 FY17. Consult your financial planner or accountant for more information.

How Prescription Drug Coverage Works

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

Prescription Drug Coverage

Member pays for eligible prescription drug expenses directly to the pharmacy at the time of service, which then apply to the deductible.

Pharmacy charges are applied to deductible: \$1,800 single coverage or \$3,600 family coverage per family of two or more.

After the deductible has been met, the member pays 25% coinsurance for covered prescription charges. Coinsurance continues up to the plan year out-of-pocket maximum.

- DAKOTACARE is available to assist you with determining your prescription costs on the \$1,800 Deductible Health Plan. During Annual Enrollment, DAKOTACARE can look at your prescription costs from last year and let you know the charges under the \$1,800 Deductible Health Plan. Complete the form available at <http://benefits.sd.gov/annualenrollment.aspx> and return it to 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 coinsurance PLUS the difference between the brand name medication and the contracted rate. This cost difference is referred to as an ancillary charge.
- 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.

FY17 Health Plan Comparisons

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

SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN COVERAGE DETAILS FOR FY17				
Plan Details	\$750 Deductible Health Plan		\$1,800 Deductible Health Plan with HSA	
	Network Provider	Out-of-Network Provider	Network Provider	Out-of-Network Provider
Eligible Preventive Services ¹	Covered at 100%	Not covered ²	Covered at 100%	Not covered ²
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"> • \$1,800 single coverage • \$3,600 family coverage per family of two or more 	<ul style="list-style-type: none"> • \$3,600 single coverage • \$7,200 family coverage per family of two or more
			If you have family coverage, the full family deductible must be met before benefits are paid for any family member.	
Copayment	<ul style="list-style-type: none"> • 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%
Plan Year Out-of-Pocket Maximum (includes deductible)	<ul style="list-style-type: none"> • \$3,600 per person • \$8,125 per family of three or more 	<ul style="list-style-type: none"> • \$7,200 per person • \$16,250 per family of three or more 	<ul style="list-style-type: none"> • \$3,600 single coverage or any one family member • \$8,125 family coverage per family of three or more 	<ul style="list-style-type: none"> • \$7,200 single coverage or any one family member • \$16,250 family coverage per family of three or more
Employer Health Savings Account Contribution	N/A		<ul style="list-style-type: none"> • \$500 for single coverage • \$1,000 for family coverage 	
Prescription Drugs				
Deductible	\$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 		Included in Plan Year Out-of-Pocket Maximum	

¹ To view eligible preventive care services, visit <http://benefits.sd.gov/preventivecare.aspx>.

² 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.

FY17 Health Plan Contributions

If you enroll your spouse and/or 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 FY17.

24 PAY PERIODS		
Coverage Level	\$750 Deductible Health Plan Contributions ¹	\$1,800 Deductible Health Plan with HSA Contributions ¹
Employee	N/A	N/A
Employee and 1 Child	\$43.42	\$6.71
Employee and 2 Children	\$79.33	\$13.40
Employee and 3 or more Children	\$101.33	\$20.08
Employee and Spouse (Spouse Age as of July 1, 2016)²		
< 30	\$54.14	\$13.95
30 to 39	\$69.52	\$22.07
40 to 44	\$86.09	\$31.67
45 to 49	\$102.40	\$42.13
50 to 54	\$124.36	\$56.97
55 to 59	\$149.76	\$72.96
60 +	\$171.81	\$83.52
Employee and Spouse and 1 Child (Spouse Age as of July 1, 2016)²		
< 30	\$91.73	\$20.30
30 to 39	\$107.61	\$28.70
40 to 44	\$124.48	\$38.30
45 to 49	\$140.95	\$48.80
50 to 54	\$161.43	\$63.60
55 to 59	\$187.24	\$79.60
60 +	\$210.40	\$90.20
Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2016)²		
< 30	\$128.94	\$27.00
30 to 39	\$145.88	\$35.40
40 to 44	\$162.75	\$45.00
45 to 49	\$179.20	\$55.50
50 to 54	\$199.68	\$70.30
55 to 59	\$225.51	\$86.30
60 +	\$248.67	\$96.90
¹ \$30 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products. ² For Family Status Changes during the plan year, current age determines rate.		

FY17 Health Plan Contributions

If you enroll your spouse and/or 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 FY17.

12 PAY PERIODS*		
Coverage Level	\$750 Deductible Health Plan Contributions ¹	\$1,800 Deductible Health Plan with HSA Contributions ¹
Employee	N/A	N/A
Employee and 1 Child	\$86.84	\$13.42
Employee and 2 Children	\$158.66	\$26.80
Employee and 3 or more Children	\$202.66	\$40.16
Employee and Spouse (Spouse Age as of July 1, 2016)²		
< 30	\$108.28	\$27.90
30 to 39	\$139.04	\$44.14
40 to 44	\$172.18	\$63.34
45 to 49	\$204.80	\$84.26
50 to 54	\$248.72	\$113.94
55 to 59	\$299.52	\$145.92
60 +	\$343.62	\$167.04
Employee and Spouse and 1 Child (Spouse Age as of July 1, 2016)²		
< 30	\$183.46	\$40.60
30 to 39	\$215.22	\$57.40
40 to 44	\$248.96	\$76.60
45 to 49	\$281.90	\$97.60
50 to 54	\$322.86	\$127.20
55 to 59	\$374.48	\$159.20
60 +	\$420.80	\$180.40
Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2016)²		
< 30	\$257.88	\$54.00
30 to 39	\$291.76	\$70.80
40 to 44	\$325.50	\$90.00
45 to 49	\$358.40	\$111.00
50 to 54	\$399.36	\$140.60
55 to 59	\$451.02	\$172.60
60 +	\$497.34	\$193.80
¹ \$60 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products. ² For Family Status Changes during the plan year, current age determines the contribution rate. * This applies only to employees of the Board of Regents.		

Health Savings Accounts, Health Reimbursement Accounts & Flexible Spending Accounts

Health Savings Account (HSA)

Health Savings Accounts are available to taxpayers who are enrolled in a High Deductible Health Plan like the \$1,800 Deductible Health Plan. The funds contributed to the account aren't subject to federal income tax at the time of deposit. Funds must be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), funds roll over year-to-year if you don't spend them.

Health Reimbursement Account (HRA)

Health Reimbursement Accounts (HRAs) are employer-funded accounts from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the account.

Flexible Spending Account (FSA)

A Flexible Spending Account is a special account you put pretax money into that you use to pay for certain out-of-pocket health care costs such as deductibles, copayments and some prescription drugs. Active flexible spending account (FSA) holders have until September 14 of the following plan year, to spend or incur claims related to their Flexible Spending Account (unless your benefits end). You have 120 days from the end of the plan year to submit incurred claims.



Feature	Health Savings Account	Health Reimbursement Account	Flexible Spending Account Medical Expense Spending Account
"Use it or lose it" rule	No	No	Yes
Employees can contribute tax-free	Yes, up to IRS limits* \$3,350 for individual \$6,750 for family	No	Yes, up to \$2,550*
Money rolls over to the next year	Yes	Yes	No
Account balance can be invested	Yes	No	No
Tax-free earnings on investments	Yes	No	No
Money can be used for retiree medical care	Yes	No	No
Money goes with you if you retire or leave	Yes	No	No

* 2016 limits

Flexible Spending Accounts

MEDICAL EXPENSE SPENDING ACCOUNT

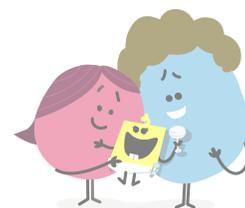
- Discovery Benefits is the new flexible spending account vendor.
- Make the most of your money. A Medical Expense Spending Account provides an easy way for you to set aside pretax money to use for medical expenses.
- Pay for out-of-pocket medical costs with pretax dollars. A Medical Expense Spending 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.
- If enrolled in the \$1,800 Deductible Health Plan, the Medical Expense Spending Account is limited and may only be used toward vision and dental until your health plan deductible has been met.
- Easy access to your money. Discovery Benefits will provide you with a debit card to use for eligible expenses. You don't always need to manually submit claims or documentation for most expenses. To learn more, visit <http://benefits.sd.gov/SpendingAccounts.aspx>.
- 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.
- Use it or lose it. Active flexible spending account (FSA) holders have until September 14 of the following plan year, to spend or incur claims related to their Medical Expense Spending Account (unless your benefits end). You have 120 days from the end of the plan year to submit incurred claims.

FSA	Status	IRS Maximum Annual Contribution 2016-Calendar Year	IRS Maximum Annual Contribution 2017-Calendar Year
Medical Expense Spending Account	per employee	\$2,550	\$2,550

DEPENDENT CARE/DAY CARE SPENDING ACCOUNT

- Discovery Benefits is the new flexible spending account vendor.
- 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.
- Use it or lose it. Active flexible spending account (FSA) holders have until September 14 of the following plan year, to spend or incur claims related to their Dependent Care/Day Care Spending Account (unless your benefits end). You have 120 days from the end of the plan year to submit claims.
- To learn more, visit <http://benefits.sd.gov/SpendingAccounts.aspx>.

FSA	Status	IRS Maximum Annual Contribution 2016-Calendar Year	IRS Maximum Annual Contribution 2017-Calendar Year
Dependent Care/Day Care Spending Account	per household	\$5,000	\$5,000



Flexible Benefits

FY17 Dental Plans

- The Base and Enhanced Dental Plans are provided by Delta Dental.
- There is a \$25 per plan year per member deductible for the Base Plan only. There is no deductible on the Enhanced Plan.
- 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 a 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 to the members.
- To find a participating/network dentist, visit www.deltadentalsd.com and click on Find a Dentist.
- If you enroll in either dental plan in FY17, 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. Your MBA account balance rolls over year to year.
- 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	n/a
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 FY17 1 year waiting period after FY17	no waiting period for FY17 1 year waiting period after FY17
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	\$15.58	\$31.16
Employee + Spouse	\$31.11	\$62.22
Employee + Child(ren)	\$34.05	\$68.10
Employee + Family	\$49.58	\$99.16
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	\$25.16	\$50.32
Employee + Spouse	\$50.24	\$100.48
Employee + Child(ren)	\$51.23	\$102.46
Employee + Family	\$76.32	\$152.64
Premiums for coverage under the Dental Plan are made on a pretax basis.		

Dental Plan Coverage

Diagnostic and Preventive Services	Frequency	Base Plan Coverage ¹	Enhanced Plan Coverage
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 ¹	Enhanced Plan Coverage
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 ²	Frequency	Base Plan Coverage ¹	Enhanced Plan Coverage
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 ²		50% up to age 19 only	50%
Lifetime orthodontic benefit		\$1,000	\$1,500
Maximum Bonus Account ³		n/a	\$1,500

¹ The covered percentage of allowable charges paid after the deductible has been satisfied.

² Members who enroll during FY17, will not have waiting periods. Members who do not enroll when initially eligible or during Annual Enrollment, will be subject to one year waiting periods for major and orthodontic services.

³ 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.
- Your MBA account balance rolls over year to year.
- 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.
- 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	\$0.00	100%	\$45.00	\$0.00
D0272	Bitewing x-rays (2)	\$45.00	\$41.00	\$4.00	\$0.00	100%	\$41.00	\$0.00
D1110	Child cleaning	\$65.00	\$60.00	\$5.00	\$0.00	100%	\$60.00	\$0.00
D1206	Fluoride varnish	\$35.00	\$35.00	\$-	\$0.00	100%	\$35.00	\$0.00
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$0.00	100%	\$47.00	\$0.00
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$0.00	100%	\$47.00	\$0.00
	Total	\$295.00	\$275.00	\$20.00	\$0.00		\$275.00	\$0.00

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

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, 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	\$3.26	\$6.52
Employee + Spouse	\$6.54	\$13.08
Employee + Child(ren)	\$5.54	\$11.08
Employee + Family	\$9.13	\$18.26
Premiums for coverage under the Vision Care Plan are made on a pretax basis.		

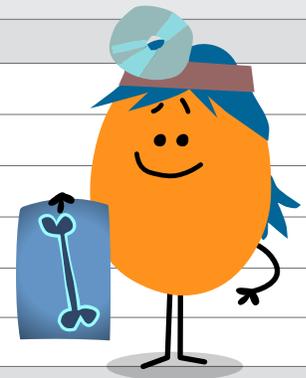
Service	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Exam Comprehensive exam of visual functions and prescriptive corrective eyewear	\$10.00 copay	reimbursed up to \$45.00	once every 12 months
Materials/Eyewear Copay (either glasses or contact lenses allowed per frequency)	\$25.00 towards frames/lenses	n/a	once every 12 months
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 ¹	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

Accident Insurance Plan

- The Accident Insurance 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.
- If covered member is age 70 or older, benefits will be reduced by 50%.
- 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 ¹	Accident Insurance Plan Pays You ³
Injuries	
Fractures ²	\$50-\$5,000 ²
Dislocations ²	\$100-\$3,200 ²
Second and Third Degree Burns	\$50-\$6,400
Concussions	\$200
Cuts/Lacerations	\$25-\$400
Eye Injuries	\$200
Medical Services & Treatment¹	
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
Dismemberment Loss & Paralysis	
Paralysis Benefit (Two limbs of Four limbs)	\$5,000-\$10,000



¹ 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.

² 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 a maximum benefit of \$866.00 per week (60% of your monthly salary¹).
- 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 <http://benefits.sd.gov/ShortTermDisabilityPlan.aspx>.
- 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 ¹ , 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. ²
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 death³ • 52 weeks
<p>¹ For purposes of this Plan, your salary does not include bonuses, fringe benefits, longevity pay, overtime pay or summer school compensation.</p> <p>² 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>³ 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.
- To view a short video explaining the Hospital Indemnity Plan, visit <http://benefits.sd.gov/HIP.aspx> and choose the HIP enrollment video.
- No medical questionnaire 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) for up to 180 days	\$200	\$200	\$200
Critical Care Unit (2x daily benefits amount) for up to 15 days	\$400	\$400	\$400
Rehabilitation Facility (0.5x daily benefits amount) for up to 30 days	\$100	\$100	\$100

FY17 Life Insurance & 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.
- There is a basic long term care benefit built into the supplemental life coverage.

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.
- You pay for coverage with after tax payroll deductions.
- If you add AD&D for your supplemental life and elect dependent life, AD&D will automatically be added to the dependent life.
- Questions? Call Risty Benefits, Inc at 866.237.9411 or visit www.southdakotaflexbenefits.com.

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

- If you have Employee Supplemental Life, you may purchase \$10,000 of Spouse and Dependent Life Coverage and \$10,000 of Spouse and 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.

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

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

We're Going on the Road....

We know benefits information can seem overwhelming and confusing. The South Dakota Employee Benefits Program wants to help you better understand the best health plan option to save you money in FY17.

You and/or your covered spouse are invited to attend one of our in-person education sessions* around the state in advance of Annual Enrollment (May 2-16, 2016). The one-hour sessions will cover changes to the health plan for FY17, give information about the various health and flexible benefit plans, and provide information on the one-time credit in FY16. Learn more at <http://benefits.sd.gov/annualenrollment.aspx>.

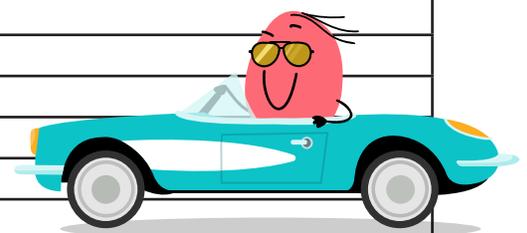
View the schedule below and send an email registration to heather.perry@state.sd.us. Indicate in the email which session you and your covered spouse (if applicable) will attend, which location including the date, time and/or if you require an accommodation. You will receive confirmation and reminder emails.

If none of these dates or places work for you, you can watch on the Digital Dakota Network (DDN) at noon (CDT) on Tuesday, April 12. The presentation will also be posted on the benefits website at the end of the month.

We look forward to seeing you in April.

*Please get permission from your supervisor to attend a session during your regular working hours. Please note that attendance at a session outside of your regular-working hours, is unpaid time and not eligible for overtime.

Location	Date
Aberdeen	April 28, 2016 April 29, 2016
Brookings	April 25, 2016 April 26, 2016
Chamberlain	April 6, 2016
Hot Springs	April 11, 2016
Huron	April 5, 2016
Madison	April 25, 2016
Mitchell	April 6, 2016
Pierre	April 5, 2016 April 7, 2016 April 8, 2016
Rapid City	April 12, 2016 April 13, 2016 April 14, 2016
Redfield	April 27, 2016 April 28, 2016
Sioux Falls	April 21, 2016 April 22, 2016
Spearfish	April 12, 2016
Springfield	April 19, 2016
Sturgis	April 14, 2016
Vermillion	April 18, 2016
Watertown	April 26, 2016
Winner	April 7, 2016
Yankton	April 20, 2016



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	benefitswebsite@state.sd.us http://benefits.sd.gov	605.773.3148 or 877.573.7347, option 2 Fax: 605.773.6840
Staywell Wellness Programs (effective July 1, 2016)			
<ul style="list-style-type: none"> • Health Assessment • Health Screenings • Wellness Program 	More information coming soon.		
DAKOTACARE			
<ul style="list-style-type: none"> • Coverage Questions • Provider Network • Claims Processing 	DAKOTACARE P.O. Box 7406 Sioux Falls, SD 57117-7406	www.DAKOTACARE.com DAKOTACARE Access https://access.dakotacare.com/?Client=DD10028	800.831.0785 Fax: 605.336.0270 (Attn: Claims)
Health Management Partners (HMP)			
<ul style="list-style-type: none"> • Case Management • Condition Management • Medical Pre-authorizations • Medical Management • Our Healthy Baby 	Health Management Partners 2301 West Russell St. Sioux Falls, SD 57105	http://sosd.hmpsdportal.com www.preauthonline.com	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	
Delta Dental				
<ul style="list-style-type: none"> • Dental 	Delta Dental PO Box 1157 Pierre, SD 57501	www.deltadentalsd.com http://benefits.sd.gov/dental.aspx	605.224.7345 or 877.841.1478	
MetLife				
<ul style="list-style-type: none"> • Vision • Accident 	MetLife 200 Park Avenue New York, NY 10166	www.metlife.com http://benefits.sd.gov/vision.aspx	800.GET.MET 8 or 800.438.6388	
Risty Benefits, Inc.				
<ul style="list-style-type: none"> • Hospital Indemnity • Short Term Disability • Life Insurance and AD&D 	Risty Benefits, Inc. 1324 Minnesota Sioux Falls, SD 57105	help@ristybenefits.com www.southdakotaflexbenefits.com	866.237.9411	
APS Employee Assistance Program (EAP)				
<ul style="list-style-type: none"> • Family Issues • Alcohol/Drugs • Anxiety • Parenting • Workplace • Managing Stress 	<ul style="list-style-type: none"> • Aging • Depression • Grief • Relationships • Abuse • Legal 	APS 7125 Columbia Gateway Dr. Suite 250 Columbia, MD 21046	www.apshelplink.com company code: southdakota 24 hours a day, 7 days a week	800.713.6288
Discovery Benefits (effective July 1, 2016)				
<ul style="list-style-type: none"> • Medical Expense Spending Account • Dependent Care Spending Account • Health Savings Account • Health Reimbursement Account 	Discovery Benefits PO Box 2926 Fargo, ND 58108	customerservice@discoverybenefits.com www.discoverybenefits.com	866.451.3399	

SD State Employee Health Plan
Capitol Building
500 East Capitol Avenue
Pierre, SD 57501-5070
1.877.573.7347, option 2

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Important Benefits Information Inside

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f FIND US ON FACEBOOK
Search for **South Dakota State Employee Benefits Program.**

EXCITING THINGS ARE COMING SOON

The State of South Dakota is partnering with StayWell® to bring you an all new well-being program. You'll have access to activities and programs focused on good health for your body and mind.

Along with the new program, well-being will have a brand new look. Be on the watch for the new logo and program name!



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