

SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN FY17 PLAN YEAR

Retiree Monthly Contribution Rates

FY17 RETIREE MONTHLY CONTRIBUTION RATES		
Coverage Level	\$750 Deductible Plan Contributions*	\$1,800 Deductible Plan with HSA Contributions*
Retiree	\$1,044.49	\$501.11
Retiree + Spouse	\$2,281.44	\$935.38
Retiree + Child(ren)	\$1,314.13	\$604.78
Family	\$2,551.08	\$1,039.05
* \$60 per person, per month will be added to your health plan contribution if you and/or your spouse use tobacco products.		