

# FY17 Health Plan Options



## \$750 Deductible Health Plan

- 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.

## \$1,800 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 \$8,125 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.

### HSA MAXIMUM CONTRIBUTION FOR FY17

You can make tax-free contributions to your HSA, up to limits established by the IRS.

The following are the maximum contributions you can make to your HSA in 2016 according to IRS regulations.

	HSA Contribution 2016*
Participant only	\$3,350
Participant and Spouse, Children or Family	\$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.

# FY17 Prescription Drug Coverage

## How Prescription Drug Coverage Works

### \$750 DEDUCTIBLE HEALTH PLAN

- A separate prescription drug deductible of \$50 per person applies before prescription drug copays begin.



Tiered Prescription Drug Coverage	Up to 30 Day Supply Copay
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

- Member pays for eligible prescription drug expenses directly to the pharmacy at the time of service, which then applies to the deductible.
- 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.
- New this year, you will pay what you owe for the prescription (deductible or coinsurance amount) at the time of pick-up at the pharmacy. You will not need to pay the full amount and wait to be reimbursed by Dakotacare, if you have met your deductible.
- 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/retiree.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/formsrc.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.
- Certain pharmacy and medical services must be pre-authorized. To view the Pre-authorization Listing visit <http://benefits.sd.gov>, select Retiree/Cobra link, scroll over Forms/Documents and choose Forms/ Documents. The Pre-authorization Listing is in the Other section.