

Enrollment Worksheet

Enrollment Date: July 1, 2022

FY22 Open Enrollment: May 2 - May 16, 2022

To assist you in making the best decisions for you and your family, please see the FY23 Benefits Guide or use the ALEX tool to help guide you through your decisions. If you have further questions, please reach out to your HR Team or contact the Benefits Program at benefitswebsite@state.sd.us, or call 605-773-3148.

COMPLIANCE: This instructional page contains basic information to help members of the South Dakota State Employee Benefits Program prepare for FY23 Open Enrollment. Complete plan information can be found at bhr.sd.gov/benefits. The health plan summary plan description (SPD) or the insurance carrier's plan certificates should be consulted for coverage, benefits information, exclusions, and other important information. If there is a discrepancy between the Benefits Guide and the SPD or plan certificates, the SPD or plan certificates prevail. Additional compliance documents are available for your review at bhr.sd.gov/benefits/forms-documents/compliance-documents/.

A few things before you get started:

- TOBACCO USE: Only make a spousal tobacco election if you plan to cover him/her on your health plan.

- OPT-OUT: If you opt-out of the health plan, you must provide proof of other creditable health coverage by June 3, 2022. You may send this information to benefitswebsite@state.sd.us.

- HEALTH SAVINGS ACCOUNT (HSA):
 - The Washington and Lincoln Plans are qualified high deductible health plans for HSA contributions.
 - If you are eligible for an Employer contribution to the HSA plan, but you do not wish to contribute any dollars to your account, please enter 0.00 per pay period for HSA contributions.
 - If you are not eligible for an Employer contribution to the HSA, and do not wish to contribute any dollars to your account, please select the "HSA Ineligible or Declined" option.
 - If you are not eligible for an Employer contribution to the HSA, but wish to contribute dollars to your account, please enter the per pay period contribution amount.

- MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)
 - The Jefferson and Roosevelt Plans are compatible with Medical FSAs.
 - If you opt-out of the health plan but would like to contribute to a Medical FSA, you will need to select the FSA Medical Combo Account.

- HEALTH REIMBURSEMENT ACCOUNT: If you meet the eligibility requirements for the HRA reimbursement, there will be up to \$900 available in a reimbursement account mid-July. You will not see the dollars on your open enrollment confirmation statement, but will see the amount in your WEX account.

- SHORT-TERM DISABILITY: If you are enrolling in Short-Term Disability for the first time, your coverage will become effective January 1, 2023.

- EMPLOYER PAID INSURANCE: Your employer makes a per pay period contribution on your behalf to the South Dakota State Employee Benefits Program. The average cost of the employer paid benefits package includes health insurance, \$25,000 employee life insurance, \$16.20 per month dental premium subsidy, the wellbeing program and incentives, employee assistance program, and benefit systems and administration.

- SUPPLEMENTAL LIFE: Supplemental Life includes Accidental Death and Dismemberment coverage (AD&D). Please note your amount of coverage is subject to evidence of insurability. You will need to submit the Statement of Health to MetLife.

- DEPENDENT LIFE INSURANCE: No dependent child may be insured as a dependent of more than one employee. If electing dependent life insurance for the first time, your dependent(s) will also be required to complete and submit a Statement of Health to MetLife.

Open Enrollment is May 2, 2022 - May 16, 2022.

Tobacco Use
Tobacco Use
Tobacco Use Opt out - not enrolling in a
Health Plan

Tobacco Use

Plan	Options	Pre Tax
<input type="checkbox"/> Tobacco Use	Non User	0.00
<input type="checkbox"/> Tobacco Use	Member User	30.00
<input type="checkbox"/> Tobacco Use	Spouse User	30.00
<input type="checkbox"/> Tobacco Use	Member & Spouse User	60.00
<input type="checkbox"/> Tobacco Use Opt Out – not enrolling in a health plan		0.00

Health Plan

Plan	Options	Pre Tax
<input type="checkbox"/> Roosevelt \$0 No Deductible	Participant Only	57.14
<input type="checkbox"/> Roosevelt \$0 No Deductible	Participant + Spouse	171.60
<input type="checkbox"/> Roosevelt \$0 No Deductible	Participant + Child(ren)	109.10
<input type="checkbox"/> Roosevelt \$0 No Deductible	Participant + Family	213.82
<input type="checkbox"/> Jefferson \$1750 Low Deductible	Participant Only	44.89
<input type="checkbox"/> Jefferson \$1750 Low Deductible	Participant + Spouse	145.12
<input type="checkbox"/> Jefferson \$1750 Low Deductible	Participant + Child(ren)	90.29
<input type="checkbox"/> Jefferson \$1750 Low Deductible	Participant + Family	180.82
<input type="checkbox"/> Lincoln \$3000 High Deductible with HSA	Participant Only	12.25
<input type="checkbox"/> Lincoln \$3000 High Deductible with HSA	Participant + Spouse	74.50
<input type="checkbox"/> Lincoln \$3000 High Deductible with HSA	Participant + Child(ren)	40.13
<input type="checkbox"/> Lincoln \$3000 High Deductible with HSA	Participant + Family	92.83
<input type="checkbox"/> Washington \$5500 High Deductible with HSA	Participant Only	0.00
<input type="checkbox"/> Washington \$5500 High Deductible with HSA	Participant + Spouse	48.02
<input type="checkbox"/> Washington \$5500 High Deductible with HSA	Participant + Child(ren)	21.32
<input type="checkbox"/> Washington \$5500 High Deductible with HSA	Participant + Family	59.84
<input type="checkbox"/> Health Opt Out		0.00

Health Savings Account (HSA)

Plan
<input type="checkbox"/> HSA with Lincoln HDHP
<input type="checkbox"/> HSA with Washington HDHP
<input type="checkbox"/> HSA Ineligible or Declined
<input type="checkbox"/> Health Plan Opt Out

Health Savings Account (HSA)

Plan

- HSA with Lincoln HDHP
- HSA with Washington HDHP
- HSA Ineligible or Declined
- Health Plan Opt Out

Medical FSA

Plan

- FSA Medical Full
- FSA Medical Combo
- Waive FSA Medical

Dependent Care FSA

Plan

- FSA Dependent Care
- Waive FSA Dependent Care

Dental Plan

Plan	Options	Pre Tax
<input type="checkbox"/> Base Dental Plan	Participant Only	8.91
<input type="checkbox"/> Base Dental Plan	Participant + Spouse	25.87
<input type="checkbox"/> Base Dental Plan	Participant + Child(ren)	29.08
<input type="checkbox"/> Base Dental Plan	Participant + Family	46.04
<input type="checkbox"/> Enhanced Dental Plan	Participant Only	19.38
<input type="checkbox"/> Enhanced Dental Plan	Participant + Spouse	46.76
<input type="checkbox"/> Enhanced Dental Plan	Participant + Child(ren)	47.84
<input type="checkbox"/> Enhanced Dental Plan	Participant + Family	75.24
<input type="checkbox"/> Waive Dental Plan		0.00

Vision Plan

Plan	Options	Pre Tax
<input type="checkbox"/> Vision Plan	Participant Only	3.54
<input type="checkbox"/> Vision Plan	Participant + Spouse	7.09
<input type="checkbox"/> Vision Plan	Participant + Child(ren)	6.00
<input type="checkbox"/> Vision Plan	Participant + Family	9.90
<input type="checkbox"/> Waive Vision Plan		0.00

Accident Plan

Plan	Options	After Tax
<input type="checkbox"/> Accident Insurance Plan	Participant Only	2.28
<input type="checkbox"/> Accident Insurance Plan	Participant + Spouse	4.37
<input type="checkbox"/> Accident Insurance Plan	Participant + Child(ren)	4.85
<input type="checkbox"/> Accident Insurance Plan	Participant + Family	6.08
<input type="checkbox"/> Waive Accident Insurance Plan		0.00

Hospital Indemnity Plan

Plan	Options	After Tax
<input type="checkbox"/> Hospital Indemnity Plan	Participant Only	4.19
<input type="checkbox"/> Hospital Indemnity Plan	Participant + Spouse	6.65
<input type="checkbox"/> Hospital Indemnity Plan	Participant + Child(ren)	8.66
<input type="checkbox"/> Hospital Indemnity Plan	Participant + Family	11.20
<input type="checkbox"/> Waive Hospital Indemnity Plan		0.00

Short-Term Disability Plan

Plan	After Tax
<input type="checkbox"/> Short-Term Disability Plan	
<input type="checkbox"/> Waive Short-Term Disability Plan	

Employer Paid Insurance

Plan	Coverage Amount	Employer
<input type="checkbox"/> Employer Paid Insurance	25,000.00	411.33

Supplemental Life

Plan	Salary Multiple	Coverage Amount	After Tax
<input type="checkbox"/> Employee Supplemental Life with AD&D	1.000		
<input type="checkbox"/> Employee Supplemental Life with AD&D	2.000		
<input type="checkbox"/> Employee Supplemental Life with AD&D	3.000		
<input type="checkbox"/> Employee Supplemental Life with AD&D	4.000		
<input type="checkbox"/> Employee Supplemental Life with AD&D	5.000		
<input type="checkbox"/> Employee Supplemental Life with AD&D	6.000		
<input type="checkbox"/> Employee Supplemental Life with AD&D	7.000		
<input type="checkbox"/> Waive Employee Supplemental Life	0.000		

Dependent Life

Plan	Coverage Amount	After Tax
<input type="checkbox"/> Spouse and/or Dependent Life with AD&D	10,000.00	
<input type="checkbox"/> Waive Spouse and/or Dependent Life	0.00	

Dependents

Name	Relationship	Birthdate
<input type="checkbox"/>		
<input type="checkbox"/>		

Beneficiaries

Name	Relationship	Birthdate
<input type="checkbox"/>		
<input type="checkbox"/>		

Enrollment Worksheet For

You are certifying that the information is true, correct, and complete to the best of your knowledge. A false statement or intentional omission of relevant information could result in loss of benefits or disciplinary action, up to and including termination of employment.

South Dakota State Employee Benefits Program provides various benefits for qualified Employees, spouses, dependents, and beneficiaries. The premium contributions for medical, dental, and vision benefits will be deducted through payroll on a pre-tax basis. Be advised that life insurance benefits may be pending subject to underwriting through MetLife and new short term disability benefit elections, if applicable, have a 6 month waiting period.