

FY20 Health Plan Comparison

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 FY20				
Plan Details	Low Deductible Health Plan		High Deductible Health Plan - HSA Compatible	
	Network Provider ¹	Out-of-Network Provider	Network Provider ¹	Out-of-Network Provider
Eligible Preventive Services ²	Covered at 100%	Not covered ³	Covered at 100%	Not covered ³
Plan Year Deductible	<ul style="list-style-type: none"> \$1,500 per person \$3,750 per family of three or more⁴ 	<ul style="list-style-type: none"> \$3,000 per person \$7,500 per family of three or more 	<ul style="list-style-type: none"> \$2,200 single coverage \$4,400 family coverage per family of two or more 	<ul style="list-style-type: none"> \$4,400 single coverage \$8,800 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 Does not count toward your deductible but does count toward your out-of-pocket maximum. 		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"> \$4,400 per person \$9,375 per family of three or more 	<ul style="list-style-type: none"> \$8,300 per person \$18,250 per family of three or more 	<ul style="list-style-type: none"> \$5,300 single coverage or any one family member \$10,275 family coverage per family of two or more 	<ul style="list-style-type: none"> \$9,200 single coverage or any one family member \$19,150 family coverage per family of two or more
Prescription Drugs				
Deductible	\$150 per person	\$150 per person	<ul style="list-style-type: none"> Included in Plan Year Deductible Preventive therapy medications may be available at a lower cost. You can find the list at https://bhr.sd.gov/benefits/active/forms-documents/index.html 	
Pharmacy Out-of-Pocket Maximum	<ul style="list-style-type: none"> \$1,500 per person \$3,750 per family of three or more 		Included in Plan Year Out-of-Pocket Maximum	

¹DAKOTACARE Network plus Sanford providers make up the South Dakota State Employee Health Plan provider network.

²To view eligible preventive care services, visit <http://bhr.sd.gov/benefits/active/health-plans-preventative-care/>.

³When 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 PCHS provider. If member utilizes a non-PHCS provider, any charges above Usual, Customary, and Reasonable (UCR) are the member's responsibility to pay.

⁴Family deductible must be satisfied by three or more covered members.