



## FY 2013 Enrollment Factsheet

### To Be Completed by the Human Resource Manager:

Name _____	Employee Number _____		
Address _____	City _____	State _____	Zip Code _____
Social Security Number _____	Birth Date _____	Gender _____	
Pay frequency _____ (monthly or semi-monthly)	University Code _____	Annual Salary \$ _____	
Date of Hire _____	Enroll by Date _____		
Is Your Spouse Employed by the State? Yes No If yes, list Social Security Number _____			

As new employee, one of the first things you'll want to do is select benefits for yourself and your eligible dependent(s). Before you enroll, read through the enrollment material at <http://benefits.sd.gov> for more detailed information about benefit choices and plan features. Mark your FY 2013 elections on this Factsheet.

### You must make your choices within the first 30 days of your date of hire.

- A 12-month pre-existing clause is applied until you provide a certificate of creditable coverage. This must be submitted to the Bureau of Personnel in order to reduce the pre-existing limitation. A certificate of creditable coverage should have been issued to you by your previous employer or insurance company.

If you do not make benefit elections within 30 days of hire:

- You will be given the default coverage (\$1,000 Deductible Plan), with no dependent coverage.
- You will not be able to make benefit elections for yourself and/or any eligible dependent(s) without a qualified family status change (i.e. birth, pending birth, adoption, marriage, etc) or until the next annual enrollment.

### To enroll visit <http://benefits.sd.gov>

- Click on Active Employee
- Scroll over Enroll
- Click on New Employee
- Click on Click Here to Enroll
- Enter your User ID which is the last 4 digits of your social security number, plus year, month, and day of birth (Format SSSSYYYYMMDD)
- Enter your Password which is your date of birth (Format YYYYMMDD)
- Click Login
  - Set your Password and Security Questions and enter an email address.
  - Click Submit.
- **When finished, write down your confirmation number on your Factsheet for your records.**

## Eligible Dependent Information

You must provide the following information about any eligible dependents you wish to enroll. To make the process easier, write that information below and refer to it during your enrollment. List only dependents you want to cover in FY 2013. The system will automatically assign a two-digit code to each dependent you add. Write the two-digit code next to your dependent's name for future reference. The plans to the far right of the sheet indicate benefit choices you can make for each dependent. Please note: The relationship codes are self, spouse, and child.

Code	Name	SSN	Birth Date	Gender	Relationship	Health/Dental/Vision/MIP/HIP
_____	_____	_____	_____	_____	<b>Self</b>	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Refer to your Summary Plan Description Document for details about eligible dependents, initial and special enrollment periods, and definition of late entrants.

## Health Plan

### Plan Options:

- ☐ Opt-Out\* (no coverage)
- ☐ Latitude Health Plan (\$500 Deductible)
- ☐ \$1,000 Deductible Plan
- ☐ \$1,800 Deductible Plan

### Coverage Levels: (visit <http://benefits.sd.gov> for contribution rates)

- ☐ Employee only
- ☐ Employee + one child
- ☐ Employee + two children
- ☐ Employee + three or more children
- ☐ Employee + spouse
- ☐ Employee + spouse + one child
- ☐ Employee + spouse + two or more children

\*If you elect to Opt-Out of the Health Plan, you must confirm that you have health coverage from another group health plan by providing satisfactory written evidence to the Bureau of Personnel. You are also eligible to receive an Opt Out credit of \$300. Please refer to the Summary Plan Description Document at <http://benefits.sd.gov> for more information.

### Tobacco User Status

- ☐ Neither my covered spouse nor I use a tobacco product
- ☐ Only I use a tobacco product
- ☐ Only my covered spouse uses a tobacco product
- ☐ My covered spouse and I both use a tobacco product

### Coordination of Benefits

Are you (the employee) covered for health care coverage under another group health plan or Medicare?

- ☐ Yes  
☐ No

If your spouse or any of your dependents are covered under the South Dakota State Employee Health Plan, are they also covered for health care coverage under another group health plan?

- ☐ Yes  
☐ No

### Dental Plan

#### Base Plan Coverage Levels:

- ☐ No coverage  
☐ Employee only  
☐ Employee + one dependent  
☐ Employee + two dependents  
☐ Employee + three or more dependents

Cost Per Pay Period	
24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 10.28	\$ 20.56
\$ 18.40	\$ 36.80
\$ 27.08	\$ 54.16
\$ 33.44	\$ 66.88

#### Enhanced Plan Coverage Levels:

- ☐ No coverage  
☐ Employee only  
☐ Employee + one dependent  
☐ Employee + two dependents  
☐ Employee + three or more dependents

Cost Per Pay Period	
24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 19.52	\$ 39.04
\$ 33.96	\$ 67.92
\$ 45.10	\$ 90.20
\$ 60.86	\$ 121.72

### Vision Plan

#### Coverage Levels:

- ☐ No coverage  
☐ Employee only  
☐ Employee + one dependent  
☐ Employee + two dependents  
☐ Employee + three or more dependents

Cost Per Pay Period	
24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 6.00	\$ 12.00
\$ 8.00	\$ 16.00
\$ 11.00	\$ 22.00
\$ 14.50	\$ 29.00

### Major Injury Protection Plan (MIP)

#### Coverage Levels:

- ☐ No coverage  
☐ Employee only  
☐ Employee + one dependent  
☐ Employee + two dependents  
☐ Employee + three or more dependents

Cost Per Pay Period	
24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 5.32	\$ 10.64
\$ 8.74	\$ 17.48
\$ 12.74	\$ 25.48
\$ 16.23	\$ 32.46

## Hospital Indemnity Plan (HIP)

### Coverage Levels:

- ☐ No coverage
- ☐ Employee only
- ☐ Employee + one dependent
- ☐ Employee + two dependents
- ☐ Employee + three or more dependents

### Cost Per Pay Period

24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 5.63	\$ 11.26
\$ 5.97	\$ 11.94
\$ 9.96	\$ 19.92
\$ 15.42	\$ 30.84

## Short-Term Disability Income Protection Plan

### Coverage Levels:

- ☐ No coverage
- ☐ Employee only

### Cost Per Pay Period

24 Pay Periods	12 Pay Periods
\$ 0.00	\$ 0.00
\$ 5.70	\$ 11.40

## Medical Expense Spending Account

Elect the total amount you want deposited. The annual maximum deposit to the Medical Expense Spending Account is \$2,500 for 2013 calendar year.

### Options:

- ☐ No participation
- ☐ Participate and contribute \$ \_\_\_\_\_.\_\_\_\_\_ per pay period

## Dependent Care Spending Account

Based on your tax filing status, the maximum you can contribute annually is either \$2,500 or \$5,000. See your Summary Plan Description Document for rules that may affect contribution amounts.

### Options:

- ☐ No participation
- ☐ Participate and contribute \$ \_\_\_\_\_.\_\_\_\_\_ per pay period

Enter your CONFIRMATION NUMBER for your records \_\_\_\_\_

## Life Enrollment

The South Dakota State Employee Health Plan provides you with Basic Life Coverage in the amount of \$25,000. You may also elect additional Supplemental Life Coverage and Dependent Life Coverage.

## Employee Supplemental Life Insurance

### Options:

- ☐ No coverage
- ☐ 2 x annual salary
- ☐ 3 x annual salary
- ☐ 4 x annual salary
- ☐ 5 x annual salary

### CONTRIBUTION RATE PER \$1000 OF COVERAGE PER PAY PERIOD

You may choose Supplemental Life Coverage equal to two, three, four, or five times annual earnings (rounded to the next highest multiple of \$1,000 but in no event shall the amount of coverage exceed \$400,000). The cost for this coverage depends on the amount of coverage you choose and your age.

If you elect Supplemental Life coverage, you will receive a Basic Long Term Care monthly facility benefit of \$1,500 per month coverage with a two year duration through Unum. See your Summary Plan Description Document for more information about Long Term Care.

<u>AGE GROUP</u>	<u>24 Pay Periods</u>	<u>12 Pay Periods</u>
Less than 30	\$0.03	\$0.06
30 to 34	\$0.03	\$0.06
35 to 39	\$0.05	\$0.10
40 to 44	\$0.07	\$0.15
45 to 49	\$0.09	\$0.18
50 to 54	\$0.15	\$0.30
55 to 59	\$0.16	\$0.32
60 to 64	\$0.26	\$0.52
65 to 69	\$0.56	\$1.12
70+	\$1.10	\$2.20

## Employee Accidental Death & Dismemberment (AD&D)

The AD&D coverage provides a life benefit in the case of accidental death and dismemberment. AD&D must equal the Supplemental Life Coverage.

### Options:

- ☐ Yes, I want AD&D.
- ☐ No, I don't want AD&D.
- ☐ N/A

### CONTRIBUTION RATE PER \$1000 OF COVERAGE PER PAY PERIOD

24 Pay Periods	12 Pay Periods
\$0.015	\$0.03

## Dependent Life Insurance

Employees who are covered under Supplemental Life coverage may elect \$10,000 Dependent Life Coverage. The costs are regardless of the number of eligible dependents. If Employee AD&D is elected, it will also apply to Dependent Life Coverage. The contribution rate for 24 pay periods is \$0.15 and for 12 pay periods \$0.30.

Options:	Cost Per Pay Period	
	24 Pay Periods	12 Pay Periods
<input type="checkbox"/> No coverage	\$ 0.00	\$ 0.00
<input type="checkbox"/> \$10,000 coverage	\$ 1.13	\$ 2.26
<input type="checkbox"/> N/A		

## Life Insurance Beneficiary(ies)

Enter the beneficiary(ies) first name, last name, address, relationship (i.e. spouse, child or other), and share to each beneficiary.

### Primary Beneficiary(ies)

First Name/Last Name	Address	Relationship	Share to each

### Contingent Beneficiary(ies)

First Name/Last Name	Address	Relationship	Share to each

## Health Assessment

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- Remember, you and your covered spouse must complete a Health Assessment within 60 days of your hire date.
- If you and your covered spouse do not complete the Health Assessment, you will not be eligible for the Latitude Health Plan (\$500 Deductible).

### **To complete the health assessment**

- Logon to [www.liveforlife.net/hfit/sd](http://www.liveforlife.net/hfit/sd) **after** you receive your insurance ID cards
- Click Login
- Enter your username and password
- Click Health Assessment from the left navigation

For those who need assistance or those individuals with out electronic access, please call the Bureau of Personnel Benefits Program at 605.773.3148 or 877.573.7347, option 2.