

# South Dakota Bankers Benefit Plan

## 2020 Benefits Booklet



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# Health Plan Rates to Increase Only 4 Percent

**T**he South Dakota Bankers Benefit Plan Trust will see only a 4% rate increase for 2020. With a premium holiday in December of 2018, the 2018 rate was actually a 3% decrease from the 2017 rate.

South Dakota group plans are receiving on average a 3% to 12% increase for 2020. The South Dakota Bankers Benefit Plan Trust has experienced well below medical trend rate increases over the past six years. Our annual increases have been 9, 10, 3.7, 3.4, 2 and -3 percent and 2020's 4% increase.

The total claims paid over the prior year are up 6.8%, inpatient cost is down 2.6%, outpatient cost is up 15.4%, and Rx costs are up 17.5%. One percent of members on the health plan accounted for 42% of our entire claims paid. That 1% represents 12 members from eight different banks.

Prescription costs continue to rise. In 2015, we experienced a 22.7% increase in prescription costs, 2016 was a 16% increase, and 2017 was an additional 16.2%. Wellmark is projecting an additional 13.25% increase for 2020. We are keeping the generic Rx copay at \$10 for 2020. In 2019, our plan members utilized generics at 89.4%, which is higher than the Wellmark book of business at 86.6%.

Medical trend is a projection that insurance companies develop each year based on the previous year's experience. It is derived from costs that providers (medical community and Rx) charge for services, and insurance companies study the increases to project next year's inflation on medical costs. Two main cost factors go into developing the medical trend projection: the prescription drug 2020 projection increase of 13% and the medical facilities charges 2020 projection increase of 6.75%.

These factors are tracked, and Wellmark's 2020 projection for South Dakota medical trend is 9%. This medical trend is added to our actual claims experience of the group to develop next year's premiums. Based on these factors, Wellmark applies an equalization of usage to project medical trend.

Our current level of reserves also plays a role in limiting rate increases. That rate, which is 9%, is added to our 2019 experience, along with consideration for higher reserves, which equaled a 4% rate increase for 2020.

## Fall Meeting Topics

Three topics will be discussed extensively at our annual benefit plan trust meeting on Oct. 11 at Wellmark's Sioux Falls office. First is the complete rework of the employer participation agreement by our ERISA attorney. Second is Heart Planet assessments for males over age 40 and females over age 45 paid for by the MET. Third is a presentation on a new Medicare supplement program for retirees.

We will continue utilizing Wellmark as our third-party administrator and stop loss carrier. There is no change to our provider network, and we will still have all the provider discounts we currently experience. One very important part of being self-insured is the ability to build reserves for future use. In 2018, we were bouncing up against the maximum reserve limit that we could keep, so we implemented a premium holiday in December of 2018. At this time last year, we had \$6,415,00 in reserves, and this year we are at \$6,654,549 in reserves. By implementing the premium holiday, we curbed the increase in reserves for 2019 and met the IRS maximum reserve limits.

## Reporting Requirements & Notices

We will continue to be required to report coverage to the IRS. The 2019 IRS employer shared responsibility reporting requirements for each bank is done on one of two forms: 1095-B for banks under 49 employees and 1095-C for banks over 50 employees. You must provide your employees with this information by Jan. 31, 2020. For calendar year 2019, forms are required to be filed with the IRS by Feb. 28, 2020, or April 2, 2020, if filing electronically. The SDBIS will continue to supply a data set to each bank on its covered employees that will help in completing these forms.

The SDBIS has worked extensively this year to bring all required notices/disclosures up to date, and you have all been advised of these changes throughout this summer.

## Plan Features

■ **South Dakota Bankers Benefit Plan Trust Administered by Wellmark:** This plan is designed to provide flexibility to the employer and employee. The



employer may allow their employees to choose from five different deductible plans: \$500, \$1,000, \$1,500, \$2,000, \$3,000 and one high-deductible/HSA health plan. Employees can choose the deductible that fits their needs and budget. Remember, one may only move one deductible level each year.

■ **Early Retirement Option:** Another outstanding benefit is the early retirement option, which allows employees with five-plus years of employment in their bank and age 60 or older to remain on the plan until they reach Medicare-eligible age (spouse included). We have had numerous employees take advantage of this benefit, and they are thankful it was available to them.

■ **BluesEnroll:** Our banks can manage their benefits online, which eliminates the transfer of paperwork back and forth. Banks can enroll new employees, add dependents and terminate employees online in real time. BluesEnroll also works with Delta Dental. If you have not taken advantage of BluesEnroll, give Michelle Guthmiller with SDBIS a call at 800.221.7551. She will help you utilize this very powerful tool.

■ **Out-of-State Coverage:** Wellmark's network extends to all 50 states and includes 200 countries. We must remember that our health plan is priced for experience within the state.

■ **No-Balance Billing:** All the plans have a \$30 PPO office visit co-pay and no-balance billing. No-balance billing means that the in-network providers have already agreed to accept the claim payment from our partner Wellmark as payment in full for their services.

■ **Excellent Benefits:** Along with outstanding in-patient health benefits, all our plans include coverage for routine exams, well-child services, chiropractic care, outpatient services and prescription drugs.

■ **Doctors on Demand:** In relation to the virtual visits (Doctors on Demand) benefit, we are continuing to offer the lowered co-pay of \$10 for this benefit. Feeling better should be easy, and this virtual visit benefit can be experienced from anywhere, anytime. We encourage our members to give this benefit a try.

■ **Rx Benefits:** Generic prescriptions remain at \$10.

■ **COBRA Administration & Billing Services:** Effective Aug. 1, 2019, the SDBIS has taken over COBRA notification, enrollment and billing services for health and vision on behalf of the members of the South Dakota Bankers Benefit Plan.

■ **EMC National Life Insurance and Accidental Death & Dismemberment (AD&D) Benefit:** For 2020, EMC National Life Company continues to provide excellent service. Along with any health plan, each employee has the minimum \$5,000 of life insurance coverage with a matching \$5,000 of AD&D coverage. Banks can now elect the amount of coverage for all eligible employees up to five-times base annual earnings maxed at \$300,000 along with \$300,000 AD&D. The rates remain the same at \$0.128 per \$1,000 for basic life and \$0.02 for AD&D. Group term life rates are now guaranteed until Jan. 1, 2022.

New this year is the added basic dependent life

(employer paid) Plan C which offers \$10,000 of coverage for spouse and children at a monthly cost of \$4 per family. Employers can choose to increase this benefit at renewal if they wish.

A guaranteed issued \$30,000 of voluntary life coverage (employee paid) and \$10,000 for spouse and children is still available for new employees. Please refer to the benefit booklet for additional details.

■ **Reliance Standard:** Group long-term and short-term disability policies will be transferred to Reliance Standard Life beginning Jan. 1, 2020, as EMC's former partner for these products has exited the group disability reinsurance business. Rates will remain the same as previously with EMC.

■ **Vision Care:** This is our 13th year of offering VSP Eye Care, and rates increased 3.5%, which is a two-year rate lock. The employee can upgrade coverage to Plan B or C with a four-tier rating to match up with our health insurance plan such as employee only, employee plus spouse, etc.

■ **Delta Dental:** The SDBIS offers dental coverage through Delta Dental, which has the largest dentist network in South Dakota and even spans nationwide. They offer no-balance billing, it is easy to use, and they provide great coverage for a great value with rate stability. Delta Dental has also been interfaced with BluesEnroll. For the 2020 plan year, rates have increased 1.3%. The new monthly rates are \$46.30 for single and \$127.18 for family.

## Providing Rate Stability

Being part of the South Dakota Bankers Benefit Plan Trust supports the SDBA, which continues to work with and for the banking industry of South Dakota. This plan is available now for entry with a Jan. 1, 2020, effective date. If you are not part of our plan, we encourage you to compare your current benefits and rates with what we offer. The combination of these plans is exclusive to the SDBA and not available from any other source.

The South Dakota Bankers Benefit Plan Trust is designed to provide rate stability. Especially in today's volatile market, it is risky to stand alone when it comes to your health coverage. You can be confident with your selection because you will be working directly with people you know and who are focused on serving the needs of all SDBA members first.

We all know that in the health care business, size matters. It is now up to all members of the SDBA to join together and support these outstanding benefit plans and provide your employees with quality, affordable health insurance.

Questions, contact Mike Feimer at 605.660.2341 or mfeimer@sdba.com or Michelle Guthmiller at 800.221.7551 or mguthmiller@sdba.com. 🌈

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## HEALTH INFORMATION



**SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST RATES EFF JAN 1, 2020**

	<b>BLUE</b>	<b>YELLOW</b>	<b>WHITE</b>	<b>RED</b>	<b>GREEN</b>	<b>H S A / HDHP</b>
	71746-196 71764-97	71746-197 71764-97	71746-198 71764-97	71746-199 71764-97	71746-200 71764-97	71746-195 71764-96
<b>Deductible</b>	Single - \$500 Family - \$1500	Single - \$1000 Family - \$2000	Single - \$1500 Family - \$3000	Single - \$2000 Family - \$4000	Single - \$3000 Family - \$6000	Single - \$3000 Family - \$6000
<b>Office Visit Copay</b> <b>Virtual Visit Copay</b>	\$30 \$10 for Virtual Visit with Doctors on Demand (Medical & Mental Health)					Deductible & Coinsurance Applies
<b>Emergency Room Copay</b>	\$250					Deductible & Coinsurance Applies
<b>Coinsurance</b>	In-Network - 20% / Out-of-Network - 40%					
<b>Health OPM</b>	Single - \$1500 Family - \$3000	Single - \$2000 Family - \$4000	Single - \$3000 Family - \$6000	Single - \$4000 Family - \$8000	Single - \$4500 Family - \$9000	Single - \$4500 Family - \$9000
<b>Rx OPM</b>	Single - \$1500 Family - \$3000 SEPERATE from Health					Single - \$4500 Family - \$9000 DED/OPM AGGREGATE
<b>Lifetime Max</b>	Unlimited					
<b>Chiropractic Care</b>	\$30 Copay - limited to 12 visits per benefit period					Deductible & Coinsurance Applies
<b>Routine Exams</b> <b>Preventative Care -</b> <b>No Member Cost Share</b>	One Preventive exam per calendar year, including separate gynecological exam; immunizations, One Preventive mammogram per calendar year, pap smears, diagnostic screenings for prostate cancer, Smoking Cessation Rx and Related Exams . Women's Preventive benefits according to ACA guidelines .					
<b>Well-Child Care</b>	To age 7					
<b>BLUE Rx VALUE PLUS</b> <b>Deductible waived for</b> <b>Generic</b>	\$100/\$200 Deductible \$10/\$40/\$55 Copays \$85 Specialty and Self Administered Rx					Single - \$3000 / Family - \$6000 DED /OPM Aggregate between Health & Rx <i>**Benefit period deductible is waived for HSA preventive drug list</i>
	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>	<b>H S A</b>
Employee-----	\$726	\$699	\$658	\$627	\$587	\$627
Family -----	\$2,222	\$2,144	\$2,021	\$1,925	\$1,797	\$1,925
Employee Spouse -----	\$1,484	\$1,431	\$1,349	\$1,284	\$1,200	\$1,284
Employee Child(ren)-----	\$1,372	\$1,323	\$1,249	\$1,187	\$1,109	\$1,187
<b>All Employees will have</b> <b>VSP PLAN A Vision</b>	\$4.35	\$4.35	\$4.35	\$4.35	\$4.35	\$4.35
	<b>Employee</b>	<b>Employee+Spouse</b>	<b>Employee+Children</b>	<b>Employee+Family</b>	<b>DELTA DENTAL</b>	
<b>VSP Plan B Buy-up</b>	\$6.06	\$12.13	\$12.97	\$20.75	<b>Single</b>	\$46.30
<b>VSP Plan C Buy Up</b>	\$8.08	\$16.14	\$17.28	\$27.61	<b>Family</b>	\$127.18

**Please make available to your employees per the instructions below.**

**Pdf copies of the Summary of Benefits & Coverage (SBC's) for all plans will be emailed to each member bank.**

Thank you for choosing the South Dakota Bankers Benefit Plan for your health administration needs. We are pleased to provide you (*via email*) the Summary of Benefits and Coverage (SBC) document(s) to illustrate your health plan benefits administered by the South Dakota Bankers Benefit Plan and Wellmark.

Under the Affordable Care Act (ACA), providing SBC's to participants and beneficiaries is a shared responsibility between third party administrators and employers. As such, South Dakota Bankers Benefit Plan are providing you with these SBC's, which you must distribute or make available to your employees and COBRA beneficiaries.

One SBC should be provided to a family unless a covered member is known to reside at a different address. In that case, please provide a separate SBC.

#### **Minimum Essential Coverage (MEC) and Minimum Value (MV)**

SBC's are required to contain language regarding whether a plan provides Minimum Essential Coverage (MEC) and if the plan meets the Minimum Value (MV) standard of 60 percent. Language has been added to the SBC's indicating your plan(s) does qualify as MEC and whether or not it meets the MV standard. Wellmark is including this information in SBC's for self-funded groups that have provided them with an approved outside actuarial certification, and/or for plans that have passed through the Health and Human Services' (HHS) Minimum Value (MV) calculator without outside actuarial analysis.

#### **Ongoing Responsibilities**

*Throughout the year*, you are responsible for providing SBC's at certain times including:

- As part of written application materials for:
  - Open Enrollment, where employees actively elect to maintain, enroll, terminate or change coverage
  - Newly eligible employees, such as new hires that have satisfied their eligibility waiting period
  - Late Enrollees
- If not holding an open enrollment, 30 days prior to the new plan year if auto-renewing with no benefit changes; otherwise, within 7 business days of receipt of the signed Binder Agreement
- No later than 90 days from enrollment for special enrollees (however, an SBC must be provided within 7 days if one is requested by the special enrollee)
- No later than 60 days prior to the effective date of a material modification, such as an off-renewal benefit change
- Within 7 business days of a participant request

#### **Questions?**

To learn more about the Summary of Benefits and Coverage or other Health Care Reform topics, visit Wellmark's [WeKnowReform](#) and log in under the secure "Employer Groups" tab – your resource for information.

#### **South Dakota Bankers Benefit Plan Contact:**

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# WELLMARK'S ACA PREVENTIVE SERVICES LIST

INFORMATION UPDATE: JANUARY 2019



## **Affordable Care Act (ACA) coverage for preventive services**

The ACA mandates that all non-grandfathered group and non-grandfathered individual health plans must provide coverage for preventive services with no member cost share when delivered by in-network providers. In accordance with this ACA requirement, Wellmark provides coverage for preventive services when they are delivered by in-network providers.

Benefit coverage and cost sharing will still apply for out-of-network services as specified by member coverage manuals. Additionally, health plans may apply cost sharing to out-of-network preventive care and use reasonable medical management techniques to help control costs and promote efficient delivery of care.

## **How preventive services are defined**

Preventive services are defined under Section 2713 of the ACA as immunizations, screenings, and other services that are listed as recommended by the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), or the federal Centers for Disease Control (CDC).

The services identified by the ACA to clinicians are recommendations, not mandated services. Clinicians are best able to determine which services to provide.

## Preventive services covered under the ACA

This list is not all-inclusive, and benefits are not guaranteed. It outlines benefits with zero cost share. All information is dependent upon the terms of your coverage. Please refer to your coverage manual for information about your benefits. This document was last updated in January 2019 and will be updated periodically. Information is subject to change.

### ADULTS

- Abnormal blood glucose and Type 2 diabetes mellitus screening as part of a cardiovascular risk assessment for patients, aged 40 to 70, who are overweight or obese
- Alcohol misuse screening and behavioral counseling interventions
- Annual wellness examination
- Aspirin for the prevention of cardiovascular disease in men and women of certain ages (prescription required)
- Cardiovascular disease risk assessment for men and women ages 40 through 75 years old (total cholesterol, LDL-C and HDL-C)
- Colorectal cancer screening
- Depression screening
- Healthy diet and physical activity counseling for cardiovascular disease prevention in adults with cardiovascular risk factors
- Hepatitis B screening: in persons at high risk for infections
- Hepatitis C screening: for those at high risk for infection and one-time screening for adults born between 1945 and 1965
- High blood-pressure screening,\* including obtaining measurements outside the clinical setting, to include ambulatory blood pressure monitoring and home blood pressure monitoring before starting treatment
- HIV screening: for all adults through age 65 and older adults who are at increased risk
- Immunizations: Hepatitis A; Hepatitis B; Herpes Zoster; Human Papillomavirus (HPV); Influenza (Flu Shot); Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Tetanus, Diphtheria, Pertussis; Varicella (based on the Center of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) please refer to the National Immunization Program [Website](#))
- Low to moderate dose statins (generic only) for men and women ages 40 through 75 years old for the prevention of cardiovascular disease events and mortality (prescription required)
- Lung cancer screening — annual computed tomography (CT) scan for at risk adults age 55–80 with a 30 pack-year history and currently smoking or have quit smoking within the past 15 years
- Obesity screening for all adults. Clinicians should refer patients with BMI of 30 kg/m<sup>2</sup> or higher to intensive, multicomponent behavior interventions, will be limited to 12 visits annually
- Screening for latent tuberculosis infection in populations at increased risk
- Sexually transmitted infections (STI) behavior counseling for adults who are at increased risk for STI
- Skin cancer counseling young adults through 24 years of age about minimizing exposure to ultraviolet radiation to reduce risk of skin cancer\*
- Syphilis infection screening for non-pregnant adult at increased for infection
- Tobacco use screening, counseling, and cessation interventions including FDA-approved tobacco cessation medications (prescription required), counseling will be limited to 8 visits annually

### MEN ONLY

- Abdominal Aortic Aneurysm: one-time screening with ultrasonography for men age 65–75 who have ever smoked

### WOMEN ONLY

- BRCA Related Cancer: Risk assessment, genetic counseling and genetic testing for women who have family members with breast, ovarian, tubal or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 and BRCA2). Women with positive screening results should receive genetic counseling and if indicated after counseling, BRCA testing
- Breast cancer medication for risk counseling for those who are at increased risk for breast cancer
- Breast cancer preventive medications for women age 35 and older who are at increased risk for breast cancer and at low risk for adverse medication effects (prescription required)
- Cervical cancer screening annually for women age 21–65
- Chlamydia screening in sexually active non-pregnant women and older non-pregnant women who are at increased risk for infection
- Contraception and contraceptive counseling: this applies to FDA-approved contraceptive methods for female of all ages
- Gonorrhea screening in sexually active non-pregnant women and older non-pregnant women who are at increased risk for infection
- HPV DNA test: women age 30 and older may receive high-risk HPV screening every three years, regardless of pap test results
- Intimate partner violence screening and provide or refer women who screen positive to interventional services\*
- Osteoporosis screening in women aged 65 years and older and in younger women who fracture risk is equal to or greater than that of a 65 year old female who has no additional risk factors
- Screening mammography (2D): breast cancer screening annually for women age 35 and older
- STI and HIV screening and counseling: annual counseling on HIV and STIs for sexually active women
- Well-woman visits, including annual well-woman preventive care office visits

### PREGNANT WOMEN

- Asymptomatic bacteriuria screening
- Breast feeding support and counseling from trained providers during pregnancy and/or during the postpartum period and breast feeding supplies
- Chlamydia screening
- Daily folic acid supplements for women capable of becoming pregnant (prescription required)
- Gestational diabetes screening in asymptomatic pregnant women
- Gonorrhea screening
- Hepatitis B virus infection screening at first prenatal visit
- HIV screening

\*Services marked with an asterisk indicate those services that may be delivered and billed within wellness exam or well-child exam from an in-network provider.



- Iron deficiency anemia screening
- Rh (D) blood typing and antibody testing for incompatibility screening
- Syphilis infection screening
- Tobacco use screening and provide behavioral interventions for cessation

## NEWBORNS/CHILDREN/ADOLESCENTS

- Alcohol and drug use assessment for adolescents\*
- Annual well-child examination
- Autism screening for children through age 2 years
- Behavioral assessments for children\*
- Blood pressure screening\*
- Cervical dysplasia screening for sexually active females
- Dental Caries in children from birth through age 5 screening
- Depression: Major depressive disorder screening for adolescents age 12–18 years
- Developmental screening for children under age 3, and surveillance\* throughout childhood
- Dyslipidemia screening for those at higher risk of lipid disorders age 1 through 17 years
- Gonorrhea, prophylactic medication for newborns
- Fluoride treatment for children under the age of 5 years (prescription required)
- Hearing screening for newborns and children, birth through age 10
- Height, weight and body mass index measurements\*
- Hematocrit or hemoglobin screening through age 2 years
- Hemoglobinopathies screening: sickle cell screening for newborns, birth through 28 days
- Hepatitis B screening for adolescents at high risk, age 11 through 17 years
- HIV screening for adolescents age 15 and older, and younger adolescents who are at increased risk
- Hypothyroidism screening for newborns, birth through 28 days
- Immunizations: Diphtheria, Tetanus, Pertussis; Haemophilus influenzae type b; Hepatitis A; Hepatitis B; Human Papillomavirus; Inactive Poliovirus; Influenza (Flu Shot); Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Rotavirus; Varicella. Varicella (based on the Center of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) please refer to the National Immunization Program [Website](#).)
- Iron supplements for at risk infants 6–12 months (prescription required for full coverage)
- Lead screening for children at risk to exposure, birth through 6 years
- Medical history for all children throughout development\*
- Obesity screening in children and adolescents age 6 through 17 years
- Oral health risk assessment\*
- Phenylketonuria (PKU) screening for newborns, birth through 28 days
- Skin cancer counseling children and adolescents aged 10 through age 17 about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer\*
- STI behavioral counseling for all sexually active adolescents who are at increased risk for STIs.

- Syphilis screening in adolescents who are at increased risk for infection
- Tobacco use interventions includes education and brief counseling to prevent the initiation of tobacco use among school aged children and adolescents
- Tuberculin testing for children at higher risk of Tuberculosis, birth through age 17 years
- Vision screening to detect amblyopia or its risks for children age 1 through 5 years
- Visual acuity screening in children and adolescents, age 3 through 16 years

## ADDITIONAL INFORMATION:

- Routine preventive services are routine healthcare services that prevent illness, disease or other health problems before symptoms occur.
- For those preventive services listed above that indicate “high risk” or “increased risk,” the member should consult with their attending physician to determine if applicable.
- For transgender individuals, sex-specific preventive care services are covered when considered medically appropriate by the attending physician.
- Age, gender and visit limitations may apply.
- Wellmark will apply its standard medical management policies and procedures as specifically mentioned and allowed under the ACA.
- Prior authorization policies for selected services will remain in place.
- Members of Wellmark Health Plan of Iowa and Wellmark Value Health Plan are required to receive most preventive services from their designated primary care practitioners.
- Claims for covered immunizations, whether submitted and paid under a Blue Rx plan or health plan, are covered with no member cost share.
- Benefits are contingent upon accurate claims submission by the provider, including diagnosis and procedure codes.
- Self-funded groups may have selected different benefits. Always consult your coverage manual for specific coverage details.
- Employer groups may elect to follow ACA preventive services as their preventive benefits

## FOR MORE INFORMATION SEE:

*The United States Preventive Services Task Force is a federal agency that makes its recommendations on the basis of explicit criteria. Recommendations issued by the USPSTF are intended for use in the primary care setting. The Task Force recommendation statements present health care providers with information about the evidence behind each recommendation, allowing clinicians to make informed decisions about implementation. Wellmark consults with the Task Force regularly to determine how preventive services may be covered.*

*The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services. (HHS) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.*

*The Centers for Disease Control and Prevention is one of the major operating components of the Department of Health and Human Services. CDC’s Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health — through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.*

*Bright Futures is a national health promotion and prevention initiative led by the American Academy of Pediatrics. The Bright Future Guidelines provide theory-based and evidence-based driven guidelines for all preventive care screening and well child visits.*

# Required Federal Accessibility and Nondiscrimination Notice

## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

## Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242. If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإنت توفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່. ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໄທທ່ານໂດຍບໍ່ເສຍຄ່າຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें: अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा महायाना मेंवार्ग, निःशुल्क उपलब्ध है। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprouch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่มีคิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyo tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

વધુ માહિતી માટે અમારા ગ્રાહક સેવા કેન્દ્ર સાથે સંપર્ક કરવા માટે 800-524-9242 નંબર પર અમારું કાર્યકારી સેવા કેન્દ્ર (TTY: 888-781-4262) નો સંપર્ક કરો.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

માનવધાન: યદિ તમારું મૂળભૂત ભાષા, તમારું કાર્યકારી નિઃશુલ્ક સેવા માટે અમારા મહાયના મંત્રાલય સંપર્ક કરવા માટે 800-524-9242 ના (TTY: 888-781-4262) માં સંપર્ક કરો.

ማሳሰቢያ: አማርኛ የሚናገሩ ለሆኑ፣ የቋንቋ አገዛ አገልግሎቶቻችን ከከፍተኛ የገንዘብ፡፡ በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ጎንጎረዥ፡፡

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde. naa e njobdi. ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hóline' 800-524-9242 doodaii' (TTY: 888-781-4262)

Wellmark is not providing any legal advice with regard to compliance with the requirements of the Affordable Care Act (ACA) or the Mental Health Parity Equity Act (MHPAEA). Regulations and guidance on specific provisions of the ACA and MHPAEA have been and will continue to be provided by the U.S. Department of Health and Human Services (HHS) and/or other agencies. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by HHS or other agencies. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of ACA. Any questions about Wellmark's approach to the ACA or MHPAEA may be referred to your Wellmark account representative. Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administered Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.





# FEELING BLUE? VIRTUAL VISITS ARE HERE FOR YOU



When it comes to coping with mental health, you're not alone. Virtual Visits can be available to you day or night all from the comfort of your home.

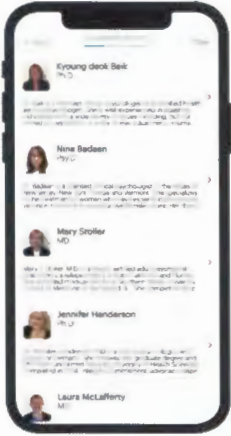


**MENTAL HEALTH.\*** It's a topic many avoid or are timid to discuss. But, according to NAMI.org (National Alliance on Mental Health):

**1 in 5** adults are experiencing mental health issues.

**60%** aren't receiving the treatment they need.

dr. on demand



Review and choose your doctor

## Comfortable, connected, confidential

As a part of your health benefits, you can connect with a licensed therapist — or psychiatrist for more complex issues — to listen and help you find solutions.

## Ready when you are

Make time for you and your overall health and well-being by scheduling your Virtual Visit today.



Easily scheduled appointments — flexible to YOUR schedule.



Review hand-picked, board-certified providers and their profile.



Accessible anywhere — at the office or from your home.



Private and confidential.

### WANT MORE INFORMATION?

Visit [DoctorOnDemand.com](http://DoctorOnDemand.com), or contact Wellmark customer service at the phone number listed on the back of your ID card.

\*Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. Please refer to your coverage manual for complete benefits information.

## Virtual Visits can be used for:

- Depression
- Workplace stress
- Relationship issues
- Trauma and loss
- Social or general anxiety
- Addictions

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Doctor On Demand is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Doctor On Demand, Inc.



Understand  
your benefits.

EDUCATION  
MATTERS



# DON'T BE AFRAID TO ASK

## Questions for before, during and after receiving care

**RESEARCH SHOWS THAT PATIENTS WHO ARE MORE INVOLVED WITH THEIR CARE TEND TO GET BETTER RESULTS.<sup>1</sup>**

So, don't hesitate to ask health care providers questions even if it's a little uncomfortable. Your doctor is there to provide quality care that you can understand.




### BEFORE A PROCEDURE

- What kind of surgery do I need and why?
- What might happen if I delay or don't have the surgery?
- How is the surgery done?
- What kind of anesthesia will be used?
- What costs are covered by my insurance and how much do I have to pay?
- How long will the procedure take?
- How successful has this procedure been for other patients?
- What are the benefits and risks?
- How much experience does the surgeon have with this procedure?
- Has the procedure been done often in this facility?
- What complications might develop?
- How long will it take to recover?
- How much pain can I expect after this type of surgery? How is it treated?



### DURING A HOSPITAL STAY

- Why is this test or treatment needed and how can it help me?
- Is there any other information needed before this test or treatment?
- How will I receive the results of this test?
- Have you washed your hands?  
*This can be an important way for providers to prevent the spread of infections in the hospital/facility.*


 Ask a family member or friend to be there with you and be your advocate. Even if you don't think you'll need help now, you might need it later.


<sup>1</sup>Agency for Healthcare Research and Quality



### AFTER RECEIVING CARE

- Can you fully explain my treatment plan and any medications prescribed?  
*Ask about brand and generic names for medications. You can save money by using generic drugs.*
- What kind of care will I need at home after the surgery?
- Are there certain activities I should avoid after the surgery? If so, for how long?
- What symptoms should I watch for and report?

 A Wellmark representative may reach out to you to make sure you understand your discharge instructions, have a follow-up appointment scheduled and have filled your prescription(s).

LEARN MORE 



## Need help? No problem!

Wellmark has tools and resources to help you navigate the health care system and get the most out of your health care benefits.

Go online to **myWellmark at Wellmark.com** and choose:

- **My Benefits** to understand which services are covered under your plan.
- **Find a Doctor or Hospital** to help save money by going to an in-network provider.
- **Patient Review of Providers** to share your experience with your provider, as well as review feedback from other patients.



## Real people. Real help. 24/7.

When you call BeWell 24/7, you'll be connected with a real person who can help you with a variety of health-related concerns. For example:

- Locate health care providers and facilities — whether you're at home or traveling.
- Estimate your costs for common medical procedures and services.
- Coordinate health care appointments, in-home health help and record retrieval.
- Discuss treatment options and answer your health and wellness questions.
- Make arrangements for community-based services you or a family member needs like in-home safety modifications, meals, medical equipment, transportation and more.

**BeWell 24/7. It's real help from real people around the clock. Exclusively for Wellmark members.**



## Haven't registered for myWellmark yet?

**It takes just five minutes!**

myWellmark is your one-stop source for doctor, pharmacy and benefit tools. Go to **myWellmark at Wellmark.com** today to register. It will give you the options to register or log in to mobile myWellmark or to download the Wellmark mobile app.

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# HEALTH INSURANCE MADE EASY

Your personal health care information is at your fingertips with myWellmark® — no matter your location — with tools, resources and insights to help you manage health care spending and live a healthier life.

**Use myWellmark to better understand and get the most from your health insurance benefits. With myWellmark, you can:**



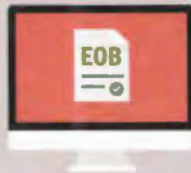
Estimate your cost of care for procedures and services before you go



View detailed claims information, including cost breakdown and status tracker



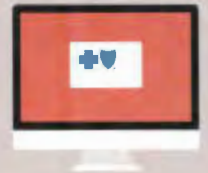
Track and organize your family's medical expenses



Receive electronic versions of your Explanation of Benefits (EOB)




Find a trusted provider in your plan's network



See relevant information related to your specific coverage

Get more from your health plan by registering at [myWellmark.com](https://myWellmark.com).

LEARN MORE 



# myWellmark streamlines your health insurance information and makes it easier to find what you need, when you need it, on any device.

## GET THE INFORMATION YOU NEED

Using your specific health plan benefits and a powerful suite of tools, myWellmark helps you make informed decisions:

- Find an in-network provider near you
- Know what your visits will cost before you go
- See your doctor's quality score and patient rating
- Read reviews from other patients and leave your own

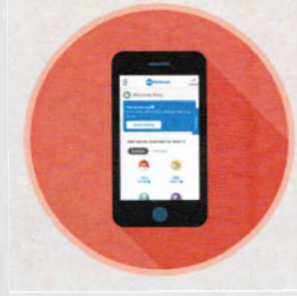
## KEEP TABS ON CLAIMS AND SPENDING

On your personalized myWellmark, you'll see an at-a-glance overview of recent claims activity and whether a claim is paid, pending or denied (and why). Need more details, including your share of the cost? Just click on any claim.

## KNOW YOUR BENEFITS INSIDE AND OUT

When it comes to your coverage and benefits, myWellmark has you covered. You're able to:

- Keep track of services you've used
- Determine potential copay or coinsurance costs for in- and out-of-network services
- See how close you are to meeting your deductible and out-of-pocket maximums
- Choose how you would like to receive communications and important documents related to your benefits



**Your health care — at your fingertips. Get easy, on-the-go access to tools, resources and insights that help you manage health care spending and live a healthier life. It's all available in the myWellmark mobile app. The best part? It's free.**

## WITH THE MOBILE APP, YOU CAN:

- Log in securely using fingerprint or facial recognition technology\*
- View in-network doctors and hospitals
- Get health answers over the phone with one tap of a finger
- Connect directly to your provider's office or another health professional
- Find the closest doctor or facility, and get driving directions
- View and email your mobile ID card for easy, on-the-go access

\*If supported by your mobile device.

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注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

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## LIFE/STD/LTD SECTION



# South Dakota Bankers Association

## Cost Summary

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### Group Term Life Insurance

#### Employer Paid

Basic Life	\$0.128 per \$1,000
Basic AD&D	\$0.020 per \$1,000

#### Basic Dependent Life (Optional)

Plan A	\$2.50 per family
Plan B	\$1.25 per family
Plan C	\$4.00 per family

#### Employee Paid (Optional)

Supplemental Employee Life & Supplemental Spouse Life (based on employee age)	Monthly rates per \$1,000			
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	0-29	\$0.08	50-54	\$0.50
	30-34	\$0.10	55-59	\$0.82
	35-39	\$0.12	60-64	\$1.00
	40-44	\$0.20	65-69	\$1.45
	45-59	\$0.28	70+	\$2.25

Supplemental Child Life	\$0.20 per \$1,000
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#### Supplemental AD&D

Individual Plan	\$0.04 per \$1,000
Family Plan	\$0.08 per \$1,000

### Group Short-Term Disability (Optional)

#### Employer Paid

Plan 1	\$0.527 per \$10 of weekly benefit
Plan 2	\$0.439 per \$10 of weekly benefit

### Group Long-Term Disability (Optional)

#### Employer Paid

Rates per \$100 of monthly covered payroll  
vary based upon plan design elections  
(quotes available upon request)

**Each bank must complete the attached participation form to be included in the association plan.** Group Term Life, Group STD/LTD rates are guaranteed until 1/1/2022. Group Term Life is underwritten and administered by EMC National Life. Group STD/LTD is underwritten and administered by Reliance Standard Life.





# South Dakota Bankers Association

## Disclosure Form

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**Eligibility:** Only full-time employees of Participating Employers who work at least 30 hours per week are eligible for insurance, unless otherwise preapproved. Retirees are not eligible for coverage.

**Guaranteed Issue Limits:** Basic Term Life/AD&D is guaranteed issue up to \$150,000 for all Participating Employers. Basic Dependent Life and Supplemental AD&D is also 100% guaranteed issue. Supplemental Life is guaranteed issue up to the specified limits.

**Evidence of Insurability** is required for amounts that exceed guaranteed issue and for late applicants who do not enroll within their initial eligibility period.

**Deferred Effective Date:** Employees must be actively at work as defined in the policy before coverage will become effective. Employees who are not actively at work on the date their coverage would otherwise become effective will not be insured until the day they are again actively at work.

**Participation Requirement:** Noncontributory coverage requires 100% participation of eligible employees, for group term life and group disability insurance. If Supplemental Life/AD&D benefits are included in the group term life program, this coverage does not require minimum participation.

**Definition of Earnings** will be defined within the issued certificate language provided for each Participating Employer.

**Reduction & Termination of Benefits:** The Basic Life/AD&D, Supplemental Employee Life/AD&D and Supplemental Spouse Life/AD&D benefits reduce to 65% at age 65, and further to 50% at age 70 and above. Coverage terminates at retirement or when no longer eligible.

**Conversion:** All group term life insurance (Basic & Supplemental) includes a 31 day conversion privilege to an individual whole life plan at standard insurance rates without evidence of insurability at termination of the group coverage. The Participating Employer is responsible for providing the Conversion Notice timely to each person eligible.

**Portability:** All Supplemental Life and Supplemental AD&D employee paid coverage includes a 31 day portability privilege to an individual term policy at separate rates. The Participating Employer is responsible for providing the Portability Notice timely to each person eligible.

**Master Application:** Each Participating Employer interested in pursuing coverage will be required to sign/date a master application issued by EMC National Life and remit the initial monthly premium due to bind coverage as of the confirmed effective date.

This document is intended as a summary only and not a contract. A complete description of benefits and limitations will be provided in the Certificate of Coverage. Group Term Life is underwritten and administered by EMC National Life. Group STD/LTD is underwritten and administered by Reliance Standard Life.

## VISION SECTION




# A LOOK AT YOUR VSP VISION COVERAGE




## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST EXAM PLUS PLAN AND VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.


 Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

### PROVIDER CHOICES YOU WANT.

 With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

**Prefer to shop online?** Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

### QUALITY VISION CARE YOU NEED.

 You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

#### PROVIDER NETWORK:

VSP Choice

#### EFFECTIVE DATE:

01/01/2020

Benefit	Description	Copay
<b>Your Coverage with a VSP Provider</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$25
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months from your last WellVision Exam.</li> </ul>	
	<b>Contacts</b> <ul style="list-style-type: none"> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	
<small>VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.</small>		

Contact us:

**800.877.7195** or **vsp.com**

# A LOOK AT YOUR VSP VISION COVERAGE

## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SOUTH DAKOTA BANKERS BENEFIT PLAN - CHOICE PLAN B AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.



Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

### PROVIDER CHOICES YOU WANT.



With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

**Prefer to shop online?** Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

### QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

### Choose Your Perfect Pair

VSP members get an extra \$ to spend on featured frame brands. Plus, save up to 40% on lens enhancements.\*

### GET YOUR PERFECT PAIR

# EXTRA \$

TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE  NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://VSP.COM/OFFERS)



UP  
TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



## Enroll today.

Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

**YOUR VSP VISION BENEFITS SUMMARY**  
 SOUTH DAKOTA BANKERS BENEFIT PLAN -  
 CHOICE PLAN B and VSP provide you with a choice of  
 affordable vision plans. Choose the eye care essentials  
 to give your eyes extra love.

**PROVIDER NETWORK:**

VSP Choice

**EFFECTIVE DATE:**

01/01/2020



Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$25	Every calendar year
<b>PRESCRIPTION GLASSES</b>		\$30	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$120 allowance for a wide selection of frames</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>Your Monthly Contribution</b>	\$6.06 Employee only   \$12.13 Employee + spouse   \$12.97 Employee + child(ren)   \$20.75 Employee + family		

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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<b>Your Monthly Contribution</b>	\$8.08 Employee only    \$16.14 Employee + spouse    \$17.28 Employee + child(ren)    \$27.61 Employee + family		

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DELTA DENTAL



% Paid by  
Delta Dental

100% **Diagnostic and Preventive Services** (Check-Ups and Routine Teeth Cleaning)

- Routine examinations - two per coverage year.
- Routine dental cleaning (prophylaxis) - two per coverage year.
- Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over.
- Full mouth/panoramic x-rays - one in any five-year interval.
- Fluoride applications - two per coverage year up to age 19.
- Space maintainers (fixed, band type) on primary posterior teeth up to age 14.
- Dental sealants - once for unrestored 1st and 2nd permanent molars of children up to age 16.

80% **Routine and Restorative Services** (Cavity Repair/Fillings and Tooth Extractions)

- Pre-formed or stainless steel restorations and restorations such as silver (amalgam) fillings, and tooth-colored (composite) fillings. If a tooth-colored filling is used to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling.
- Extractions and other oral surgery.
- Emergency treatment for relief of pain.

80% **Endodontics** (Root Canals) and **Periodontics** (Gum and Bone Diseases)

- Root canals.
- Treatment of diseases of the tissues supporting the teeth.
- Periodontal maintenance cleanings.

60%\* **Major Services** (Crowns, Bridges, Dentures, and Implants)

- Crowns when teeth cannot be restored with another filling material.
- Prosthetics - bridges, partial dentures, complete dentures, and implants.

60%\* **Orthodontics** (Braces)

- Treatment necessary for the proper alignment of teeth.
- Lifetime Orthodontic Benefit:** \$1,500 per person

**Deductible:** \$35 per person per coverage year not to exceed \$100 per family. The deductible does not apply to Diagnostic, Preventive, or Orthodontic Services.

**Annual Maximum Benefit:** \$1,500 per person per coverage year. All services (except Orthodontics) are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.

**Coverage Year:** January - December

New employees will be eligible on the first day of the month following the employer's probationary period.

Dependent children are covered to age 26. Unmarried dependent children who are full-time students are covered to age 30.

\*One year wait for late enrollees.

**2020 Rates:** \$46.30 Single \$127.18 Family

See other side for information on our Health *through* Oral Wellness® program.

## **Health *through* Oral Wellness®**

Health *through* Oral Wellness® is a unique, patient-centered program that adds benefits to a Delta Dental plan based on individual oral health needs. A Delta Dental network dentist trained in Health *through* Oral Wellness will conduct a clinical risk assessment during a regular preventive visit. The assessment measures the risk and severity of periodontal disease, and the risk of tooth decay.

If the assessment determines a member is at risk for tooth decay, additional benefits include fluoride treatments, sealants, and oral hygiene instruction. If a member is at risk for periodontal (gum) disease, has periodontal disease or has had periodontal surgery, the member will be eligible for two additional cleanings\* and two fluoride treatments.

If a member has any of the following health conditions, they are eligible for additional benefits.

- Diabetes (2 additional cleanings\*)
- High-risk cardiac care (2 additional cleanings\*)
- Kidney failure or dialysis (2 additional cleanings\*)
- Cancer-related treatment - chemotherapy or radiation (2 additional cleanings\* and 2 applications of fluoride varnish)
- Suppressed immune system (2 additional cleanings\* and 2 applications of fluoride varnish)
- Rheumatoid arthritis (2 additional cleanings\*)
- Stroke (2 additional cleanings\*)
- Pregnancy (1 additional cleaning\* during the time of pregnancy)

*\* Cleanings can either be a general cleaning (prophylaxis) or a periodontal maintenance cleaning. Periodontal maintenance cleanings are typically covered under the "Endodontics and Periodontics" category, not the "Diagnostic and Preventive Services" category.*



# Health *through* Oral Wellness<sup>®</sup>



## **A healthy mouth is a vital part of overall health.**

That's why we're introducing Health *through* Oral Wellness. Health *through* Oral Wellness is a unique, patient-centered program that adds benefits to a Delta Dental plan based on individual oral health needs. A Delta Dental network dentist trained in Health *through* Oral Wellness will conduct a clinical risk assessment during your regular preventive visit. The assessment measures the risk and severity of periodontal disease, and the risk of tooth decay.

Additional benefits are based on an individual's risk and severity scores and may include:

- Additional cleanings
- Sealants (child and adult)
- Periodontal maintenance
- Fluoride (child and adult)
- And more...





### What does it cost?

Practically nothing. The Health *through* Oral Wellness program works with your existing dental plan. Annual maximums, deductibles and other plan details will still apply, but most dental plans cover preventive services at 100%.

For employers, the cost is net neutral. The cost of additional preventive services is offset by claims savings on more expensive restorative procedures. There is no negative impact on plan performance. In fact, over time employers save money by having healthier employees with fewer unexpected emergencies.

### Health *through* Oral Wellness drives the right behavior.

A study of Northeast Delta Dental Health *through* Oral Wellness members showed that just having a risk assessment increased the average cleanings per year from 1.5 to 2.4. And those assessed as high risk patients increased from 1.2 cleanings per year to 3.3 cleanings per year. That means people who need the cleanings the most are getting them. That's a lot of healthier smiles!

### Why does oral health and prevention matter?

#### Better Health

- Untreated gum (periodontal) disease has been linked to health conditions like stroke, heart disease, asthma, diabetes, and Alzheimer's disease. The common denominators are infection and inflammation.
- Dental caries (causing cavities) is the most common chronic childhood disease in the U.S. A national survey found that approximately 1 in 7 children ages 6-12 had suffered a toothache in the previous six months.

#### Lower Costs

Addressing oral health issues may help lower the cost of medical care and the economic impact associated with some chronic conditions and pregnancy.

In studies run from 2005-2012, private insurers and policy experts used medical claims data to explore cost savings from plan members with select chronic diseases who also had periodontal treatment.\* The annual medical cost reduction ranges for each disease were significant:

- Diabetes: \$1,292 - \$2,840
- Coronary Artery Disease: \$1,090 - \$4,231
- Cerebrovascular Disease: \$2,831 - \$5,681
- Pregnant Women: \$2,433
- Rheumatoid Arthritis: \$581



Health *through* Oral Wellness

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1-800-627-3961