


South Dakota Bankers Benefit Plan


2021 Benefits Booklet



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Premium Holiday this December

Health Plan Rates to Increase 4 Percent for 2021

The South Dakota Bankers Benefit Plan Trust (SDBBPT) will see only a 4% rate increase for 2021, and we will have a premium holiday for the month of December 2020.

South Dakota group plans are receiving on average an 8.5% increase for 2021. SDBBPT has experienced well below medical trend rate increases over the past seven years. Our annual increases have been 9%, 10%, 3.7%, 3.4%, 2%, -3%, 4% and 2021's 4% increase.

The total claims paid over the prior year are up 1%, inpatient cost is down 18%, outpatient cost is up 9%, and Rx costs are up 10%. Two percent of members on the health plan accounted for 41% of our entire claims paid. That 2% represents 52 members located in 17 different banks.

Prescription costs continue to rise. In 2017, we experienced a 16.2% increase in prescription costs, 2018 was a 13.25% increase, 2019 was an additional 13%, 2020 was 13%, and Wellmark Blue Cross Blue Shield is projecting an additional 11% increase for 2021. In 2019, 2% of members accounted for 60% of total drug spend. We are working on some new programs for these members that may help curb the cost.

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 2021 projection increase of 11% and the 2021 medical facilities charges projection increase of 7.5%.

These factors are tracked, and Wellmark's 2021 projection for South Dakota medical trend is 8.5%. 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 2020 experience, along with consideration for higher reserves, which equaled a 4% rate increase for 2021.

No Fall SDBBPT Meeting Due to COVID

Blue Cross Blue Shield's home office is still closed, and all employees are working from home. The SDBBPT MET Board held its annual meeting in September via Zoom. The Board approved to continue the Heart & Vascular Screening program through 2021. The plan has paid for 86 participants to date, and screenings have uncovered some underlying issues before they have become serious. The Board also approved a 4% rate increase for 2021, as well as a December 2020 premium holiday (net effect is -1.5% for 2020).

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 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 2018. The 2018 rate was actually a 3% decrease from the 2017 rate. At this time last year, we had \$6,654,549 in reserves, and this year we are at \$7,387,512 in reserves. By implementing a premium holiday this December, we will curb the increase in reserves for 2021 to meet the IRS maximum limits.

Reporting Requirements & Notices

We will continue to be required to report coverage to the IRS. The 2020 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, 2021. For calendar year 2020, forms are required to be filed with the IRS by Feb. 28, 2021, or March 31, 2021, 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.

Plan Features

Five Deductible Plans

The SDBBPT, administered by Wellmark, is designed to provide flexibility to the employer and

employee. The employer may allow its 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, contact Michelle Guthmiller with SDBIS at 800.221.7551 or mguthmiller@sdba.com. 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

We are continuing to offer a lowered co-pay of \$10 for Doctors on Demand virtual visits. 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

SDBIS continues to administer COBRA notification, enrollment and billing services for health and vision on behalf of the members of the SDBBPT.

EMC National Life Insurance and Accidental Death & Dismemberment (AD&D) Benefit:

For 2021, earnings are 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. 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. 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.

Vision Care

This is the 14th year of offering VSP Eye Care, and rates remain the same until Jan. 1, 2022. 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 plan offers dental coverage through Delta Dental, which has the largest dentist network in South Dakota and 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 2021, rates will remain the same. The monthly rates are \$46.30 for single and \$127.18 for family.

Providing Rate Stability

Being part of the SDBBPT 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, 2021, 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 SDBBPT 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.

In the health care business, size matters. It is 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. 

Mike Feimer is president of the South Dakota Bankers Insurance & Services (SDBIS) in Yankton. Feimer can be reached at 605.660.2341 or mfeimer@sdba.com.

CONTACT INFORMATION



South Dakota Bankers Benefit Plan Your Contacts...

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Wellmark Blue Cross Blue Shield of South Dakota
CUSTOMER SERVICE (800) 774-0384

VSP

Member Services (800) 877-7195
Monday – Friday 5am to 8pm Pacific
www.vsp.com

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DELTA DENTAL

Customer Service (877) 841-1478
Fax (605) 494-2566
www.deltadentalsd.com

RELIANCE STANDARD

Barbara Estes
Client Service Representative
Direct Dial: (913) 253-4803
Barbara.estes@rsl.com

WageWorks Flex

EMPLOYER SITE
www.employer.wageworks.com
EMPLOYEE PORTAL
www.wageworks.com/employees
Customer Service (877)-WAGEWORKS
Email **Employer** Support:
wellmarksupport@wageworks.com

Allison Gonzalez
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Direct Dial: (813) 898-1966
(800) 351-7500
Allison.gonzalez@rsl.com

Fax: (913) 253-4811
www.reliancestandard.com

HEALTH - WELLMARK

SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST RATES EFF JAN 1, 2021

	BLUE	YELLOW	WHITE	RED	GREEN	H S A / HDHP
	71746-196 71764-97	71746-197 71764-97	71746-198 71764-97	71746-199 71764-97	71746-200 71764-97	71746-195 71764-96
Deductible	Single - \$500 Family - \$1500	Single - \$1000 Family - \$2000	Single - \$1500 Family - \$3000	Single - \$2000 Family - \$4000	Single - \$3000 Family - \$6000	Single - \$3000 Family - \$6000
Office Visit Copay Virtual Visit Copay	\$30 \$10 for Virtual Visit with Doctors on Demand (Medical & Mental Health)					Deductible & Coinsurance Applies
Emergency Room Copay	\$250					Deductible & Coinsurance Applies
Coinsurance	In-Network - 20% / Out-of-Network - 40%					
Health OPM	Single - \$1500 Family - \$3000	Single - \$2000 Family - \$4000	Single - \$3000 Family - \$6000	Single - \$4000 Family - \$8000	Single - \$4500 Family - \$9000	Single - \$4500 Family - \$9000
Rx OPM	Single - \$1500 Family - \$3000 SEPERATE from Health					Single - \$4500 Family - \$9000 DED/OPM AGGREGATE
Lifetime Max	Unlimited					
Chiropractic Care	\$30 Copay - limited to 12 visits per benefit period					Deductible & Coinsurance Applies
Routine Exams Preventative Care - No Member Cost Share	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 .					
Well-Child Care	To age 7					
BLUE Rx VALUE PLUS Deductible waived for Generic	\$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>
	Option 1	Option 2	Option 3	Option 4	Option 5	H S A
Employee-----	\$755	\$727	\$684	\$652	\$610	\$652
Family -----	\$2,311	\$2,230	\$2,102	\$2,002	\$1,869	\$2,002
Employee Spouse -----	\$1,543	\$1,488	\$1,403	\$1,335	\$1,248	\$1,335
Employee Child(ren)-----	\$1,427	\$1,376	\$1,299	\$1,234	\$1,153	\$1,234
All Employees will have VSP PLAN A Vision	\$4.35	\$4.35	\$4.35	\$4.35	\$4.35	\$4.35
	Employee	Employee+Spouse	Employee+Children	Employee+Family	DELTA DENTAL	
VSP Plan B Buy-up	\$6.06	\$12.13	\$12.97	\$20.75	Single	\$46.30
VSP Plan C Buy Up	\$8.08	\$16.14	\$17.28	\$27.61	Family	\$127.18



Summary of Benefits and Coverage (SBC)

COMPLIANCE

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:

Michelle Guthmiller ♦ (800)221-7551 ♦ mguthmiller@sdba.com ♦ health@sdba.com

MEDICARE SUPPLEMENT



Medicare Supplement Group Program

Group Benefit Administrator

The South Dakota Bankers Benefit Plan in association with Wellmark BCBS, would like to announce the availability of an Employer Group Retiree Program (EGRP) providing Medicare Supplement coverage to retirees. This is a program your bank can offer at no cost to you while still providing valuable benefits to your retired bank employees and their spouses.

On January 1, 2020, the Federal Government stopped offering Medicare Plan (F) in the individual market. Plan (F) was the most popular plan for both new and existing Medicare enrollees. Now, individuals turning age 65 after 1-1-2020 are no longer able to purchase this popular plan on their own. Fortunately for members of the South Dakota Bankers Benefit Plan, the plan (F) is now available through the Employer Group Retiree Program (EGRP) from Wellmark BCBS, A trusted medical insurance provider in South Dakota for over 75 years.

The Employer Group Retiree Program (EGRP) from Wellmark BCBS will provide retirees not one, but two programs to choose from. A traditional Medicare Program (F) and a High Deductible Program (F). Retirees can enroll in either of these (F) programs without any medical underwriting questions and they will pay the same premium regardless of their age or gender. In addition to the Medicare plans being offered, retirees can also simultaneously purchase vision and hearing coverage through Avesis on a guaranteed issue basis and without any waiting periods.

How will it work?

- The employer informs employees of this benefit option and who is eligible through normal channels.
- Eligible individuals must be age 65 or older, retired (no longer working and/or no longer eligible to be on the SDBBP group health plan) and be enrolled in Medicare Part A and B. If you wish to offer coverage to other non-bank retirees (i.e. board members), Wellmark BCBS normal group benefit eligibility guidelines will apply.
- The employer will provide the EGRP packet from BCBS to qualified members when they retire.
- All retirees will be directed to contact Wellmark BCBS at 800-691-1030 if they have any questions about this program.
- If the retiree selects one of the programs offered under the EGRP, they must submit the application that will be included in the packet and send it directly to Wellmark BCBS at the address listed on that application.
- Retirees will need to purchase their own Medicare Part D prescription drug plans. This can be done directly by phone with BCBS at 800-691-1030 or through their local agent.
- Retirees will also be able to purchase vision and hearing coverage through Avesis on a guaranteed issue basis and without any waiting periods by completing this section on the Medicare Plan application enclosed in the EGRP packet and returning it to Wellmark BCBS.
- Retirees will then be billed directly by Wellmark BCBS.

www.sdba.com

PO Box 7086 | Yankton, SD 57078

Phone: 800.221.7551 | Email: health@sdba.com





What do you as the Group Benefit Administrator need to do?

1. If you wish to offer this program to your retirees, start by completing the Fact Finder in this section and return it to South Dakota Bankers Insurance & Services, 1818 Broadway Ave, Suite 6, Yankton, SD 57078.
2. Once your bank has returned the Fact Finder, SDBIS will forward this on to Wellmark BCBS to have your bank set up to begin offering the program.
3. You will then be sent a contract from Wellmark BCBS to sign and return.
4. Once the signed contract is returned, Wellmark BCBS will then mail the requested number of packets to you. Then you are ready to start offering the program.
5. Group administrators will then be responsible for informing employees of this new benefit in the same manner used to communicate any other employee benefit options (i.e. update employee handbook, put information on your internal employee benefits page, etc.).
6. If you have an agent in your bank that sells Wellmark BCBS Medicare Supplement products and you wish to participate in this program through them, they can contact their current Wellmark group representative or agency to set up an individual separate EGRP for your bank.

We hope you will participate in this valuable retiree program.

South Dakota Bankers Benefit Plan Contact:

Dean Franzen ♦ (800)221-7551 ♦ dfranzen@sdba.com ♦ health@sdba.com



Employee Group Retiree Program (EGRP) Fact Finder - Checklist

GROUP INFORMATION

Group Name _____ Effective Date ____/____/____
Street Address _____
City _____ State _____ ZIP _____ County _____
Tax ID _____
Plan Code(s) _____ OBS Code(s) _____
Coverage Code(s) _____ Prefix(es) _____ Premium(s) _____
Group Number(s) _____ Account Key _____

GENERAL INFORMATION

AOR Dean Franzen Account Team Matthews
Group Contact Name _____
Phone Number _____ Email _____

Who will be billed?

- Group
 Individual Members

What type of Prescription Drug Plan (PDP)?

- Group
 Individual Members

Is there an active employer group?

- Yes If yes, please fill out the following group information:
 No

Group Number _____ Account Key _____
AOR _____ Account Team _____

EMPLOYEE PACKETS

Number of Packets Needed _____

Address for Delivery:

Street Address _____
City _____ State _____ ZIP _____

Who should members contact with questions?

Name Wellmark Blue Cross Blue Shield Medicare Team Title _____
Phone Number 1-800-691-1030

Address for BRE: Medicare Business Team, Station 3W332

Street Address 1331 Grand Ave
City Des Moines State IA ZIP 50309

Binder Sent ____/____/____

Binder Received ____/____/____

Packets Requested ____/____/____

EMPLOYEE HANDOUTS

FEELING BETTER SHOULD BE EASY.

Visit a doctor on your smartphone, tablet or computer virtually anywhere, any time.

 on demand

Getting started is easy.

- Download the Doctor On Demand® app or visit DoctorOnDemand.com.
- Have your Wellmark Blue Cross and Blue Shield member ID card ready.
- Create an account or sign in.



See a doctor in minutes

Getting sick is bad enough without having to get out of bed to see a doctor. With Doctor On Demand, you and your family members can connect face-to-face with a board-certified doctor on your schedule.

Get treatment for:

- Cold and flu
- Headache
- Bronchitis and sinus infections
- Pink eye
- Urinary tract infections
- Skin condition
- Sore throats
- Other conditions such as mental health (if covered by your group health plan)¹
- Allergies
- Fever

¹ Mental health treatment cost share is subject to group plan coverage. Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.



QUESTIONS? CALL 800-997-6196.

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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）。

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



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Wellmark's virtual health care visit benefit is made available through an independent company, Doctor On Demand, Inc. and the telemedicine services are provided by licensed physicians practicing within a group of independently owned professional practices. Doctor On Demand, Inc. does not itself provide any physician, mental health or other health care provider services. Doctor On Demand™ operates subject to state laws. Doctor On Demand offers medical care in 50 states. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician. Doctor On Demand does not provide Wellmark Blue Cross and Blue Shield products or services.

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. Wellmark® is a registered mark of Wellmark, Inc. © 2019 Wellmark, Inc.

GETTING STARTED WITH Rx mail service

The convenient,
cost-effective way to
get your prescription.

Have up to a 90-day supply of maintenance medication, including refills, mailed directly to you. No more lines, which saves you time.

Easily and conveniently enjoy delivery of your medications to your home, or other location of your choice, with CVS Caremark® Mail Order Pharmacy Services.



THINGS TO HAVE READY

1. Wellmark ID number
2. Name
3. Date of birth
4. Email address
5. New prescription for 90-day fill from your doctor



REGISTER AT CAREMARK.COM

(Accessible through myWellmark.com). Or, let CVS Caremark walk you through registration with FastStart® by calling 866-611-5961.

1. Visit Caremark.com and select **Register Now**.
2. Create a new, unique user ID.
3. Set up your mail order and contact preferences, such as auto refill, text alerts, and payment information.
4. Easily access your pharmacy information through Caremark.com and myWellmark.com.



SET UP MAIL ORDER

1. Select **Start Mail Service** under Prescriptions tab in your Caremark.com account.
2. CVS Caremark will accept your new 90-day prescription in a number of ways.
 - a. Select **Request New Prescription** and complete the required information. CVS Caremark will then reach out to your doctor.
 - b. Print the mail order form from your Caremark.com account and send that in along with a hard copy prescription.
 - c. Call CVS Caremark at 866-611-5961, and a customer care representative will then reach out to your doctor.
 - d. Your doctor can send in a new 90-day prescription to CVS Caremark.

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PHARMACY BENEFITS DESIGNED WITH YOU IN MIND

It's no secret health care costs are rising — and drug costs are a major factor. That's why Wellmark continues to provide you with the most competitive pharmacy benefits.



Save money and make smart decisions with myWellmark®

- **Check Drug Cost** — Know how much you'll pay before you go to the pharmacy and search for lower-cost options based on your benefits.
- **Find a Pharmacy** — Locate an in-network pharmacy anywhere, anytime.
- **Check Drug Interactions** — Quickly identify possible interactions between your medications.
- **Identify a Pill** — Enter the imprint, color or shape to verify your pill.



Nationwide pharmacy network

With a national network, you can use a pharmacy that you know and trust.

Your plan has affordable and convenient prescription benefits, many of which are accessible through online tools so they're available when and where you need them.



Not registered for myWellmark?

- It's easy. myWellmark is your one-stop source for pharmacy tools and other personalized health care information. Register at myWellmark.com.
- Plus, you can get on-the-go access to your benefits with the easy-to-use Wellmark mobile app, also available at myWellmark.com.

SAVINGS AND SOLUTIONS JUST FOR YOU.

1. Pharmacy tools to understand drug options, cost, refills and interactions
2. A national network that includes your neighborhood pharmacy
3. Ways to save on your prescriptions with competitive costs and options



3 WAYS TO SAVE ON PRESCRIPTION DRUGS

No matter what prescription plan you're on, save time and money by doing these three things:

- 1. Always choose a network pharmacy.** Find participating pharmacies by logging in to myWellmark.
- 2. Show your ID card to your pharmacist when you get a prescription filled.** Your network pharmacist will submit your bill for you. Never send in a paper claim form unless the pharmacist tells you to do so.
- 3. Choose generics whenever possible.** Ask your doctor whether the drug he or she is prescribing for you is generic. If it isn't, ask whether a generic equivalent drug is available.

myWellmark — your one-stop source for pharmacy tools.



Find savings and opportunities

Discover easy ways to save on your medicine, and find lower-cost drug options by using the tools in myWellmark.



Learn about your prescriptions

Check drug interactions, generic alternatives, and stay informed about your prescriptions.



Search for a pharmacy

Depending on your network, you may be able to choose from more than 60,000 pharmacies, including ones nearest to you.



Enroll in mail-order and specialty drug services

Convenient access to enroll in Wellmark's preferred providers for these services.

Want to know your drug cost?

1. Log in to myWellmark at myWellmark.com.
2. Click on the Find Costs link and select Drug Costs.
3. Type in a drug name and choose a pharmacy to see the out-of-pocket cost based on your benefits.



Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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）。

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Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield® and the Cross® and Shield® symbols, are registered marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans. Wellmark® is a registered mark of Wellmark, Inc.

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QUALITY CARE, BETTER RESULTS

TRUST A BLUE DISTINCTION® CENTER FOR YOUR SPECIALIZED HEALTH CARE NEEDS



Blue Distinction Centers are recognized for delivering exceptional, specialized care. This means fewer complications, lower readmissions and higher survival rates.

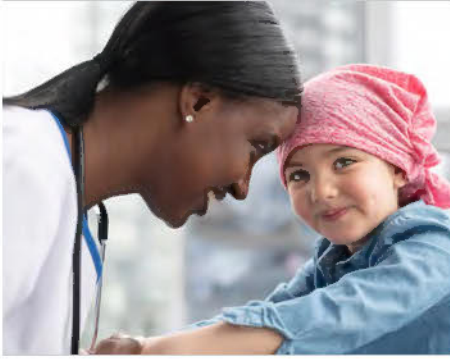
You just found out you need to schedule specialized care, like a surgery or transplant. So, what's your next step? How do you know where to go to get the best care?

Choosing where to seek care is a big decision — and where you go can greatly impact your results. When consulting with your doctor, be sure to ask about Blue Distinction Centers.

What is a Blue Distinction Center?

Blue Distinction Centers are health care providers, hospitals and facilities who have been recognized for their proven history of delivering exceptional care and results, with fewer complications, lower readmissions and higher survival rates — which means you could get back to your normal, daily life sooner.

Health care costs add up quickly when specialized care is involved. Facilities with a higher level of expertise, like Blue Distinction Centers, can improve your chances for a smooth recovery for complex and high-dollar services — while avoiding unnecessary costs.

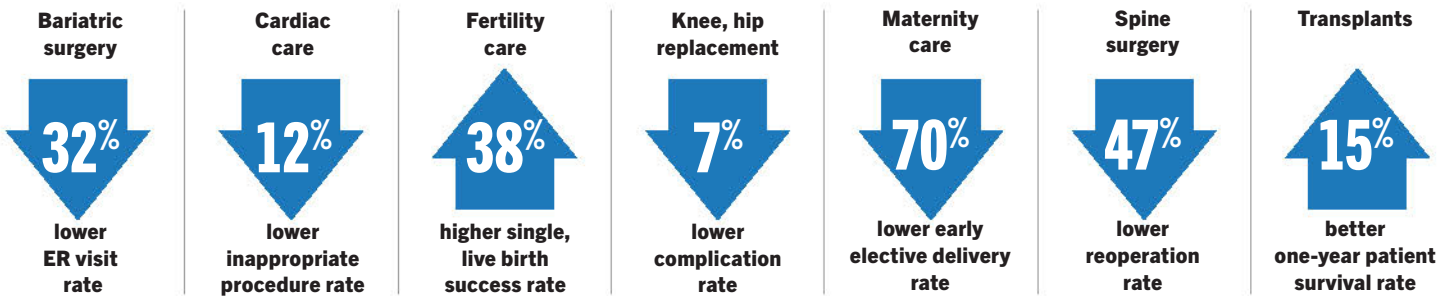


High quality care

BLUE DISTINCTION CENTERS HAVE EXPERTISE IN:

- Bariatric surgery
- Cardiac care
- Fertility care
- Knee and hip replacements
- Maternity care
- Spine surgery
- Transplants
- Substance-use treatment and recovery
- Cellular immunotherapy (CAR-T)
- Gene therapy
- Cancer care

Additionally, they've shown the following tangible results that provide you with a better overall experience:



Source: Blue Cross Blue Shield Association



Finding a Blue Distinction Center

Not all Blue Distinction Centers perform all specialty services. You can learn more about Blue Distinction Centers and find the closest in-network facilities to you at Wellmark.com/BlueDistinction.

Always check your plan details

There may be Blue Distinction Center requirements specific to your plan, so consult with your doctor, review your coverage manual, check your plan details in myWellmark® at myWellmark.com or call the customer service number on your ID card to know before you go.

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Wellmark® and myWellmark® are registered marks of Wellmark, Inc.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

LIFE - EMC

South Dakota Bankers Association

Underwritten by EMC National Life

Cost Summary

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			
	Age	Rate	Age	Rate
	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

Eligibility: Only full-time employees of Participating Employers who work at least 30 hours per week are eligible for insurance. 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.

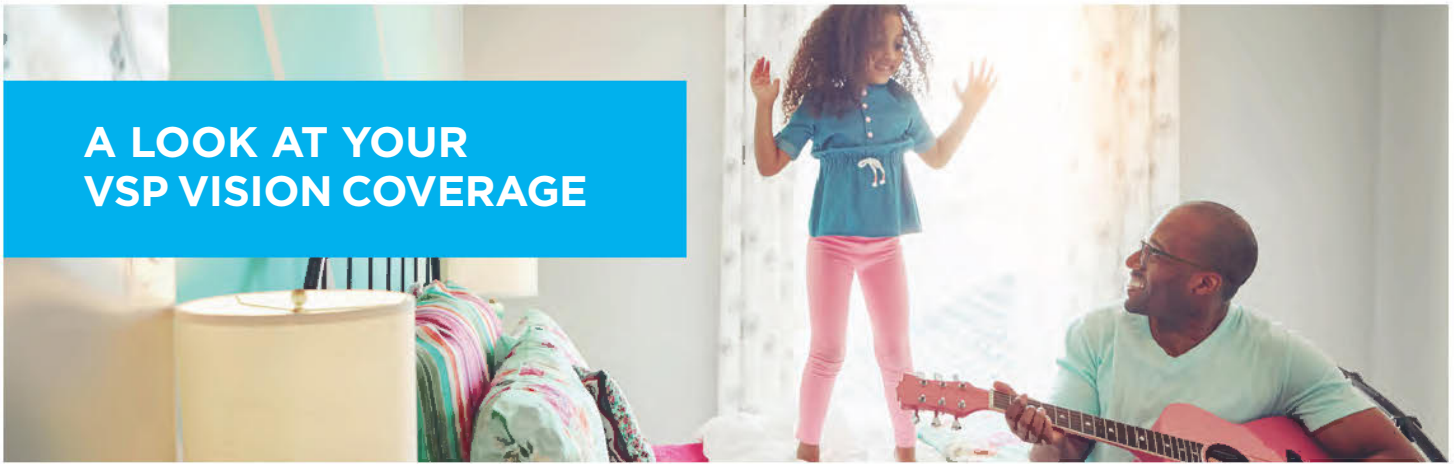
Portability: All Supplemental Life and Supplemental AD&D employee paid coverage includes a 31 day portability privilege to an individual term policy at separate rates. The Participating Employer is responsible for providing the Portability Notice timely to each person eligible.

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 issued by EMC National Life.

VISION - VSP

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST 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. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



USING YOUR BENEFIT IS EASY!

Create an account on [vsp.com](https://www.vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Like shopping online? Go to [eyeconic.com](https://www.eyeconic.com) and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

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.

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](https://www.vsp.com/offers).



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



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

YOUR VSP VISION BENEFITS SUMMARY

SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellness	\$25	Every calendar year
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">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.		
	Contacts <ul style="list-style-type: none">15% savings on a contact lens exam (fitting and evaluation)		
	Routine Retinal Screening <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

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Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. 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.

*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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A LOOK AT YOUR VSP VISION COVERAGE

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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.

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TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: **800.877.7195** or vsp.com

YOUR VSP VISION BENEFITS SUMMARY
 SOUTH DAKOTA BANKERS BENEFIT PLAN - CHOICE
 PLAN B and VSP provide you with an affordable vision
 plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$25	Every calendar year
PRESCRIPTION GLASSES		\$30	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$120 allowance for a wide selection of frames \$140 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACT LENSES (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam (fitting and evaluation) 	\$0	Every calendar year
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
YOUR MONTHLY CONTRIBUTION	\$6.06 Employee only \$12.13 Employee + spouse \$12.97 Employee + child(ren) \$20.75 Employee + family		

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 PLAN C and VSP provide you with an affordable vision
 plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$25	Every calendar year
PRESCRIPTION GLASSES			
		\$30	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$120 allowance for a wide selection of frames \$140 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
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YOUR MONTHLY CONTRIBUTION	\$8.08 Employee only \$16.14 Employee + spouse \$17.28 Employee + child(ren) \$27.61 Employee + family		

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DELTA DENTAL

Summary of Benefits

(Please refer to the handbook for more details)

% Paid by
Delta Dental

100% Diagnostic and Preventive Services *These services do not apply to the Annual Maximum Benefit.*

- 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% Basic Services

- 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 and Periodontics

- Root canals.
- Treatment of diseases of the tissues supporting the teeth.
- Periodontal maintenance cleanings. *These cleanings do not apply to the Annual Maximum Benefit.*

60% Major Services

- Crowns, bridges, dentures and implants.

60% Orthodontics

- Treatment necessary for the proper alignment of teeth.

Lifetime Orthodontic Benefit: \$1,500 per person

Delta Dental will make an initial payment of \$1,000 on an approved orthodontic treatment plan. A second payment up to \$500 be made one year later if coverage under this group number still exists.

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 Diagnostic, Preventive and 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.

2021 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 four fluoride treatments and two additional cleanings.*

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®



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

The Delta Dental logo, featuring a stylized white triangle icon to the left of the text "DELTA DENTAL" in white, all set against a green rectangular background.

Health *through* Oral Wellness

deltadentalsd.com
1-800-627-3961