



Associated School Board Protective Trust
306 E. Capitol Avenue, Pierre, SD 57501
605-773-2500

An Independent Licensee of the Blue Cross and Blue Shield Association

March 2019

Dear South Dakota School District Benefits Fund Member:

Throughout the year, South Dakota School District Benefits Fund (SDSDBF), a sub-fund of Associated School Board Protective Trust, administered by Associated School Boards of South Dakota and strategic partner, Wellmark Blue Cross and Blue Shield of South Dakota work together to provide SDSDBF members with high value group health plans and an exceptional level of service. Your group's annual health plan renewal will take place on **July 1, 2019**.

We would like to assist you with your renewal of your health coverage. In order to complete processing of your renewal, please complete the section below and email to hnagel@asbsd.org. **This completed renewal election form is due Friday, April 12, 2019.**

Please note: All employee open enrollment changes for July 2019, including benefit elections and adding or removing dependents, will be updated through BluesEnroll. You will be notified when you can begin making changes for open enrollment.

GROUP HEALTH PLAN SELECTION		
PLEASE MARK THE APPROPRIATE BOX(ES) BELOW TO MAKE YOUR GROUP HEALTH PLAN SELECTION FOR 2019.		
GROUP NUMBER(S):	81407-061A, 761C, 161R	
GROUP NAME:	Meade School District	
Previous Plan Elections:	Options: 2, 3 you are now limited to 3 plan options, TOTAL	
AVESIS VISION	<input type="checkbox"/> YES - VOLUNTARY VISION <input type="checkbox"/> Not at this Time	
WE ELECT TO RENEW OUR -SDSDBF GROUP HEALTH PLAN EFFECTIVE JULY 1, 2019 WITH THE FOLLOWING BENEFIT OPTION(S). MAX of 3		
<input type="checkbox"/>	OPTION 2:	\$1500 SINGLE DEDUCTIBLE/\$3000 FAMILY DEDUCTIBLE
<input type="checkbox"/>	OPTION 3:	\$2000 SINGLE DEDUCTIBLE/\$4000 FAMILY DEDUCTIBLE
<input type="checkbox"/>	OPTION 4:	\$2500 SINGLE DEDUCTIBLE/\$5000 FAMILY DEDUCTIBLE
<input type="checkbox"/>	OPTION 5:	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)/HSA-QUALIFIED \$3000 SINGLE DEDUCTIBLE / \$6000 FAMILY DEDUCTIBLE <input type="checkbox"/> YES -We would like WAGE WORKS ADMINISTRATION for our HDHP <input type="checkbox"/> No, Keeping our Current Banking Administrator for HDHP
<input type="checkbox"/>	OPTION 6:	\$3500 SINGLE DEDUCTIBLE/\$7000 FAMILY DEDUCTIBLE
<input type="checkbox"/>	OPTION 7:	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)/HSA-QUALIFIED \$5000 SINGLE DEDUCTIBLE / \$10,000 FAMILY DEDUCTIBLE <input type="checkbox"/> YES -We would like WAGE WORKS ADMINISTRATION for our HDHP <input type="checkbox"/> No, Keeping our Current Banking Administrator for HDHP
<input type="checkbox"/>	OPTION 8:	\$5000 SINGLE DEDUCTIBLE / \$10,000 FAMILY DEDUCTIBLE

Signature _____ Date _____

Should you have any questions, please feel free to contact one of the following individual listed below:

Holly Nagel, CFO / Director of Protective Trust Services
Associated School Boards of South Dakota | 306 E. Capitol Avenue | Pierre, SD 57501 | hnagel@asbsd.org | 605-773-2515

Thank you for choosing to be an ASBSD member and enrolling in the SDSDBF sponsored group health plan. We look forward to serving you and your employees in the year ahead.



FY20 Health Plan Premium Equivalent Rates

Meade

Billing Unit 061A

Increase: 0.0%

Plan Name:	Plan Design	FY20 Active Rates	FY20 COBRA Rates	FY20 Retiree Rates
Plan 2 - \$1,500 PP XIE	\$1,500 / \$3,000			
Single		\$534.00	\$545.00	\$561.00
Employee + 1		\$1,015.00	\$1,035.00	\$1,066.00
Employee and Depen		\$855.00	\$872.00	\$898.00
Family		\$1,336.00	\$1,363.00	\$1,403.00
Plan 3 - \$2,000 PP XIF	\$2,000 / \$4,000			
Single		\$517.00	\$527.00	\$543.00
Employee + 1		\$981.00	\$1,001.00	\$1,030.00
Employee and Depen		\$826.00	\$843.00	\$867.00
Family		\$1,291.00	\$1,317.00	\$1,356.00

Here are the rates for the plan you requested.

Meade				
Plan	Tier of Coverage	Actives	COBRA	Retirees
Plan 8 - \$5,000 PPO	Single	\$415.00	\$423.00	\$436.00
Plan 8 - \$5,000 PPO	Employee + 1	\$788.00	\$804.00	\$827.00
Plan 8 - \$5,000 PPO	Employee and Dependents	\$664.00	\$677.00	\$697.00
Plan 8 - \$5,000 PPO	Family	\$1,037.00	\$1,058.00	\$1,089.00



Heidi Jennings

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