

# SD Home Builders - Benefit Summary



All cost shown below are the members responsibility

	SDHBA Traditional PPO		SDHBA Global PPO		SDHBA Modified PPO	
Network	Wellmark SD PPO					
Cost Sharing	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
OBS 278627-101/278627-99		OBS 278627-102/278627-97		OBS 297847-47/278627-100		
Annual Deductible						
Single	\$3,500	\$5,000	\$5,000	\$10,000	\$8,550	\$17,100
Family	\$7,000	\$10,000	\$10,000	\$20,000	\$17,100	\$34,200
Deductible Administration	Member has benefits after single deductible met; entire family has benefits after family deductible met					
Coinsurance	40%	50%	50%	50%	0%	0%
Annual Out-of-Pocket Maximum						
Single	\$7,200	\$10,000	\$8,150	\$16,300	\$8,550	\$17,100
Family	\$14,400	\$20,000	\$16,300	\$32,600	\$17,100	\$34,200
Office Services						
PCP	\$35	Ded/Coins	\$75	\$225	\$80	\$240
Specialists	\$75	Ded/Coins	\$125	\$375	\$160	\$480
PT/ST/OT and Chiro - In office Setting	\$35	Ded/Coins	\$75	\$225	\$80	\$240
Urgent Care	\$35	Ded/Coins	\$75	\$225	\$80	\$240
Telehealth	\$35	N/A	\$75	N/A	\$80	N/A
Surgery	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins
Lab	Ded / Coins	Ded / Coins	Included in OV	Ded / Coins	Included in OV	Ded / Coins
X-Ray	Ded / Coins	Ded / Coins	Included in OV	Ded / Coins	Included in OV	Ded / Coins
Imaging	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins
MHCD Office Services	\$35	\$75	\$75	\$225	\$80	\$240
Emergency Room *Waived if admitted immediately following visit	Ded / Coins	Ded / Coins	\$400 Copay	\$400 Copay	\$1000 Copay	\$1000 Copay
General Inpatient						
Maternity	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
MHCD Inpatient						
General Outpatient						
PT/ST/OT	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Surgery						
Lab						
X-Ray						
Imaging						
MHCD Outpatient						
Prescription Drugs						
	Blue RX Value Plus					
RX Deductible	\$50 Single/\$100 Fam					
Tier 1	\$15	100%	\$30	100%	\$30	100%
Tier 2	\$50		\$80		\$90	
Tier 3	\$75		\$200		\$300	
Tier 4	N/A		N/A		N/A	
Preferred Specialty	Ded/coin (\$150 MAX)		\$300		\$400	
Non-Preferred Specialty	Ded/coin (\$150 MAX)		\$400		\$500	
Medicare Part D Creditable Covearge	Yes		Yes		No	
Meets Minimum Value	Yes		Yes		Yes	
Employee Only	\$	\$88.52	\$	\$24.08	\$	\$14.07
Employee + Spuse	\$	1,185.38	\$	1,053.40	\$	1,032.90
Employee + Child(ren)	\$	1,097.10	\$	975.12	\$	956.17
Family	\$	1,766.86	\$	1,569.09	\$	1,538.37

Wellmark Blue Cross and Blue Shield of South Dakota is an independent licensee of the Blue Cross and Blue Shield Association.

The benefit comparison does not show all benefits nor all specifics of each benefit shown for the listed plans. It is intended to point out key differences among Wellmark's health insurance plans shown.

# SD Home Builders - Benefit Summary



	SDHBA HDHP One PPO		SDHBA HDHP Two PPO	
Network				
Cost Sharing	In-Network	Out-of-Network	In-Network	Out-of-Network
	OBS 297847-46/297805-121		OBS 297847-48/297805-122	
Single	\$6,900	\$13,800	\$7,500	\$13,800
Family	\$13,800	\$27,600	\$15,000	\$27,600
Deductible Administration				
Coinurance	0%	0%	0%	0%
Single	\$6,900	\$13,800	\$7,500	\$13,800
Family	\$13,800	\$27,600	\$15,000	\$27,600
PCP	Ded Applies	Ded Applies	Ded Applies	Ded Applies
Specialists	Ded Applies	Ded Applies	Ded Applies	Ded Applies
PT/ST/OT and Chiro - In office Setting	Ded Applies	Ded Applies	Ded Applies	Ded Applies
Urgent Care	Ded Applies	Ded Applies	Ded Applies	Ded Applies
Telehealth	Ded Applies	N/A	Ded Applies	N/A
Surgery	Ded Applies	Ded Applies	Ded Applies	Ded Applies
Lab	Ded Applies	Ded Applies	Ded Applies	Ded Applies
X-Ray	Ded Applies	Ded Applies	Ded Applies	Ded Applies
Imaging	Ded Applies	Ded Applies	Ded Applies	Ded Applies
MHCD Office Services	Ded Applies	Ded Applies	Ded Applies	Ded Applies
Emergency Room *Waived if admitted immediately following visit	Ded Applies	Ded Applies	Ded Applies	Ded Applies
Maternity	Ded Applies	Ded Applies	Ded Applies	Ded Applies
MHCD Inpatient				
PT/ST/OT	Ded Applies	Ded Applies	Ded Applies	Ded Applies
Surgery				
Lab				
X-Ray				
Imaging				
MHCD Outpatient				
Prescription Drugs				
RX Deductible				
Tier 1	Ded Applies	100%	Ded Applies	100%
Tier 2	Ded Applies		Ded Applies	
Tier 3	Ded Applies		Ded Applies	
Tier 4	N/A		N/A	
Preferred Specialty	Ded Applies		Ded Applies	
Non-Preferred Specialty	Ded Applies		Ded Applies	
Medicare Part D Creditable Covearge	No		No	
Meets Minimum Value	Yes		No	
Employee Only	\$	484.20	\$	474.32
Employee + Spuse	\$	971.73	\$	951.50
Employee + Child(ren)	\$	899.62	\$	880.92
Family	\$	1,446.70	\$	1,416.38