

# CITY OF RAPID CITY

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## 2024 ANNUAL OPEN ENROLLMENT GUIDE

### Benefits Open Enrollment:

**OCTOBER 27 – NOVEMBER 14, 2024**

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NEED ASSISTANCE? Call HR at 605.394.4136  
or e-mail [human.resources@rcgov.org](mailto:human.resources@rcgov.org)



**RAPID  
CITY** SD  
USA

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# Welcome

The City of Rapid City is committed to providing our employees with a benefits package that meets the needs of our employees and their families. Benefits are an important part of your overall compensation package.

Please read and review the information presented below in its entirety so you have all the information you will need to make the best benefits selections for you and your family in 2024.

Additional information and resources are available on the Noodle: Human Resources – Healthcare and Employee Benefits – Open Enrollment 2024

## Important Details:

- The 2024 open enrollment period begins October 27, 2023 and closes on November 14, 2023. The changes you make during the open enrollment period will become effective January 1, 2024. Elections and/or changes to health, dental, vision, and health and/or dependent care FSA (flexible spending account) will be made by the employee via [www.bluesenroll.com](http://www.bluesenroll.com). We are requesting that all employees log-in to Blues Enroll to verify your elections (even if you intend on making no changes in 2024).
- The City of Rapid City's Traditional health plan did not increase the deductible or out of pocket max in 2024. However, the premium and the name on this plan **has changed**. You will still have the option to choose between the Traditional Plan and the High Deductible Health Plan (HDHP). **You will automatically be enrolled in the Traditional Plan.** To opt for the HDHP Plan, you must make that election via Blues Enroll during open enrollment.
- The addition of the HDHP offers the option for a Health Savings Account (HSA).
- The City will match up to \$500 in an employee's HSA, half at the account's opening and the other half will be dollar for dollar match.
- To enroll in the HSA, fill out the attached form, also available online.
- Dental and vision plans had premium changes to the higher plan options, review changes below.
- Dental and vision elections from the plan year 2024 will automatically rollover into 2024. You only need to login to Blues Enroll to make changes to your dental and/or vision plan if you intend to update or cancel your prior year elections for the new plan year.
- Effective 01/01/24 the health FSA maximum contribution amount will be to \$3,200. You must enroll in the 2024 flexible spending accounts (medical reimbursement and dependent care reimbursement) as these elections do not automatically roll over into 2024.
- Participants have until March 31, 2024 to request reimbursement from their medical FSA for expenses incurred between January 1, 2023 – December 31, 2023.
  - Medical FSA balances in excess of \$610 do not carry over into 2024. Any amount over \$610 in your medical FSA must be used by December 31, 2024 or it will be forfeited.
- Participants have until March 31, 2024 to request reimbursement from their dependent care account for child care expenses incurred between January 1, 2023 and December 31, 2023.

## 2024 Health Insurance Plan Options: Traditional Plan or HDHP Plan

Your health coverage will be defaulted to the Traditional Plan. If you wish to elect the HDHP Plan, you must make that election via Blues Enroll during the open enrollment period.

### CITY OF RAPID CITY PLAN OPTIONS

| Benefit Information  | Traditional Plan  |                         |              | HDHP Plan  |                         |              |
|--|---|-------------------------|--------------|--|-------------------------|--------------|
| <b>HEALTH BENEFIT PLAN</b>   |   |                         |              |  |                         |              |
| Deductible In & Out of Network                                     | Single \$1,500<br>Family \$3,000  |                         |              | Single \$3,500<br>Family \$7,000   |                         |              |
| Coinsurance In-Network   | 30%   |                         |              | Member Share 100% until Deductible reached   |                         |              |
| Coinsurance Non-Network  | 40%   |                         |              | Member Share 100% until Deductible reached   |                         |              |
| Copay Office Visit   | PCP \$30<br>Non PCP \$30  |                         |              | Member Share 100% until Deductible reached<br>Member Share 100% until Deductible reached |                         |              |
| Doctor on Demand Telehealth Visits using<br>www.doctorondemand.com | No Member Cost Share<br>includes Medical and Mental Health Visits   |                         |              | Subject to Fee Schedule  |                         |              |
| Preventative Care Visit  | Plan Pays 100%  |                         |              | Plan Pays 100%   |                         |              |
| Copay Emergency Room   | \$500<br>Deductible Does Not Follow<br>ER Copay Applies to Services From All Providers<br>Coinsurance Does Not Follow |                         |              | Member Share 100% until Deductible reached   |                         |              |
| Copay Urgent Care  | \$30  |                         |              | Member Share 100% until Deductible reached   |                         |              |
| Out of Pocket Maximum In-Network                                   | Single \$3,500<br>Family \$7,000  |                         |              | Single \$3,500<br>Family \$7,000   |                         |              |
| Out of Pocket Maximum Non-Network,<br>aggregates with PPO OPM      | Single \$4,500  |                         |              | Single \$4,500   |                         |              |
| Out of Pocket Maximum Aggregates                                   | Family \$9,000  |                         |              | Family \$9,000   |                         |              |
| <b>PHARMACY BENEFIT PLAN</b>                                       |   |                         |              |  |                         |              |
| Health OPM Aggregates With RX OPM<br>(separate from Health)        | No  |                         |              | No   |                         |              |
| Out Of Pocket Maximum (OPM)  | Single \$2,000  |                         |              | Single \$3,500<br>Family \$7,000   |                         |              |
| <b>Monthly Rates</b>   | <b>City Premium</b>   | <b>Employee Premium</b> | <b>Total</b> | <b>City Premium</b>  | <b>Employee Premium</b> | <b>Total</b> |
| Single   | \$311   | \$50                    | \$361        | \$311  | \$25                    | \$336        |
| Employee + Child(ren)  | \$491   | \$180                   | \$671        | \$491  | \$160                   | \$651        |
| Employee + Spouse  | \$607   | \$219                   | \$826        | \$607  | \$171                   | \$778        |
| Family - 2 Parents + Child(ren)                                    | \$724   | \$258                   | \$982        | \$724  | \$244                   | \$968        |

### Tips for choosing the best health care plan for you:

- Compare your health plan options carefully.
- Review your utilization history via [www.mywellmark.com](http://www.mywellmark.com).
- Utilize Wellmark's [Wellmark Health Plan Compare Tool](#) to help you decide which plan will work for you and your family.
- Remember, you can make plan changes each year during open enrollment, based on your needs.
- Prescription Coverage: Consider generic drugs to keep costs down.
- Specialty Drugs: CVS/Caremark network and Prudent RX drug program

## Flexible Spending Accounts

### Health and Dependent Care (Wageworks/Health Equity):

Healthcare FSA allows you to pay for qualified out-of-pocket medical, dental, and vision expenses on a pre-tax basis, deducted from your paycheck. 2024 healthcare maximum annual contribution of \$3,200 per calendar year is allowed. Save on average 30% on healthcare costs. Use the WageWorks/Health Equity Healthcare card when you make healthcare-related purchases, such as prescriptions and eye glasses. It's like a debit card – just swipe and go. Carryover of \$640 into the next plan year is allowed. To review the list of FSA eligible expenses, please visit [WageWorks/Health Equity](#).

Dependent Care FSA allows you to pay for qualified preschool, summer day camp, before/after school programs and child or elder daycare expenses on a pre-tax basis, deducted from your paycheck. Save on average 30% on dependent care costs. The 2024 dependent care maximum annual contributions of \$5,000 per calendar year is allowed.

### 2024 Delta Dental Plan Options:

| Coverage Tier          | Dental Traditional Plan Employee Cost | Dental Premium Plan Employee Cost |
|------------------------|---------------------------------------|-----------------------------------|
| Employee only          | \$16.00 semi-monthly                  | \$34.00 semi-monthly              |
| Employee + 1 dependent | \$31.99 semi-monthly                  | \$66.22 semi-monthly              |
| Family                 | \$43.93 semi-monthly                  | \$93.55 semi-monthly              |

#### Base Plan #2688

##### Preventive Care — 50% Paid By Delta Dental

*These services do not apply to the Annual Maximum Benefit.*

- Routine exams and cleanings - 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 - once every five years.
- Fluoride applications - two per coverage year up to age 19.
- Space maintainers on primary back teeth up to age 14.
- Dental sealants for unrestored 1st and 2nd permanent molars up to age 16.

##### Fillings and Extractions — 50% Paid By Delta Dental

- Silver and tooth-colored fillings. If a tooth-colored filling is used to restore back teeth, benefits are limited to the amount paid for a silver filling.
- Stainless-steel crowns.
- Extractions and other oral surgery.
- Emergency treatment for relief of pain.

##### Root Canals and Gum Disease — 50% Paid By Delta Dental

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

##### Crowns and Prosthetics — 50% Paid By Delta Dental

- Crowns, bridges, dentures and implants.

##### Braces and Teeth Alignment — 50% Paid By Delta Dental

- 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 of up to \$500 will be made one year after the initial payment if coverage under this group number still exists.

#### Premium Plan #2499

##### Preventive Care — 100% Paid By Delta Dental

*These services do not apply to the Annual Maximum Benefit.*

- Routine exams and cleanings - 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 - once every five years.
- Fluoride applications - two per coverage year up to age 19.
- Space maintainers on primary back teeth up to age 14.
- Dental sealants for unrestored 1st and 2nd permanent molars up to age 16.

##### Fillings and Extractions — 80% Paid By Delta Dental

- Silver and tooth-colored fillings. If a tooth-colored filling is used to restore back teeth, benefits are limited to the amount paid for a silver filling.
- Stainless-steel crowns.
- Extractions and other oral surgery.
- Emergency treatment for relief of pain.

##### Root Canals and Gum Disease — 80% Paid By Delta Dental

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

##### Crowns and Prosthetics — 50% Paid By Delta Dental

- Crowns, bridges, dentures and implants.

##### Braces and Teeth Alignment — 50% Paid By Delta Dental

- 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 of up to \$500 will be made one year after the initial payment if coverage under this group number still exists.

## 2024 Avesis Vision Plan Options:

| Coverage Tier          | Avesis Low Plan Employee Cost | Avesis High Plan Employee Cost |
|------------------------|-------------------------------|--------------------------------|
| Employee only          | \$5.07 semi-monthly           | \$6.75 semi-monthly            |
| Employee + 1 dependent | \$8.87 semi-monthly           | \$11.97 semi-monthly           |
| Family                 | \$13.18 semi-monthly          | \$17.89 semi-monthly           |

### Vision Traditional Option:

| VISION CARE SERVICES   | IN-NETWORK MEMBER COST  | OUT-OF-NETWORK REIMBURSEMENT       |
|--|---|------------------------------------|
| <b>Vision Examination</b> (includes Refraction)                                      | Covered in full after \$10 copay  | Up to \$35                         |
| <b>MATERIALS*</b>  | \$15 copay<br><small>(Materials copay applies to frame or spectacle lenses, if applicable.)</small> |                                    |
| <b>Frame Allowance</b><br><small>(Up to 20% discount above frame allowance.)</small> | Members receive a \$50 wholesale allowance up to \$150 retail value                                 | Up to \$45                         |
| <b>Standard Spectacle Lenses</b>   |   |                                    |
| Single Vision  | Covered in full after \$15 copay  | Up to \$25                         |
| Bifocal  | Covered in full after \$15 copay  | Up to \$40                         |
| Trifocal   | Covered in full after \$15 copay  | Up to \$50                         |
| Lenticular   | Covered in full after \$15 copay  | Up to \$80                         |
| <b>Preferred Pricing Options</b>   |   |                                    |
| <b>Level 1 Lens Option Package</b>   |   |                                    |
| Polycarbonate <small>(Single Vision/Multi-Focal)</small>                             | \$40/\$44 (Covered in full up to age 19)  | N/A (Up to \$10 for ages up to 19) |
| Standard Scratch-Resistant Coating   | \$17  | N/A                                |
| Ultra-Violet Screening   | \$15  | N/A                                |
| Solid or Gradient Tint   | \$17  | N/A                                |
| Standard Anti-Reflective Coating   | \$45  | N/A                                |
| Level 1 Progressives   | \$75  | Up to \$40                         |
| Level 2 Progressives   | \$110   | Up to \$40                         |
| All Other Progressives   | \$50 allowance + 20% discount   | Up to \$40                         |
| Transitions® <small>(Single Vision/Multi-Focal)</small>                              | \$70/\$80   | N/A                                |
| Polarized  | \$75  | N/A                                |
| PGX/PBX  | \$40  | N/A                                |
| Other Lens Options   | Up to 20% Discount  | N/A                                |
| <b>Contact Lenses †</b><br><small>(In lieu of frame and spectacle lenses)</small>    |   |                                    |
| Elective<br><small>(10% discount on amount exceeding allowance)</small>              | \$130 allowance   | Up to \$110                        |
| Medically Necessary  | Covered in full   | Up to \$250                        |
| <b>Refractive Laser Surgery</b>  | Onetime/lifetime \$150 allowance<br>Provider discount up to 25%                                     | Onetime/lifetime \$150 allowance   |

### Vision High Option:

| IN-NETWORK MEMBER COST  | OUT-OF-NETWORK REIMBURSEMENT     |
|---|----------------------------------|
| Covered in full after \$10 copay  | Up to \$35                       |
| \$25 copay<br><small>(Materials copay applies to frame or spectacle lenses, if applicable.)</small> |                                  |
| Members receive a \$65 wholesale allowance up to \$175 retail value                                 | Up to \$55                       |
|   |                                  |
| Covered in full after \$25 copay  | Up to \$25                       |
| Covered in full after \$25 copay  | Up to \$40                       |
| Covered in full after \$25 copay  | Up to \$50                       |
| Covered in full after \$25 copay  | Up to \$80                       |
|   |                                  |
| Covered in Full   | Up to \$10                       |
| Covered in Full   | Up to \$5                        |
| Covered in Full   | Up to \$6                        |
| Covered in Full   | Up to \$4                        |
| Covered in Full   | Up to \$24                       |
| Covered in Full   | Up to \$40                       |
| \$120   | Up to \$40                       |
| \$120 allowance + 20% discount  | Up to \$40                       |
| \$70/\$80   | N/A                              |
| \$75  | N/A                              |
| \$40  | N/A                              |
| Up to 20% Discount  | N/A                              |
|   |                                  |
| \$130 allowance   | Up to \$110                      |
| Covered in full   | Up to \$250                      |
| Onetime/lifetime \$150 allowance<br>Provider discount up to 25%                                     | Onetime/lifetime \$150 allowance |

## Life Insurance [MetLife]:

### Life and Accidental Death & Dismemberment Insurance (Met Life Insurance Company)

- Optional coverage available: Single - \$35,000 Basic Life and \$35,000 Accidental Death & Dismemberment (AD&D)
- 50% of premium is paid by employee & 50% of premium is paid by the City.
- Life benefits may be opted out of or changed via a paper enrollment form. Changes are subject to eligibility requirements and possibly completing a Statement of Health.

### Dependent Life Insurance (Met Life Insurance Company)

- Optional coverage available: Spouse - \$10,000, each Dependent - \$5,000. Cost is \$0.92 per month.
- Premiums are deducted on an after-tax basis.

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- Dependent Life benefits may be opted out of or changed via a paper enrollment form. Changes are subject to eligibility requirements and possibly completing a Statement of Health.

## **AFLAC:**

Current AFLAC deductions will carry over into 2024 unless you contact AFLAC to make a change to your coverage. Enroll directly through AFLAC by contacting Amber Lind @ 605.716.4518 or [amber\\_lind@us.aflac.com](mailto:amber_lind@us.aflac.com)

Available coverage options include:

- **Short-Term Disability:** If you find yourself unable to work, Aflac short-term disability insurance will provide cash to help ease the financial stress of a covered illness or injury.
- **Cancer:** Aflac's cancer/specified disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer ever occurs.
- **Accident:** When a covered accident happens to you, our accident insurance policy pays you cash benefits. These benefits help with the unexpected medical and everyday expenses that begin to add up almost immediately.
- **Hospital:** Aflac's hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.
- **Life:** With Aflac's whole or term life insurance, you can rest easy knowing that your family will have financial security when they need it most.

## **Connections Employee Assistance Program:**

Please refer to HR's section of the Noodle for the Summary of Benefits and Coverage for the Employee Assistance Program. If you would like a paper copy of the SBC, please contact HR directly.

## **Making Benefit Changes Mid-Year:**

- For the most part, you will be limited to making election changes during annual open enrollment. However, you could have the option to modify elections mid-year if you have a qualified life event:
  - Marriage/Divorce
  - You add a new dependent child through birth, adoption, legal guardianship, or foster care
  - Your dependent loses health coverage elsewhere
  - Your dependent no longer meets the definition of an eligible dependent
- If you want to make changes due to your qualified life event, you will need to make those changes within 30 days from the life event. The coverage effective date of the change will be based on the type of change of status you've experienced. For example, if the life event is due to birth of a child, the coverage effective date would be child's date of birth.