

CITY OF RAPID CITY

2025 ANNUAL OPEN ENROLLMENT GUIDE

Benefits Open Enrollment:

NOVEMBER 1 – NOVEMBER 15, 2024

NEED ASSISTANCE? Call HR at 605.394.4136
or e-mail human.resources@rcgov.org



**RAPID
CITY** SD
USA

Welcome

The City of Rapid City is committed to offering a comprehensive benefits package that addresses the needs of our employees and their families. Your benefits are a crucial part of your overall compensation package.

Please take the time to thoroughly read the information below to ensure you have all the details necessary to make informed benefits decisions for you and your family in 2025.

For additional information and resources, please visit the Noodle: Human Resources – Healthcare and Employee Benefits – Open Enrollment 2025

Important Details:

- The 2025 open enrollment runs from November 1 to November 15, 2024. Any changes that you make during this period will take effect on January 1, 2025. Employees can make elections or changes to health, dental, vision, and health and/or dependent care FSA (flexible spending account) through www.bluesenroll.com. We ask that all employees log in to Blues Enroll to verify their selections, even if no changes are planned in 2025.
- The City of Rapid City's Traditional Health Plan will maintain the same deductible and out-of-pocket maximum for 2025. However, the High Deductible Health Plan (HDHP) will see a deductible increase, now set at \$4,000 for single coverage and \$8,000 for family coverage. Premiums for plans have also changed for both plans. **You will automatically remain enrolled in your current plan, but you will have the option to switch to the other plan if desired.**
- The HDHP offers the option for a Health Savings Account (HSA). The HSA will automatically carry over year to year without the need for re-enrollment. You will only need to take action if you are enrolling for the first time or like to adjust your contribution amount.
- The City will contribute a match of \$500 for single coverage and \$1,000 for family coverage to an employee's Health Savings Account (HSA). The first half of the match will be deposited at the beginning of the year, with the second half added at the start of July.
- To enroll in the HSA, fill out the attached form, also available online.
- Dental and vision plans did not change in 2025. However, the Dental Premium Plan monthly premiums have changed.
- Dental and vision elections from the plan year 2024 will automatically roll over into 2025. You only need to log in 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 01/01/25 the health FSA maximum contribution amount will be \$3,300. You must enroll in the 2025 flexible spending accounts (medical reimbursement and dependent care reimbursement) as these elections do not automatically roll over into 2025.
- Participants have until March 31, 2025 to request reimbursement from their medical FSA for expenses incurred between January 1, 2024 – December 31, 2024.
 - Medical FSA balances in excess of \$660 do not carry over into 2025. Any amount over \$660 in your medical FSA must be used by December 31, 2024 or it will be forfeited.
- Participants have until March 31, 2025 to request reimbursement from their dependent care account for childcare expenses incurred between January 1, 2024 and December 31, 2024.

2025 Health Insurance Plan Options: Traditional Plan or HDHP Plan

You will automatically stay enrolled in your current plan but have the option to switch to the other plan if you choose. You can make the election via Blues Enroll during the open enrollment period.

CITY OF RAPID CITY PLAN OPTIONS						
Benefit Information	Traditional Plan			HDHP Plan		
HEALTH BENEFIT PLAN						
Deductible In & Out of Network	Single \$1,500 Family \$3,000			Single \$4,000 Family \$8,000		
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 Non PCP \$30			Member Share 100% until Deductible reached Member Share 100% until Deductible reached		
Doctor on Demand Telehealth Visits using www.doctorondemand.com	No Member Cost Share includes Medical and Mental Health Visits			Subject to Fee Schedule		
Preventative Care Visit	Plan Pays 100% \$500			Plan Pays 100%		
Copay Emergency Room	Deductible Does Not Follow ER Copay Applies to Services From All Providers 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 Family \$7,000			Single \$4,000 Family \$8,000		
Out of Pocket Maximum Non-Network, aggregates with PPO OPM	Single \$4,500					
Out of Pocket Maximum Aggregates	Family \$9,000					
PHARMACY BENEFIT PLAN						
Health OPM Aggregates With RX OPM (separate from Health)	No			No		
Out Of Pocket Maximum (OPM)	Single \$2,000			Single \$4,000 Family \$8,000		
Bi-Weekly Rates	City Premium	Employee Premium	Total	City Premium	Employee Premium	Total
Single	\$320	\$89	\$409	\$331	\$25	\$356
Employee + Child(ren)	\$505	\$224	\$729	\$444	\$185	\$629
Employee + Spouse	\$550	\$234	\$784	\$478	\$198	\$676
Family - 2 Parents + Child(ren)	\$856	\$295	\$1,151	\$704	\$285	\$989

Tips for choosing the best health care plan for you:

- Compare your health plan options carefully.
- Review your utilization history via www.mywellmark.com.
- Utilize Wellmark's [Wellmark Health Plan Compare Tool](#) to help you decide which plan will work for you and your family. The Plan Compare tool works best in Edge browser.
- 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

Health and Dependent Care Flexible Spending Accounts

Health Savings Account (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. This account pairs with the Traditional Plan. 2025 healthcare maximum annual contribution of \$3,300 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 eyeglasses. It's like a debit card – just swipe and go. Carryover of \$660 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 2025 dependent care maximum annual contributions of \$5,000 per calendar year is allowed.

Health Savings Account (HSA) is a pre-tax benefit account that helps cover out-of-pocket medical, dental, and vision expenses. You choose how much you want to contribute annually, and any unused funds will automatically roll over to the next year. The balance in an HSA stays with the employee, regardless of changes in employment, insurance carrier, or retirement. This account is exclusively available with the High-Deductible Health Plan (HDHP). 2025 healthcare maximum annual contribution limit is \$4,300 for a single account and \$8,550 for a family. The City will match \$500 in single coverage and \$1,000 in family coverage. These matches will be paid by the city in two payments, the first half in January and the other in July.

Two City Employees:

It is your responsibility to contact Human Resources to notify of your status so that you can receive the discounted rate.

If you are married to another city employee, but do not have children, one of you will need to enroll in benefits, while the other should decline benefits. Deductions for the health insurance will come out of both employees' checks.

Two city employees who have a child(ren) together, are eligible for discounted premiums. If you are married with children, one of you will enroll in coverage for your family, while the other one will decline coverage. If you share children with another City employee and are not married, one of you will enroll yourself and your children, while the other employee should only enroll themselves. In both cases, the insurance premiums will be shared evenly between each employee.

If one or both city employees is part-time benefited, the premiums for that employee's portion, will be pro-rated accordingly.

If one employee separates from the city, please notify Human Resources immediately. This will be considered a Qualifying Life Event, and premiums will be adjusted to the one city employee rates.

Benefit Information	Traditional Plan	HDHP Plan
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Bi-Weekly Rates	Traditional Plan			HDHP Plan		
	City Premium	Employee Premium	Total	City Premium	Employee Premium	Total
2 Employees (Married) Total	\$784	\$178	\$606	\$676	\$50	\$626
EE #1	\$392	\$89	\$303	\$338	\$25	\$313
EE #2	\$392	\$89	\$303	\$338	\$25	\$313
2 Employees (Married) with Children Total	\$1,151	\$178	\$973	\$989	\$50	\$939
EE #1	\$575	\$89	\$486	\$494	\$25	\$469
EE #2	\$575	\$89	\$486	\$494	\$25	\$469
2 Employees (Not Married) with Children Total	\$1,151	\$178	\$973	\$989	\$50	\$939
EE #1	\$575	\$89	\$486	\$494	\$25	\$469
EE #2	\$575	\$89	\$486	\$494	\$25	\$469

2025 Delta Dental Plan Options:

Coverage Tier	Dental Traditional Plan Employee Cost	Dental Premium Plan Employee Cost
Employee only	\$16.00 semi-monthly	\$36.04 semi-monthly
Employee + 1 dependent	\$31.99 semi-monthly	\$70.20 semi-monthly
Family	\$43.93 semi-monthly	\$99.17 semi-monthly

Base Plan #2688

Premium Plan #2499

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.

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.

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.
- 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.

2025 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
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$15 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
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
Preferred Pricing Options		
Level 1 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	\$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® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance 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 (Materials copay applies to frame or spectacle lenses, if applicable.)	
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 Provider discount up to 25%	Onetime/lifetime \$150 allowance

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

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.