

**SOUTH DAKOTA SCHOOL DISTRICT BENEFITS FUND  
PLAN AMENDMENT E**

**Parkston School District 33-3**, Parkston, South Dakota, as part of the **South Dakota School District Benefits Fund**, hereby amends its Employee Healthcare Plan adopted July 1, 1994 and restated July 1, 2005, with such amendment being effective July 1, 2011 at 12:01 a.m. standard time.

The purpose of this amendment is to change the health plan by changing deductible amounts for Plans B, C and D. The plans will also have a change in the drug co-pays and Physician's Office Visit.

**Plan B –**

- ✓ deductible change to \$750/\$1,500
- ✓ coinsurance change to 80%/20% of \$5,000 per individual & \$10,000 per family
- ✓ drug co-pay of \$10 for Generic, \$35 for Preferred, & \$50 for Non-Preferred Brand
- ✓ office visit co-pay of \$25 for doctors office visit only

Total out of pocket for Plan B - \$1,750 Per Individual, \$3,500 Per Family

**Plan C –**

- ✓ deductible change to \$1,250/\$2,500
- ✓ coinsurance change to 80%/20% of \$5,000 per individual & \$10,000 per family
- ✓ plan will have drug co-pay of \$10 for Generic, \$35 for Preferred, & \$50 for Non-Preferred Brand
- ✓ office visit co-pay of \$25 for doctors office visit only

Total out of pocket for Plan C - \$2,250 Per Individual, \$4,500 Per Family

**Plan D –**

- ✓ deductible will stay the same, \$2,500/\$5,000
- ✓ coinsurance change to 80%/20% of \$5,000 per individual & \$10,000 per family
- ✓ change of drug co-pay to \$10 for Generic, \$35 for Preferred, & \$50 for Non-Preferred Brand
- ✓ plan will keep visit co-pay of \$25 for doctors office visit only

Total out of pocket for Plan D - \$3,500 Per Individual, \$7,000 Per Family

On the Schedule of Benefits the Plans will be as follows:

**PLAN B**

**Medical Deductible:**

(per calendar year)

-Per Individual	\$750
-Per Family	\$1,500

**Coinsurance Percentage:**

Per calendar year after Satisfying the deductible, then 100% thereafter to the end of the calendar year

80% of \$5,000 per individual, \$10,000 per family, of eligible expenses

**Office Visit Co-Pay**

This is for office visit only

\$25.00 office Visit

**Prescription Drug Co-Pay:**

- Generic	\$10.00 Co-pay
- Preferred Brand	\$35.00 Co-pay
- Non-Preferred Brand	\$50.00 Co-pay

**Out-of-Pocket:**

- Per Individual	\$1,750
- Per Family	\$3,500

**PLAN C**

**Medical Deductible:**

(per calendar year)

-Per Individual	\$1,250
-Per Family	\$2,500

**Coinsurance Percentage:**

Per calendar year after  
Satisfying the deductible, then  
100% thereafter to the end of  
the calendar year

80% of \$5,000 per  
individual, \$10,000 per  
family, of eligible expenses

**Office Visit Co-Pay**

This is for office visit only

\$25.00 office Visit

**Prescription Drug Co-Pay:**

- Generic	\$10.00 Co-pay
- Preferred Brand	\$35.00 Co-pay
- Non-Preferred Brand	\$50.00 Co-pay

**Out-of-Pocket:**

- Per Individual	\$2,250
- Per Family	\$4,500

**PLAN D**

**Medical Deductible:**

(per calendar year)

- Per Individual \$2,500
- Per Family \$5,000

**Coinsurance Percentage:**

Per calendar year after Satisfying the deductible, then 100% thereafter to the end of the calendar year 80% of \$5,000 per individual, \$10,000 per family, of eligible expenses

**Office Visit Co-Pay**

This is for office visit only

\$25.00 office Visit

**Prescription Drug Co-Pay:**

- Generic \$10.00 Co-pay
- Preferred Brand \$35.00 Co-pay
- Non-Preferred Brand \$50.00 Co-pay

**Out-of-Pocket:**

- Per Individual \$3,500
- Per Family \$7,000

This Plan Amendment is adopted this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

**SOUTH DAKOTA SCHOOL DISTRICT  
BENEFITS FUND**

**PARKSTON SCHOOL  
DISTRICT**

\_\_\_\_\_  
**Malcolm McKillop  
Director of Insurance Services**

\_\_\_\_\_  
**Business Manager**