

SD Home Builders - Benefit Summary

8/1/2025 - 7/31/2026



All costs shown below are the members responsibility

	SDHBA Traditional PPO		SDHBA Global PPO		SDHBA Premier PPO	
Network	Wellmark SD PPO					
Cost Sharing	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	OBS 278627-150/278627-140		OBS 278627-141/278627-142		OBS 297847-145/278627-148	
Annual Deductible						
Single	\$3,500	\$5,000	\$5,000	\$15,000	\$2,000	\$2,000
Family	\$7,000	\$10,000	\$10,000	\$30,000	\$4,000	\$4,000
Deductible Administration	Member has benefits after single deductible met; entire family has benefits after family deductible met					
Coinsurance	40%	50%	50%	50%	50%	50%
Annual Out-of-Pocket Maximum						
Single	\$7,200	\$10,000	\$8,150	\$24,000	\$6,500	\$6,500
Family	\$14,400	\$20,000	\$16,300	\$45,000	\$13,000	\$13,000
Office Services						
PCP	\$35	Ded/Coins	\$75	Ded/Coins	\$50	Ded/Coins
Specialists	\$75	Ded/Coins	\$125	Ded/Coins	\$100	Ded/Coins
PT/ST/OT and Chiro - In office Setting	\$35	Ded/Coins	\$75	Ded/Coins	\$50	Ded/Coin
Urgent Care	\$35	Ded/Coins	\$75	\$225	\$75	\$225
Telehealth	\$35	N/A	\$75	N/A	\$75	N/A
Surgery	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins
Lab	Included in OV	Ded / Coins	Included in OV	Ded / Coins	Included in OV	Ded / Coins
X-Ray	Included in OV	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	Ded/Coins	\$50	Ded/Coins
Emergency Room *Waived if admitted immediately following visit	Ded / Coins	Ded / Coins	\$400 Copay	\$400 Copay	\$400 Copay	\$400 Copay
General Inpatient						
Maternity	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
MHCD Inpatient						
General Outpatient						
PT/ST/OT						
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%	\$20	100%
Tier 2	\$50		\$80		\$40	
Tier 3	\$75		\$200		\$80	
Tier 4	N/A		N/A		N/A	
Preferred Specialty	Ded/coin (\$150 MAX)		\$300		\$200	
Non-Preferred Specialty	Ded/coin (\$150 MAX)	\$400	\$250			
Medicare Part D Creditable Coverage	Yes		Yes		No	
Meets Minimum Value	Yes		Yes		Yes	
Employee Only	\$	608.76	\$	542.11	\$	654.27
Employee + Spouse	\$	1,223.68	\$	1,087.19	\$	1,316.89
Employee + Child(ren)	\$	1,132.74	\$	1,006.57	\$	1,218.89
Family	\$	1,822.77	\$	1,618.22	\$	1,962.44

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 297847-69/297805-157		OBS 297847-71/297805-158	
Single	\$6,900	\$13,800	\$7,500	\$13,800
Family	\$13,800	\$27,600	\$15,000	\$27,600
Deductible Administration				
Coinsurance	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	Ded Applies	Ded Applies	Ded Applies	Ded Applies
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 Coverage	No		No	
Meets Minimum Value	Yes		No	
Employee Only	\$	498.72	\$	489.62
Employee + Spouse	\$	998.32	\$	979.69
Employee + Child(ren)	\$	924.43	\$	907.20
Family	\$	1,485.05	\$	1,457.13