

OGLALA LAKOTA COUNTY UNAPPROVED MINUTES OF MARCH 13, 2025

The Oglala Lakota Board of County Commissioners met in regular session on March 13, 2025. Present: Allyssa Comer, Art Hopkins, Wendell Yellow Bull and Sue Ganje, Auditor. Ramon Bear Runner and Anna Takes the Shield (Dubray) were absent.

The meeting was called to order at 1:17 p.m. by Chairwoman Comer. The agenda was reviewed for conflicts. ALL MOTIONS RECORDED IN THESE MINUTES WERE PASSED BY UNANIMOUS VOTE, UNLESS OTHERWISE STATED.

Motion made by Yellow Bull, seconded by Hopkins, to approve the agenda as written.

Motion made by Yellow Bull, seconded by Hopkins, to approve the February 13, 2025 minutes.

Motion made by Yellow Bull, seconded by Hopkins to approve the Auditor's Account with the Treasurer for January 2025 as follows:

TO THE HONORABLE BOARD OF OGLALA LAKOTA COUNTY COMMISSIONERS:

I hereby submit the following report of my examination of the cash and cash items in the hands of the County Treasurer of this County on this 31st day of January 2025.

Total Amount of Deposit in First Interstate Bank, HS:	\$	297,387.28
Total Amount of Cash:	\$	1,200.72
Total Amount of Checks in Treasurer's Possession Not Exceeding Three Days:	\$	8,551.83
FIRST INTERSTATE SAVINGS		
First Interstate, HS:	\$	2,793,239.88
CERTIFICATES OF DEPOSIT:		
Schwab 2 year	\$	2,124,865.89
Itemized list of all items, checks and drafts that have been in the Treasurer's possession over three days:		
Election Petty Cash:	\$	15.00
RETURNED CHECKS:		
Deaton, Tyler	\$	110.10
TOTAL	\$	5,225,370.70

Dated This 31st Day of January 2025.

/S/ Sue Ganje

Sue Ganje, County
Auditor of Oglala
Lakota County

/S/ Teresa Pullen

Teresa Pullen, County Treasurer
of Oglala Lakota County

County Monies	\$	5,104,117.93
Held for other Entities	\$	26,635.02
Held in Trust	\$	94,617.75
TOTAL	\$	5,225,370.70

The Above Balance Reflects County Monies, Monies Held in Trust, and Monies Collected for and to be remitted to Other ENTITIES: SCHOOLS, TOWNS, AND STATE.

Motion made by Yellow Bull, seconded by Hopkins, to set the Consolidated Board of Equalization meeting tentatively on April 8, 2025, rather than the regular meeting date on April 10, to allow Commissioners to attend the Spring workshop for County Commissioners in Pierre.

Lynx Bettelyoun, Highway Superintendent, met with the Board.

Motion made by Yellow Bull, seconded by Hopkins, to approve travel for Bettelyoun, Commissioners Comer, Hopkins and Yellow Bull, to include advanced travel for Commissioners to attend the Highway Short Course March 18-20, 2025 at a cost of \$200.00/person plus lodging and per diem.

Bear Runner entered the meeting via telephone at 1:21 p.m.

Motion made by Yellow Bull, seconded by Hopkins, to approve the gravel hauling contract with Lee Ranch Trucking, contingent on the State's Attorney's review and approval.

Fuel quotes were provided for 2,000 gallons of unleaded gasoline: Westco quoted \$3.502/gallon; Vollan Oil, Lakota Plains and Discount Fuels, Inc did not provide a bid.

Motion made by Yellow Bull, seconded by Bear Runner, to approve and accept the low bid from Westco at \$3.052/gallon for 2,000 gallons of unleaded gasoline.

Bettelyoun provided his monthly report.

Motion made by Yellow Bull, seconded by Hopkins, to accept the Highway Department's monthly report.

Motion made by Yellow Bull, seconded by Bear Runner, to approve a pay raise of \$1.00/hr for the Highway Department employees, retroactively to the begin at the beginning of this pay period.

Motion made by Yellow Bull, seconded by Hopkins, to move Sheriff Mark Mesteth and VSO Jerlene Arredondo's agenda items to the next meeting.

TJ Plume of Alpha One Fire Department did not call in to present his agenda item. Discussion was held regarding a potential contract to provide fire suppression coverage for central Oglala Lakota County. State's Attorney Russell suggested that the Board get proposals in writing to include all aspects of coverage and expectations.

Motion made by Yellow Bull, seconded by Hopkins, to approve advanced travel for mileage with the meal per diem paid through payroll to attend the Black Hills SDACC/SDACO meeting in Rapid City on March 14, 2025 for Bear Runner, Comer, Hopkins and Yellow Bull.

Motion made by Yellow Bull, seconded by Hopkins, to approve advanced travel for mileage and per diem to attend the SDACC Spring Workshop (registration fee: \$125.00/each) April 9-10, 2025 in Pierre for Comer, Hopkins, Yellow Bull, Takes the Shield (Dubray) and Bear Runner.

Dallas Nelson of Hesapa Lakota Wakanyeja Wicoti (Black Hills Lakota Youth Camp) met with the Board to request County held Opioid Settlement funds to help with the camps that they sponsor each year for youth from the Pine Ridge/Slim Buttes area. Hopkins would like to see it opened up for youth throughout the County. Yellow Bull said that he was going to recuse himself from voting on this item. Discussion was held with the State's Attorney on Yellow Bull recusing himself, it was determined that there was not a conflict for Yellow Bull.

Motion made by Yellow Bull, seconded by Hopkins, to approve providing \$20,000.00 of the County held Opioid Settlement funds to Hesapa Lakota Wakanyeja Wicoti (Black Hills Lakota Youth Camp) to help with the costs of hosting the camp contingent on verification of compliance with usage of the funds.

Lance Russell, State's Attorney, met with the Board to provide a briefing regarding 56CRI 24-12. The hearing will be on April 23, 2025 at 1:30 p.m. Russell invited anyone that wanted to attend. Russell then informed the Board that he had read through the Lee Ranch Trucking Hauling Contract and said that it looked fine to him.

Motion made by Yellow Bull, seconded by Hopkins, to approve paying the bills as follows:

GENERAL FUND		
ARREDONDO, JERLENE	VOID/DUPLICATE PAYMENT	-\$95.14
AT&T MOBILITY	WIRELESS PHONE SERVICES	\$405.46
BEAR RUNNER, RAMON	ADVANCED TRAVEL	\$221.10
BEAR RUNNER, RAMON	VOID MILEAGE/DID NOT ATTEND	-\$85.15
BEAR RUNNER, RAMON	VOID DID NOT COME TO MEETING	-\$87.10
BEAR RUNNER, RAMON	VOID DID NOT ATTEND	-\$87.10
BEAR RUNNER, RAMON	VOID/DUPLICATE CHECK	-\$87.10
WEST RIVER MH/FKA BMS	2025 ANNUAL ALLOCATION	\$8,500.00
CENTURY BUSINESS	CENTURY BUSINESS LEASE	\$335.57
TAKES THE SHIELD, ANNA	MILEAGE & MEAL REIMB	\$136.68
TAKES THE SHIELD, ANNA	VOID DID NOT ATTEND	-\$65.50
TAKES THE SHIELD, ANNA	VOID DID NOT ATTEND	-\$208.55
TAKES THE SHIELD, ANNA	VOID DIDN'T ATTEND MEETING	-\$67.00
TAKES THE SHIELD, ANNA	VOID DID NOT ATTEND	-\$67.00
FALL RIVER COUNTY HERALD	PUBLICATION COSTS FOR OL, LIENS	\$290.00

HOPKINS, ARTHUR L	MILEAGE & MEAL REIMB	\$441.34
HOPKINS, ARTHUR L	VOID/DUPLICATE CHECK	-\$142.04
INTELLECTUAL TECH INC	ENVELOPES & POSTAGE	\$131.33
LAKOTA TIMES	PUBLICATION	\$270.00
LYNN'S DAKOTA MART	MEETING SNACKS/WATER	\$41.11
MASTEL, BRUCE	DATA BASE & HOST	\$70.00
MASTERCARD	CREDIT CARD CHARGES	\$522.66
OGLALA SIOUX TRIBE	VOID/WRONG VENDOR FOR VSO	-\$100.00
RELIANCE STANDARD LIFE	LIFE INSURANCE	\$72.00
SD ASSN OF COUNTY COMM.	QUARTERLY ASSESS/SDACC REG	\$908.00
SD DEPT OF HEALTH	BLOOD TOXICOLOGY	\$100.00
SDACHS	2025 SHORT COURSE REG	\$600.00
OL COUNTY TREASURER	SALES TAX	\$3.19
SD DEPT OF REVENUE	STATE REMITTANCE	\$120.00
SOFTWARE SERVICES	SOFTWARE SERV, ANALYSIS	\$1,100.00
THOMSON REUTERS - WEST	ONLINE SUBSCRIPTION	\$326.34
TTECH TRANSCENDENT TECH.	ANNUAL SOFTWARE	\$3,837.00
AKICITA LAKOTA VETERANS	VSO RENTAL	\$500.00
WESTERN COMMUNICATIONS	PROGRAMMING SERVICE	\$210.00
WESTERN COMMUNICATIONS	VOID/WRONG VENDOR	-\$210.00
YELLOW BULL, WENDELL	TRAVEL & MEALS	\$449.40
YELLOW BULL, WENDELL	VOID/DUPLICAT CK FOR MTG	-\$87.10
ZEITAWI, JASON	REISSUE LOST CHECK	\$255.07
RED ELK, RUTH	LOST CHK	-\$185.18
COMER, ALLYSSA	ADVANCED TRAVEL & MEAL	\$379.72
COMER, ALLYSSA	VOID/DUPLICATE CK	-\$128.64
COMMISSION	WAGES & BENEFITS	\$4,413.21
ST ATTY	WAGES & BENEFITS	\$284.13
VET'S	WAGES & BENEFITS	\$4,062.04
SHERIFF	WAGES & BENEFITS	\$11,132.91
	TOTAL FOR GENERAL FUND	\$38,415.66
COUNTY ROAD & BRIDGE		
AT&T MOBILITY	WIRELESS PHONE	\$190.44
BOMGAARS SUPPLY	SUPPLY	\$98.44
BOOT BARN INC.	VOID, RET CHK OVERPAYMENT	-\$7,525.10
BOOT BARN INC.	2025 CLOTHING ALLOWAWANCE	\$3,001.60
BOOT BARN INC.	VOIDED LAST CK/CORRERECTED	\$2,397.82
BUTLER MACHINERY CO.	EQUIP/REPAIR	\$4,093.22
BUTLER MACHINERY CO.	VOID/PREVIOUSLY PD	-\$211.32
CULLIGAN	DRINKING WATER	\$27.80
BUCHE HARDWARE & LUMBER	SUPPLY	\$379.99
GODFREY BRAKE SERVICE AND	VOID ALREADY PD CK 2	-\$153.84
GREAT PLAINS COMMUNICATIO	TELEPHONE SERVICES	\$222.42
GREAT WESTERN TIRE INC.	TIRES	\$279.90
GREAT WESTERN TIRE INC.	VOID INVOICE REVERSE	-\$681.95

LACREEK ELECTRIC ASSOC	UTILITY/ELECTRIC	\$643.75
LAKOTA TIMES	PUBLICATION	\$20.88
MARTIN AUTO PARTS	PARTS/SUPPLY	\$96.15
MASTERCARD	CREDIT CARD CHARGES	\$425.58
MCI COMM SERVICE	LONG DISTANCE PHONE	\$110.21
MENARDS	SUPPLY	\$397.62
MODERN FARM EQUIPMENT CO.	VOID ALREADY PD	-\$399.41
PACIFIC STEEL & RECYCLING	STEEL & RECYCLING	\$87.18
RELIANCE STANDARD LIFE	LIFE INSURANCE	\$148.25
SDACHS	2025 SHORT COURSE REG	\$200.00
OL COUNTY TREASURER	SALES TAX	\$6.82
WESTCO	FUEL/UTILITES	\$8,440.96
WESTERN COMMUNICATIONS	PROGRAMMING SERVICE	\$60.00
CRBR ADMIN	WAGES & BENEFITS	\$25,615.41
	TOTAL FOR COUNTY ROAD & BRIDGE	\$37,972.82
M & P RELIEF FUND		
MICROFILM IMAGING SYSTEMS	SCANNING EQUIP	\$75.00
TRIMIN SYSTEMS, INC	LAND SOFTWARE	\$2,733.00
	TOTAL FOR M & P RELIEF FUND	\$2,808.00
	TOTAL FOR BILLS PAID BETWEEN 02/14 AND 03/13/2025	\$79,196.48

Motion made by Yellow Bull, seconded by Hopkins, to adjourn the meeting at 2:38 p.m.


/s/Allyssa Comer
Allyssa Comer, Chairwoman
Board of Oglala Lakota County Commissioners

ATTEST:
/s/Sue Ganje
Sue Ganje
Oglala Lakota County Auditor


TO THE HONORABLE BOARD OF OGLALA LAKOTA COUNTY COMMISSIONERS:
I hereby submit the following report of my examination of the cash and cash items in
the hands of the County Treasurer of this County on this 28th day of February 2025.

Total Amount of Deposit in First Interstate Bank, HS:	\$	144,094.10
Total Amount of Cash:	\$	1,397.20
Total Amount of Checks in Treasurer's Possession Not Exceeding Three Days:	\$	1,468.57
FIRST INTERSTATE SAVINGS		
First Interstate, HS:	\$	2,476,510.32
CERTIFICATES OF DEPOSIT:		
Schwab 2 year	\$	2,124,955.94
Itemized list of all items, checks and drafts that have been in the Treasurer's possession over three days:		
Election Petty Cash:	\$	15.00
RETURNED CHECKS:		
Deaton, Tyler	\$	110.10
TOTAL	\$	4,748,551.23

Dated This 28th Day of February 2025.



Sue Ganje, County
Auditor of Oglala
Lakota County



Teresa Pullen, County Treasurer
of Oglala Lakota County

County Monies	\$	4,601,399.85
Held for other Entities	\$	53,991.66
Held in Trust	\$	93,159.72
TOTAL	\$	4,748,551.23

The Above Balance Reflects County Monies, Monies Held in Trust, and
Monies Collected for and to be remitted to Other ENTITIES: SCHOOLS, TOWNS, AND STATE.

Travel Advance Repayment Agreement

This agreement is made and entered into on this ___ day of _____, 20, by and between _____ ("Commissioner/Employee") and _____ County ("County").

1. Purpose:

The purpose of this agreement is to establish the terms under which the Commissioner/Employee agrees to repay any travel advance funds provided by the County in the event the Commissioner/Employee does not attend the scheduled meeting, conference, or workshop for which the advance was issued.

2. Advance Payment:

The County may provide the Commissioner/Employee with an advance payment to cover travel expenses related to an approved meeting, conference, or workshop.

3. Repayment Obligation:

If the Commission/Employee receives an advance payment and subsequently does not attend the scheduled event for any reason, the Commissioner/Employee agrees to reimburse the County for the full amount of the advance during the current payroll cycle of the scheduled event date.

4. Method of Repayment:

Repayment may be made via payroll deduction, personal check, or another method approved by the County.

5. Acknowledgment and Agreement:

By signing this agreement, the Commissioner/Employee acknowledges their obligation to repay any unused travel advance in accordance with the terms outlined above.

Commissioner/Employee Signature:

Printed Name: _____

Date: _____

County Representative Signature:

Printed Name: _____

Title: _____

Date: _____

Buscho Enterprises, LLC.
18775 Gates Ave.
Faribault, MN 55021
(507)838-8561

Invoice

DATE	INVOICE #
3/31/2025	930

BILL TO	SHIP TO
Oglala Lakota County Hwy Dept	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Other	*QUOTE* 1981 Trailmobile Tanker	1	8,000.00	8,000.00
Total				8,000.00
Balance Due				8,000.00

QUOTE

STATE OF MINNESOTA

CERTIFICATE OF TITLE FOR A MOTOR VEHICLE

VEHICLE IDENTIFICATION NUMBER 1PTG23SJ8B4000209	YEAR 81	MAKE TRAI	MODEL/BODY TRL	TITLE NUMBER F218B0262
DATE ISSUED 08/06/14	ODOMETER N/REQD	TAX BASE 000000	CODE 27	PLATE NUMBER ST63689

CENTRAL OFFICE USE ONLY

**NO SECURITY INTERESTS DOB
70963**

**OWNER
BUSCHO ALAN EDWARD**

**18775 GATES AVE
FARIBAULT MN 55021-8041**



Z

FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. MINNESOTA LAW REQUIRES THAT YOU MAKE A DISCLOSURE ABOUT DAMAGE TO THE VEHICLE. A FALSE OR FRAUDULENT STATEMENT OF PURCHASE BY ANY PERSON IS A GROSS MISDEMEANOR OR FELONY.

ODOMETER DISCLOSURE STATEMENT: I (WE) CERTIFY THAT THE ODOMETER NOW IS ACTUAL MILEAGE
 READS _____ (NO TENTHS) MILES AND TO THE BEST OF MY EXCEEDS MECHANICAL LIMITS OF ODOMETER
 KNOWLEDGE THE ODOMETER MILEAGE IS NOT ACTUAL MILEAGE - WARNING ODOMETER DISCREPANCY

DAMAGE DISCLOSURE STATEMENT: TO THE BEST OF MY KNOWLEDGE THIS VEHICLE: HAS HAS NOT (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE

ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANT TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO:

SELLER'S PRINTED NAME(S)	DATE OF SALE	BUYER'S PRINTED NAME(S)
SELLER'S ADDRESS	DEALER'S LICENSE #	BUYER'S ADDRESS
SELLER'S SIGNATURE(S)		BUYER'S SIGNATURE(S)

APPLICATION FOR TITLE BY BUYER (TRANSFEREE). MUST BE SUBMITTED WITHIN 10 DAYS (Please Print)

BUYER'S NAME (LAST)	(FIRST)	(MIDDLE)	DATE(S) OF BIRTH	BUYER'S DRIVER'S LICENSE NUMBER(S)
ADD'L BUYER'S NAME(S)	(LAST)	(FIRST)	(MIDDLE)	BUYER'S DRIVER'S LICENSE NUMBER(S)
CITY	COUNTY/CODES	STATE	ZIP CODE	

IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? NO YES (IF YES, COMPLETE SECTION BELOW)

IF YES, SECURED PARTY'S NAME (PRINT NAME): _____ DATE OF SECURITY AGREEMENT: _____ FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM PS2017

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

I (WE) CERTIFY I (WE) AM (ARE) OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHERS, I (WE) ATTEST BY THIS TRANSACTION THAT THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS. ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT.

APPLICANT'S/BUYER'S SIGNATURE(S) All Must Sign

IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED ON THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE REQUESTED ACTION. EXCEPT FOR CERTAIN USES PERMITTED BY FEDERAL AND STATE LAWS, PERSONAL INFORMATION CONTAINED IN YOUR APPLICATION MAY NOT BE DISCLOSED TO ANYONE WITHOUT YOUR EXPRESS CONSENT. YOU MAY EXPRESSLY CONSENT TO THE DISCLOSURE OF YOUR INFORMATION BY WRITING THE FOLLOWING ADDRESS:



PS2700-19

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187
PHONE 651-297-2126 TTY 651-282-8555
dvs.dps.mn.gov

KEEP IN A SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

SELLER'S NOTICE OF SALE

When you sell this vehicle, you are responsible to file the information on the back side of this notice with the Department of Public Safety within 10 days. Please file this information over the Internet at dvs.dps.mn.gov, call 651-284-1234, or complete all the information on this notice and mail to the address below. This notice is not required if sold to a Minnesota licensed dealer.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187

TITLE NUMBER **F218B0262**

VIN **1PTG23SJ8B4000209**

MINNESOTA MOTOR VEHICLE REGISTRATION
 YR **81** MK **TRAI** MDL **TRL** VIN **1PTG23SJ8B4000209**
 PLATE **ST63689** STICKER **0** TAX **000000** EXP **000000**
 GROSS VEHICLE WEIGHT/BASE VALUE **000000**
 RECORDED OWNER(S)
BUSCHO ALAN EDWARD

**18775 GATES AVE
FARIBAULT MN 55021-8041**

MFD. BY

Pullman Trailmobile®
DIVISION OF PULLMAN, INC.
NORTH KANSAS CITY, MO.

H. ID. NO. []		MAX. [] LBS./GAL.		MODEL NO. []	
T MC []		CERT. 3-31 TEST 3-31		COMPT. CAP-F-R []	
TE-MFD. 3-31		CFM AT [] PSIG		TOTAL []	
NT CAP. []		PSIG TEST [] PSIG		MAX. PROD. LOAD [] LBS	
ESS-DESIGN []		SHELL []		LOADING LIMITS []	
AT'L-HEAD []		TEMP. [] °F		UNLOADING LIMITS []	
ELD []		LINING []			

CALIF. STATE FIRE MARSHAL APPROVAL NO. []





Oglala Lakota County Highway Department

Monthly Report: March 10 2025 – March 31,2025

Blade Roads:

March 10	Route: 2 and 4	Sam, Kelly
March 11	Route: 16	Sam
March 17	Route: 15,17,15L, 24, 24C, Bates1 Winters	Sam, Kelly
March 20	Route: 16A, 17	Sam, Kelly
March 24	Route: 16,17	Sam, Kelly
March 25	Route: 16A, 24, 7	Sam, Kelly
March 26	Route: 2, 7,24	Sam, Kelly
March 27	Route: 24, Winter	Sam, Kelly
March 31	Route: 16A	Sam

Equipment Repair:

March 26	Changed Cutting Edges	Sam, Kelly
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Oglala Lakota County Sheriff's Office

906 N. River Street
Hot Springs South Dakota 57747
Phone: 605-891-5819

Equipment Return Form

Tag #	SN:	Description:	Quantity:	Size:	Returned Date	Sheriff Initials
	TI0317000TC	Axon Dock Bay	1			
00412	TI031400TY4	Axon Body Camera	1			
00413		Axon Body Camera	1			
	080911178097	Sanyo VPC-850 Digital Camera	1			
		OLCSO Deputy Badge 61-1C	1			
		OLSCO Deputy Badge 61-1C	1			
		Interstate Battery Charger	1			
00397	17345/2-0261	Nightstick TAC-560XL	1			
00398	17345/2-0150	Nightstick TAC-560XL	1			
	G39418094915	Viasat wifi	1			
	68080	Kustom Pro 1000 DS Radar	1			
	DE 33358	Kustom Signal Antenna	1			
	G-17262	Decatur Electronics Genesis I Radar	1			
	GK 28685	Decatur Electronics Antenna	1			
		Miscellaneous unknown radar antenna	1			
	DV10-127697	Watch Guard Base	1			
	200-2062-00	Kustom Signal Golden Eagle II Radar	1			
	DE33357	Kustom Signal Antenna	1			
		Six Function Switch Box	1			
		Federal Signal Siren PA 300 Series	4			

I, Max Mestell, Agree the above listed items are a true record of the items listed as property of OLCSO and are either not working or excess and be disposed of.
Max Mestell Date: 3/5/2025
 Signature



Oglala Lakota County Sheriff's Office

906 N. River Street
Hot Springs South Dakota 57747
Phone: 605-891-5819



February 2025 Monthly Report:

Calls for Service:

- Protection Order Violation

Non-Enforcement Services.

- Daily patrols to victim of PO Violation.
- 2-24-25 Meeting with OST Tribal Attorney on MOU
- 2-24-25 Meeting with OST Court on backgrounds.

Fuel Log.

	Starting Mileage:	Ending Mileage:	Total Mileage:
CO 12594	20,569	23264	2,695
CO 12572	7.818	8393 575	

Gallons used from County Tank. 105.4
Gallons purchased with Couty Credit Card.



Oglala Lakota County Sheriff's Office

906 N. River Street
Hot Springs South Dakota 57747
Phone: 605-891-5819

March 2025 Monthly Report:

Calls for Service:

- 3/13/25 Juvenile Incident at Buches
- 3/24/25 Burglary.
- 3/27/25 Vehicle Theft.
- 3/28/25 Harassment
- 3/30/25 Drug Arrest.
- 3/31/25 Trespass

Non-Enforcement Services.

- Daily patrols to victim of PO Violation.
- Daily patrols to Burglary Victim's residence.
- Meeting with Tribal Attorney over MOA.
- Meeting with State's Attorney over MOA.
- Meeting with Tribal Attorney over MOA.

Fuel Log.

	Starting Mileage:	Ending Mileage:	Total Mileage:
CO 12594	23,264	25,443	2,179
CO 12572	8,393	8,895	502

Gallons used from County Tank.	119 Gallons used
Fuel purchased with Couty Credit Card.	19.09/\$63.00

OGLALA LAKOTA COUNTY VSO

MONTHLY ACTIVITY REPORT March 2025

OFFICE VISITS APPOINTMENTS 12 WALK-INS 26 PHONE 7 TOTAL 45

DEATHS TRIBAL MEMBERS 2 NON-TRIBAL MEMBERS

VETERANS ADMINISTRATION

NEW CLAIMS 2 (PERSON 2 PHONE)

EXISTING CLAIMS 9 (PERSON 9 PHONE)

NEW MEDICAL ENROLLMENT 1

DD214 REQUESTS 3 (OFFICE 3 OTHER)

HOME LOAN 1 VA STATE HOME 1 OTHER 1

SD STATE BENEFITS

VETERANS/ACTIVE DUTY BONUS 1 BURIAL BENEFITS 3 EDUCATION 1

HEADSTONE/SET UP 2 RECORDS/OTHER 2 STATE PARKS

HUNTING/FISHING LICENSES LICENSE PLATES DRIVERS LICENSE

TRIBAL

TRIBAL VETERANS FLAG

MEETINGS OTHER

PUBLIC OUTREACH

SOCIAL MEDIA RADIO STATION OTHER

OTHER

Oglala Lakota County

Plans beginning in 2025

Carrier: Avera Health Plans	Small Group Traditional Plans Avera \$2000		Small Group Traditional Plans Avera \$2500	
	In Network	Out of Network	In Network	Out of Network
Traditional Gold Plans				
Deductible:	Single \$2,000 Family \$4,000	\$10,000 \$20,000	\$2,500 \$5,000	\$10,000 \$20,000
Coinsurance:	30%	40%	30%	40%
OPM:	Single \$6,250 Family \$12,500	\$20,000 \$40,000	\$6,650 \$13,300	\$20,000 \$40,000
Prescription:	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$75 Tier 5: \$10 Tier 6: 30% Coinsurance	Not Covered	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$75 Tier 5: \$10 Tier 6: 30% Coinsurance	Not Covered
Preventive:	FREE	Not Covered	FREE	Not Covered
Virtual Visit (Using AveraNow)	\$0 Copay	n/a	\$0 Copay	n/a
Office Visits:	Primary Care Physician Specialist: Urgent Care	No charge for first 3 visits, then \$25 copay* \$75 Copay No charge for first 3 visits, then \$25 copay* \$500	\$25 Copay \$75 Copay \$25 Copay	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Emergency Room Services:				
X-Ray, Imaging & Lab Services: (If done in provider's office or clinic) (If done in a hospital)	Included in office visit copay Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	Included in office visit copay Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Outpatient Surgery:				
Maternity:	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic:	No charge for first 3 visits, then \$25 copay*	Not Covered	\$25 Copay	Not Covered
Medicare Part D Credible Coverage:	Yes		Yes	
Rates:	Based on 8 single excluding the commiss	Age Rated	Age Rated	Age Rated
Monthly Premium:		\$8,061.66		\$7,912.46
Annual Premium:		\$96,739.92		\$94,949.52

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists.

*Each member will receive first 3 office visits per year at no charge in the categories of Urgent Care, PCP, Chiropractic, Mental Health, Habilitation or Rehabilitation. NOT 3 visits per category. After 3 visits, subject to copay.

Oglala Lakota County

Plans beginning in 2025

6/1/2025

Carrier: Avera Health Plans	Small Group Traditional Plans Avera \$3,500		Small Group Traditional Plans Avera \$6,000	
	In Network	Out of Network	In Network	Out of Network
Traditional Silver Plans				
Deductible: Single	\$3,500	\$10,000	\$6,000	\$15,000
Family	\$7,000	\$20,000	\$12,000	\$30,000
Coinsurance:	50%	50%	50%	50%
OPM: Single	\$9,200	\$20,000	\$9,200	\$30,000
Family	\$18,400	\$40,000	\$18,400	\$60,000
Prescription:	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$150 Tier 5: \$12 Tier 6: 30% Coinsurance	Not Covered	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$150 Tier 5: \$12 Tier 6: 30% Coinsurance	Not Covered
Preventive:	FREE	Not Covered	FREE	Not Covered
Virtual Visit (Using AveraNow)	\$0 Copay	n/a	\$0 Copay	n/a
Office Visits:	No charge for first 3 visits, then \$40 copay*	Deductible and Coinsurance	\$60 Copay	Deductible and Coinsurance
Specialist	\$100 Copay	Deductible and Coinsurance	\$120 Copay	Deductible and Coinsurance
Urgent Care	No charge for first 3 visits, then \$40 copay*	Deductible and Coinsurance	\$60 Copay	Deductible and Coinsurance
Emergency Room Services:	\$700		\$700	
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)	Included in office visit copay	Deductible and Coinsurance	Included in office visit copay	Deductible and Coinsurance
(if done in a hospital)	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Surgery:	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Maternity:	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic:	No charge for first 3 visits, then \$40 copay*	Not Covered	\$60 Copay	Not Covered
Medicare Part D Credible Coverage:	Yes		Yes	
Rates: Based on 8 single excluding the commiss	Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:	\$6,958.88		\$6,456.13	
Annual Premium:	\$83,506.56		\$77,473.56	

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists. *Each member will receive first 3 office visits per year at no charge in the categories of Urgent Care, PCP, Chiropractic, Mental Health, Rehabilitation or Rehabilitation. NOT 3 visits per category. After 3

Oglala Lakota County

6/1/2025

Plans beginning in 2025

Carrier: Avera Health Plans		Small Group Traditional Plans Avera \$2000		Small Group Traditional Plans Avera \$2500	
Traditional Gold Plans		In Network	Out of Network	In Network	Out of Network
Deductible:	Single Family	\$2,000 \$4,000	\$10,000 \$20,000	\$2,500 \$5,000	\$10,000 \$20,000
Coinsurance:		30%	40%	30%	40%
OPM:	Single Family	\$6,250 \$12,500	\$20,000 \$40,000	\$6,650 \$13,300	\$20,000 \$40,000
Prescription:		Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$75 Tier 5: \$10 Tier 6: 30% Coinsurance	Not Covered	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$75 Tier 5: \$10 Tier 6: 30% Coinsurance	Not Covered
Preventive:		FREE	Not Covered	FREE	Not Covered
Office Visits:	Virtual Visit (Using AveraNow) Primary Care Physician Specialist Urgent Care	\$0 Copay No charge for first 3 visits, then \$25 copay* \$75 Copay No charge for first 3 visits, then \$25 copay*	n/a Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	\$0 Copay \$25 Copay \$75 Copay \$25 Copay	n/a Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Emergency Room Services:			\$500		\$500
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic) (if done in a hospital)		Included in office visit copay Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	Included in office visit copay Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Outpatient Surgery:		Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Maternity:		Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic:		No charge for first 3 visits, then \$25 copay*	Not Covered	\$25 Copay	Not Covered
Medicare Part D Credible Coverage:		Yes		Yes	
Rates:	Based on 11 single excluding the 72 yr olds		Age Rated		Age Rated
Monthly Premium:			\$10,747.87		\$10,548.95
Annual Premium:			\$128,974.44		\$126,587.40

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians, assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists.
*Each member will receive first 3 office visits per year at no charge in the categories of Urgent Care, PCP, Chiropractic, Mental Health, Habilitation or Rehabilitation. NOT 3 visits per category. After 3 visits, subject to copay.

Oglala Lakota County

6/1/2025

Plans beginning in 2025

Carrier: Avera Health Plans	Small Group Traditional Plans Avera \$3500		Small Group Traditional Plans Avera \$6000	
	In Network	Out of Network	In Network	Out of Network
Traditional Silver Plans				
Deductible: Single	\$3,500	\$10,000	\$6,000	\$15,000
Family	\$7,000	\$20,000	\$12,000	\$30,000
Coinsurance:	50%	50%	50%	50%
OPM: Single	\$9,200	\$20,000	\$9,200	\$30,000
Family	\$18,400	\$40,000	\$18,400	\$60,000
Prescription:	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$150 Tier 5: \$12 Tier 6: 30% Coinsurance	Not Covered	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$150 Tier 5: \$12 Tier 6: 30% Coinsurance	Not Covered
Preventive:	FREE	Not Covered	FREE	Not Covered
Virtual Visit (Using AveraNow)	\$0 Copay	n/a	\$0 Copay	n/a
Office Visits: Primary Care Physician	No charge for first 3 visits, then \$40 copay*	Deductible and Coinsurance	\$60 Copay	Deductible and Coinsurance
Specialist	\$100 Copay	Deductible and Coinsurance	\$120 Copay	Deductible and Coinsurance
Urgent Care	No charge for first 3 visits, then \$40 copay*	Deductible and Coinsurance	\$60 Copay	Deductible and Coinsurance
Emergency Room Services:	\$700		\$700	
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)	Included in office visit copay	Deductible and Coinsurance	Included in office visit copay	Deductible and Coinsurance
(if done in a hospital)	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Surgery:	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Maternity:	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic:	No charge for first 3 visits, then \$40 copay*	Not Covered	\$60 Copay	Not Covered
Medicare Part D Credible Coverage:	Yes	Yes	Yes	Yes
Rates:	Based on 11 single excluding the 72 yr olds	Age Rated	Age Rated	Age Rated
Monthly Premium:	\$9,277.63		\$8,607.36	
Annual Premium:	\$111,331.56		\$103,288.32	

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive t PCP applies to family practitioners, internal medicine practitioners, OB/GYN, podiatrists, physicians assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists. *Each member will receive first 3 office visits per year at no charge in the categories of Urgent Care, PCP, Chiropractic, Mental Health, Habilitation or Rehabilitation, NOT 3 visits per category. Alter 3

Oglala Lakota County

Plans beginning in 2025

Carrier: Avera Health Plans		Small Group Traditional Plans Avera \$2000		Small Group Traditional Plans Avera \$2500	
Traditional Gold Plans		In Network	Out of Network	In Network	Out of Network
Deductible:	Single Family	\$2,000 \$4,000	\$10,000 \$20,000	\$2,500 \$5,000	\$10,000 \$20,000
Coinsurance:		30%	40%	30%	40%
OPM:	Single Family	\$6,250 \$12,500	\$20,000 \$40,000	\$6,650 \$13,300	\$20,000 \$40,000
Prescription:		Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$75 Tier 5: \$10 Tier 6: 30% Coinsurance	Not Covered	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$75 Tier 5: \$10 Tier 6: 30% Coinsurance	Not Covered
Preventive:		FREE	Not Covered	FREE	Not Covered
Office Visits:	Virtual Visit (Using AveraNow)	\$0 Copay	n/a	\$0 Copay	n/a
	Primary Care Physician	No charge for first 3 visits, then \$25 copay*	Deductible and Coinsurance	\$25 Copay	Deductible and Coinsurance
	Specialist	\$75 Copay	Deductible and Coinsurance	\$75 Copay	Deductible and Coinsurance
	Urgent Care	No charge for first 3 visits, then \$25 copay*	Deductible and Coinsurance	\$25 Copay	Deductible and Coinsurance
Emergency Room Services:		\$500		\$500	
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)		Included in office visit copay	Deductible and Coinsurance	Included in office visit copay	Deductible and Coinsurance
	(if done in a hospital)	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Surgery:		Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Maternity:		Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic:		No charge for first 3 visits, then \$25 copay*	Not Covered	\$25 Copay	Not Covered
Medicare Part D Credible Coverage:		Yes	Yes	Yes	Yes
Rates:		Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:		\$13,788.29		\$13,533.11	
Annual Premium:		\$165,459.48		\$162,397.32	

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive the PCP. Applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists.
*Each member will receive first 3 office visits per year at no charge in the categories of Urgent Care, PCP, Chiropractic, Mental Health, Habilitation or Rehabilitation. NOT 3 visits per category. After 3 visits, subject to copay.

Oglala Lakota County

6/1/2025

Plans beginning in 2025

Carrier: Avera Health Plans		Small Group Traditional Plans Avera \$3500		Small Group Traditional Plans Avera \$6000	
Traditional Silver Plans		In Network	Out of Network	In Network	Out of Network
Deductible:	Single Family	\$3,500 \$7,000	\$10,000 \$20,000	\$6,000 \$12,000	\$15,000 \$30,000
Coinsurance:		50%	50%	50%	50%
OPM:	Single Family	\$8,200 \$18,400	\$20,000 \$40,000	\$9,200 \$18,400	\$30,000 \$60,000
Prescription:		Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$150 Tier 5: \$12 Tier 6: 30% Coinsurance	Not Covered	Tier 1: \$0 Tier 2: \$15 Tier 3: \$50 Tier 4: \$150 Tier 5: \$12 Tier 6: 30% Coinsurance	Not Covered
Preventive:		FREE	Not Covered	FREE	Not Covered
Office Visits:	Virtual Visit (Using AveraNow) Primary Care Physician Specialist Urgent Care	\$0 Copay No charge for first 3 visits, then \$40 copay* \$100 Copay No charge for first 3 visits, then \$40 copay*	n/a Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	\$0 Copay \$60 Copay \$120 Copay \$60 Copay	n/a Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Emergency Room Services:					
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)		Included in office visit copay	Deductible and Coinsurance	Included in office visit copay	Deductible and Coinsurance
Outpatient Surgery:	(if done in a hospital)	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Maternity:		Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic:		No charge for first 3 visits, then \$40 copay*	Not Covered	\$60 Copay	Not Covered
Medicare Part D Credible Coverage:		Yes	Yes	Yes	Yes
Rates:		Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:		\$11,902.15	\$11,902.15	\$11,042.26	\$11,042.26
Annual Premium:		\$142,825.80	\$142,825.80	\$132,507.12	\$132,507.12

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive the PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists. *Each member will receive first 3 office visits per year at no charge in the categories of Urgent Care, POP, Chiropractic, Mental Health, Rehabilitation or Rehabilitation. NOT 3 visits per category. After 3

Oglala Lakota County

Plans beginning in 2025

Plan: Wellmark of SD Network: Blue Cross Blue Shield	Wellmark of SD EnhancedBlue 1500 PPO		Wellmark of SD EnhancedBlue 3000 PPO		Wellmark of SD EnhancedBlue Primary PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible:	Single \$1,500 Family \$3,000	\$3,000	\$3,000	\$6,000	\$2,500	\$5,000
Coinsurance:	20%	50%	30%	50%	25%	50%
OPM:	Single \$6,500 Family \$13,000	\$13,000 \$26,000	\$5,600 \$11,200	\$11,200 \$22,400	\$5,000 \$10,000	\$10,000 \$20,000
Prescription:	Tier 1: \$15 Tier 2: \$50 Tier 3: \$100 Generic Specialty: \$150 Pref. Specialty: \$200 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$15 Tier 2: \$40 Tier 3: \$100 Generic Specialty: \$160 Pref. Specialty: \$200 Non-Pref. Specialty: \$400	Not Covered	Tier 1: \$10 All other tiers: Deductible & Coinsurance	Not Covered
Preventive:	Based on 11 single excluding the 72-yr olds Virtual Visit (*Deductible on Demand)	FREE	FREE	PCP: \$90; Otherwise Deductible & Coinsurance	FREE	PCP: \$30; Otherwise Deductible & Coinsurance
Office Visits:	Primary Care Physician Specialist Urgent Care	\$30 Copay \$60 Copay \$30 Copay	\$30 Copay \$60 Copay \$30 Copay	n/a \$90 Copay \$180 Copay \$90 Copay	\$0 \$10 Copay \$90 Copay \$10 Copay	n/a \$30 Copay \$300 Copay \$30 Copay
Emergency Room Services:		\$500	\$400			
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)		Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay
Outpatient Surgery: (if done in a hospital)		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Maternity:		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic:		\$30 Copay	\$30 Copay	\$90 Copay	\$10 Copay	\$30 Copay
Medicare Part D Credible Coverage:		Yes	Yes	Yes	Yes	Yes
Rates:	Based on 8 single excluding the commiss	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:		\$9,074.83	\$8,783.39	\$8,783.39	\$8,717.98	\$8,717.98
Annual Premium:		\$108,897.96	\$105,400.68	\$105,400.68	\$104,615.76	\$104,615.76

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive benefits during a benefit period. PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians assistants, advanced registered nurse practitioners, physical therapists, & occupational therapists. Rx Network for these plans is different than the Rx network for the HDHPs.

Plans beginning in 2025

6/1/2025

Oglala Lakota County

Plan: Wellmark of SD Network: Blue Cross Blue Shield	Wellmark of SD CompleteBlue 4000 PPO		Wellmark of SD CompleteBlue 5000 PPO		Wellmark of SD CompleteBlue Primary PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible:	Single \$4,000 Family \$8,000	\$6,000 \$16,000	\$5,000 \$10,000	\$10,000 \$20,000	\$5,750 \$11,500	\$11,500 \$23,000
Coinsurance:	30%	50%	30%	50%	30%	50%
OPM:	Single \$9,000 Family \$18,000	\$18,000 \$36,000	\$8,800 \$17,600	\$17,600 \$35,200	\$8,200 \$16,400	\$16,400 \$32,800
Prescription:	Tier 1: \$30 Tier 2: \$60 Tier 3: \$150 Generic Specialty: \$135 Pref. Specialty: \$150 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$35 Tier 2: \$70 Tier 3: \$140 Generic Specialty: \$170 Pref. Specialty: \$200 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$15 All other tiers: Deductible & Coinsurance	Not Covered
Preventive:	FREE	PCP: \$120; Otherwise Deductible & Coinsurance	FREE	PCP: \$150; Otherwise Deductible & Coinsurance	FREE	PCP: \$45; Otherwise Deductible & Coinsurance
Office Visits:	Virtual Visit (Deductible on Demand) Primary Care Physician Specialist Urgent Care	\$0 \$40 Copay \$100 Copay \$40 Copay	\$0 \$50 Copay \$100 Copay \$50 Copay	n/a \$150 Copay \$300 Copay \$150 Copay	\$0 \$15 Copay \$80 Copay \$15 Copay	n/a \$45 Copay \$300 Copay \$45 Copay
Emergency Room Services:		\$700	\$600			
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)		Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay
Outpatient Surgery: (if done in a hospital)		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Maternity:		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic:		\$40 Copay	\$50 Copay	\$120 Copay	\$150 Copay	\$45 Copay
Medicare Part D Credible Coverage:		Yes	Yes	Yes	No	No
Rates:	Based on 8 single excluding the commiss	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:		\$7,670.98	\$7,482.36	\$7,482.36	\$7,337.56	\$7,337.56
Annual Premium:		\$92,051.76	\$89,788.32	\$89,788.32	\$88,050.72	\$88,050.72

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive benefits during a benefit period. PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists.
Rx Network for these plans is different than the Rx network for the HDHPs.

Plans beginning in 2025

6/1/2025

Oglala Lakota County

Plan: Wellmark of SD Network: Blue Cross Blue Shield	Wellmark of SD EnhancedBlue 1500 PPO		Wellmark of SD EnhancedBlue 3000 PPO		Wellmark of SD EnhancedBlue Primary PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible:	Single Family	\$1,500 \$3,000	\$3,000 \$6,000	\$3,000 \$6,000	\$2,500 \$5,000	\$5,000 \$10,000
Coinsurance:		20%	50%	30%	25%	50%
OPM:	Single Family	\$6,500 \$13,000	\$13,000 \$26,000	\$5,600 \$11,200	\$5,000 \$10,000	\$10,000 \$20,000
Prescription:		Tier 1: \$15 Tier 2: \$50 Tier 3: \$100 Generic Specialty: \$150 Pref. Specialty: \$200 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$15 Tier 2: \$40 Tier 3: \$100 Generic Specialty: \$160 Pref. Specialty: \$200 Non-Pref. Specialty: \$400	Tier 1: \$10 All other tiers: Deductible & Coinsurance	Not Covered
Preventive:	Based on 11 single excluding the 72 yr olds	FREE	PCP- \$90; Otherwise Deductible & Coinsurance	FREE	FREE	PCP- \$30; Otherwise Deductible & Coinsurance
Office Visits:	Virtual Visit (Excludes on Demand)	\$0	n/a	\$0	\$0	n/a
	Primary Care Physician	\$30 Copay	\$90 Copay	\$30 Copay	\$10 Copay	\$30 Copay
	Specialist	\$60 Copay	\$180 Copay	\$60 Copay	\$90 Copay	\$300 Copay
	Urgent Care	\$30 Copay	\$90 Copay	\$30 Copay	\$10 Copay	\$30 Copay
Emergency Room Services:		\$500	\$400	\$400	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)		Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay
	(if done in a hospital)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery:		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Maternity:		Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic:		\$30 Copay	\$90 Copay	\$30 Copay	\$10 Copay	\$30 Copay
Medicare Part D Credible Coverage:		Yes	Yes	Yes	Yes	Yes
Rates:	Based on 11 single excluding the 72 yr olds	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:		\$12,098.63	\$11,710.07	\$11,710.07	\$11,622.88	\$11,622.88
Annual Premium:		\$145,183.56	\$140,520.84	\$140,520.84	\$139,474.56	\$139,474.56

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive benefits during a benefit period. PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists. Rx Network for these plans is different than the Rx network for the HDHPs.

Oglala Lakota County

Plans beginning in 2025

6/1/2025

Plan: Wellmark of SD Network: Blue Cross Blue Shield	Wellmark of SD CompleteBlue 4000 PPO		Wellmark of SD CompleteBlue 5000 PPO		Wellmark of SD CompleteBlue Primary PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible:	Single \$4,000	\$8,000	\$5,000	\$10,000	\$5,750	\$11,500
	Family \$8,000	\$16,000	\$10,000	\$20,000	\$11,500	\$23,000
Coinsurance:	30%	50%	30%	50%	30%	50%
OPM:	Single \$9,000	\$18,000	\$8,800	\$17,600	\$8,200	\$16,400
	Family \$18,000	\$36,000	\$17,600	\$35,200	\$16,400	\$32,800
Prescription:	Tier 1: \$30 Tier 2: \$60 Tier 3: \$150 Generic Specialty: \$135 Pref. Specialty: \$150 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$35 Tier 2: \$70 Tier 3: \$140 Generic Specialty: \$170 Pref. Specialty: \$200 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$15 All other tiers: Deductible & Coinsurance	Not Covered
Preventive:	FREE	PCP, \$120; Otherwise Deductible & Coinsurance	FREE	PCP, \$150; Otherwise Deductible & Coinsurance	FREE	PCP, \$45; Otherwise Deductible & Coinsurance
Office Visits:	Virtual Visit (Doctor on Desktop) \$0	n/a	\$0	n/a	\$0	n/a
	Primary Care Physician \$40 Copay	\$120 Copay	\$60 Copay	\$150 Copay	\$15 Copay	\$45 Copay
	Specialist \$100 Copay	\$300 Copay	\$100 Copay	\$300 Copay	\$80 Copay	\$300 Copay
	Urgent Care \$40 Copay	\$120 Copay	\$50 Copay	\$150 Copay	\$15 Copay	\$45 Copay
Emergency Room Services:	\$700		\$600			
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic) (if done in a hospital)	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay
Outpatient Surgery:	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Maternity:	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic:	\$40 Copay	\$120 Copay	\$50 Copay	\$150 Copay	\$15 Copay	\$45 Copay
Medicare Part D Credible Coverage:	Yes	Yes	Yes	Yes	No	No
Rates:	Based on 11 single excluding the 72 yr olds	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:	\$10,227.01		\$9,975.54		\$9,782.49	
Annual Premium:	\$122,724.12		\$119,706.48		\$117,389.88	

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive benefits during a benefit period. PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists. Rx Network for these plans is different than the Rx network for the HDHPs.

Oglala Lakota County

1-Jun-25

Plans beginning in 2025

Plan: Wellmark of SD Network: Blue Cross Blue Shield	Wellmark of SD EnhancedBlue 1500 PPO		Wellmark of SD EnhancedBlue 3000 PPO		Wellmark of SD EnhancedBlue Primary PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible:	Single \$1,500 Family \$3,000	\$3,000 \$6,000	\$3,000 \$6,000	\$6,000 \$12,000	\$2,500 \$5,000	\$5,000 \$10,000
Coinsurance:	20%	50%	30%	50%	25%	50%
OPM:	Single \$6,500 Family \$13,000	\$13,000 \$26,000	\$5,600 \$11,200	\$11,200 \$22,400	\$5,000 \$10,000	\$10,000 \$20,000
Prescription:	Tier 1: \$15 Tier 2: \$50 Tier 3: \$100 Generic Specialty: \$150 Pref. Specialty: \$200 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$15 Tier 2: \$40 Tier 3: \$100 Generic Specialty: \$160 Pref. Specialty: \$200 Non-Pref. Specialty: \$400	Not Covered	Tier 1: \$10 All other tiers: Deductible & Coinsurance	Not Covered
Preventive:	FREE	PCP- \$90; Otherwise Deductible & Coinsurance	FREE	PCP- \$90; Otherwise Deductible & Coinsurance	FREE	PCP- \$30; Otherwise Deductible & Coinsurance
Office Visits:	Virtual Visit (Dear an Demand) \$0 Primary Care Physician \$30 Copay Specialist \$60 Copay Urgent Care \$30 Copay	n/a	\$0	n/a	\$0	n/a
Emergency Room Services:	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay
Outpatient Surgery: (if done in a hospital)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Maternity:	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic:	\$30 Copay	\$80 Copay	\$30 Copay	\$80 Copay	\$10 Copay	\$30 Copay
Medicare Part D Credible Coverage:	Yes	Yes	Yes	Yes	Yes	Yes
Rates:	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:	\$15,521.15	\$15,521.15	\$15,022.66	\$15,022.66	\$14,910.82	\$14,910.82
Annual Premium:	\$186,253.80	\$186,253.80	\$180,271.92	\$180,271.92	\$178,929.84	\$178,929.84

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive benefits during a benefit period. PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists. Rx Network for these plans is different than the Rx network for the HDHPs.

Oglala Lakota County

6/1/2025

Plans beginning in 2025

Plan: Wellmark of SD Network: Blue Cross Blue Shield	Wellmark of SD CompleteBlue 4000 PPO		Wellmark of SD CompleteBlue 5000 PPO		Wellmark of SD CompleteBlue Primary PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible: Single	\$4,000	\$8,000	\$5,000	\$10,000	\$5,750	\$11,500
Family	\$8,000	\$16,000	\$10,000	\$20,000	\$11,500	\$23,000
Coinsurance:	30%	50%	30%	50%	30%	50%
OPM: Single	\$9,000	\$18,000	\$8,800	\$17,600	\$8,200	\$16,400
Family	\$18,000	\$36,000	\$17,600	\$35,200	\$16,400	\$32,800
Prescription:	Tier 1: \$30 Tier 2: \$60 Tier 3: \$150 Generic Specialty: \$133 Pref. Specialty: \$150 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$35 Tier 2: \$70 Tier 3: \$140 Generic Specialty: \$170 Pref. Specialty: \$200 Non-Pref. Specialty: \$500	Not Covered	Tier 1: \$15 All other tiers: Deductible & Coinsurance	Not Covered
Preventive:	FREE	PCP- \$120; Otherwise Deductible & Coinsurance	FREE	PCP- \$150; Otherwise Deductible & Coinsurance	FREE	PCP- \$45; Otherwise Deductible & Coinsurance
Office Visits:	\$0	n/a	\$0	n/a	\$0	n/a
Virtual Visit (*Outside of Office)	\$40 Copay	\$120 Copay	\$50 Copay	\$150 Copay	\$15 Copay	\$45 Copay
Primary Care Physician	\$100 Copay	\$300 Copay	\$100 Copay	\$300 Copay	\$80 Copay	\$300 Copay
Specialist	\$40 Copay	\$120 Copay	\$50 Copay	\$150 Copay	\$15 Copay	\$45 Copay
Urgent Care						
Emergency Room Services:	\$700		\$600			
X-Ray, Imaging & Lab Services: (if done in provider's office or clinic)	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay	Included in office visit copay
(if done in a hospital)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery:	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Maternity:	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic:	\$40 Copay	\$120 Copay	\$50 Copay	\$150 Copay	\$15 Copay	\$45 Copay
Medicare Part D Credible Coverage:	Yes	Yes	Yes	Yes	No	No
Rates:	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated
Monthly Premium:	\$13,120.70	\$12,797.46	\$12,797.46	\$12,549.81	\$12,549.81	\$12,549.81
Annual Premium:	\$157,448.40	\$153,569.52	\$153,569.52	\$150,597.72	\$150,597.72	\$150,597.72

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination. The family OPM can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive benefits during a benefit period. PCP applies to family practitioners, internal medicine practitioners, OB/GYN, pediatricians, physicians' assistants, advanced registered nurse practitioners, chiropractors, physical therapists, & occupational therapists. Rx Network for these plans is different than the Rx network for the HDHPs.



NOS 1017	Projected Allocations	
Row	Payment Type	Projected Allocation Amount
1.	Distributor Projected Payment 5 (July, 2025)	\$9,447.64
2.	Distributor Projected Payment 6 (July, 2026)	\$9,447.64
3.	Distributor Projected Payment 7 (July, 2027)	\$7,757.91
4.	Distributor Projected Payment 8 (July, 2028)	\$11,111.57
5.	Distributor Projected Payment 9 (July, 2029)	\$11,111.57
6.	Distributor Projected Payment 10 (July, 2030)	\$11,111.57
7.	Distributor Projected Payment 11 (July, 2031)	\$9,340.39
8.	Distributor Projected Payment 12 (July, 2032)	\$9,340.39
9.	Distributor Projected Payment 13 (July, 2033)	\$9,340.39
10.	Distributor Projected Payment 14 (July, 2034)	\$9,340.39
11.	Distributor Projected Payment 15 (July, 2035)	\$9,340.39
12.	Distributor Projected Payment 16 (July, 2036)	\$9,340.39
13.	Distributor Projected Payment 17 (July, 2037)	\$9,340.39
14.	Distributor Projected Payment 18 (July, 2038)	\$9,340.39

OGLALA LAKOTA
COUNTY

134,711.02

Total:
\$291,940.45



NOS 1017	Projected Allocations	
Row	Payment Type	Projected Allocation Amount
1.	Janssen Projected Payment 5 (June, 2025)	\$8,215.34
2.	Janssen Projected Payment 6 (June, 2026)	\$1,466.23
3.	Janssen Projected Payment 7 (June, 2027)	\$1,466.23
4.	Janssen Projected Payment 8 (June, 2028)	\$1,466.23
5.	Janssen Projected Payment 9 (June, 2029)	\$1,866.77
6.	Janssen Projected Payment 10 (June, 2030)	\$1,866.77
7.	Janssen Projected Payment 11 (June, 2031)	\$1,866.77

18,214.34



NOS
1017

Projected Allocations

Row	Payment Type	Projected Allocation Amount
1.	Teva Year 3 Projected Payment Amount (July, 2025)	\$2,279.62
2.	Teva Year 4 Projected Payment Amount (July, 2026)	\$2,279.62
3.	Teva Year 5 Projected Payment Amount (July, 2027)	\$2,279.62
4.	Teva Year 6 Projected Payment Amount (July, 2028)	\$2,279.62
5.	Teva Year 7 Projected Payment Amount (July, 2029)	\$2,279.62
6.	Teva Year 8 Projected Payment Amount (July, 2030)	\$2,279.62
7.	Teva Year 9 Projected Payment Amount (July, 2031)	\$2,279.62
8.	Teva Year 10 Projected Payment Amount (July, 2032)	\$2,279.62
9.	Teva Year 11 Projected Payment Amount (July, 2033)	\$2,279.62
10.	Teva Year 12 Projected Payment Amount (July, 2034)	\$2,279.62
11.	Teva Year 13 Projected Payment Amount (July, 2035)	\$2,279.62

25,075.82



NOS 1017	Projected Allocations	
Row	Payment Type	Projected Allocation Amount
1.	Allergan Year 3 Projected Payment Amount (July, 2025)	\$2,522.17
2.	Allergan Year 4 Projected Payment Amount (July, 2026)	\$2,522.17
3.	Allergan Year 5 Projected Payment Amount (July, 2027)	\$2,522.17
4.	Allergan Year 6 Projected Payment Amount (July, 2028)	\$2,522.17
5.	Allergan Year 7 Projected Payment Amount (July, 2029)	\$2,522.17

12,610.85



NOS
1017

Projected Allocations

Row	Payment Type	Projected Allocation Amount
1.	CVS Year 3 Projected Payment Amount (July, 2025)	\$4,466.39
2.	CVS Year 4 Projected Payment Amount (July, 2026)	\$4,466.39
3.	CVS Year 5 Projected Payment Amount (July, 2027)	\$4,466.39
4.	CVS Year 6 Projected Payment Amount (July, 2028)	\$4,466.39
5.	CVS Year 7 Projected Payment Amount (July, 2029)	\$4,243.25
6.	CVS Year 8 Projected Payment Amount (July, 2030)	\$4,020.11
7.	CVS Year 9 Projected Payment Amount (July, 2031)	\$4,016.56
8.	CVS Year 10 Projected Payment Amount (July, 2032)	\$4,016.56

34,162.04

Projected Allocations

NOS
1017

Row	Payment Type	Projected Allocation Amount
1.	Walgreens Year 3 Projected Payment Amount (April, 2025)	\$2,170.94
2.	Walgreens Year 4 Projected Payment Amount (April, 2026)	\$2,170.94
3.	Walgreens Year 5 Projected Payment Amount (April, 2027)	\$2,170.94
4.	Walgreens Year 6 Projected Payment Amount (April, 2028)	\$2,170.94
5.	Walgreens Year 7 Projected Payment Amount (April, 2029)	\$2,170.94
6.	Walgreens Year 8 Projected Payment Amount (April, 2030)	\$3,288.96
7.	Walgreens Year 9 Projected Payment Amount (April, 2031)	\$3,288.96
8.	Walgreens Year 10 Projected Payment Amount (April, 2032)	\$3,288.96
9.	Walgreens Year 11 Projected Payment Amount (April, 2033)	\$3,288.96
10.	Walgreens Year 12 Projected Payment Amount (April, 2034)	\$3,288.96
11.	Walgreens Year 13 Projected Payment Amount (April, 2035)	\$3,288.96
12.	Walgreens Year 14 Projected Payment Amount (April, 2036)	\$3,288.96
13.	Walgreens Year 15 Projected Payment Amount (January, 2037)	\$3,288.96

37,166.38