



Your benefits options

Benefits eligibility through the South Carolina Public Employee Benefit Authority (PEBA) means you have many choices to make. This document provides an overview of the benefits available to you, and should not be relied on to make coverage decisions. The *Insurance Benefits Guide*, found at www.peba.sc.gov, explains your coverage options in detail. Read the guide to learn about the specifics, special terms and premiums for these benefits:



State Health Plan's Standard Plan and Savings Plan

The **State Health Plan** is a self-funded insurance plan, as opposed to a for-profit plan, with medical benefits and claims administered by BlueCross BlueShield of South Carolina. It includes the **Standard Plan** and the **Savings Plan**. The Standard Plan has a \$445 deductible for single members and \$890 for families. The Savings Plan is a high-deductible plan – a \$3,600 deductible for single members and \$7,200 for families – which offers premiums that are much lower than those for the Standard Plan. Its members are also eligible for a Health Savings Account. Medicare-eligible retirees can also choose the Medicare Supplemental Plan, an option under the State Health Plan, and military subscribers can choose the separate GEA TRICARE Supplement Plan.



Prescription benefits

The **State Health Plan Prescription Drug Program** is a part of the State Health Plan, administered by Express Scripts, and is covered in the health plan's premium. For Standard Plan subscribers, it offers prescription filling at in-network pharmacies only for a small copayment, including \$9 for a generic medication, or \$38 or \$63 for higher tiers of drugs, as well as a \$2,500 copayment maximum and no deductibles. Savings Plan subscribers who use in-network pharmacies, meanwhile, pay the full allowed

amount for prescriptions until their Savings Plan deductible is met, and afterward they pay 20 percent of the allowed amount, until the coinsurance maximum is reached.



State Dental Plan and Dental Plus

Both the **State Dental Plan** and **Dental Plus** cover dental services at the same percentage of the allowed amount. Dental Plus has a higher allowed amount, however, which means you pay less when you go to the dentist. The State Dental Plan is available at no cost for an eligible single employee, but has premiums for covering family members. Dental Plus has a separate, additional premium, even for single employees, which is paid entirely by the subscriber. Open enrollment for the State Dental Plan and Dental Plus occurs only in odd-numbered years. To participate in Dental Plus, you must enroll in the State Dental Plan. You and all covered dependents must be covered at the same level.



State Vision Plan and Vision Care Discount Program

The **State Vision Plan**, which has an additional premium paid entirely by the employee, offers a schedule of covered services including exams. Contacts are an eligible benefit every year, or glasses are an eligible benefit every other year for those who do not get

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contacts. Members pay a copayment at in-network providers and are partially reimbursed at out-of-network providers. The **Vision Care Discount Program**, a separate benefit, is available at no cost for eligible members, and offers discounts with participating providers.



Basic Life, Optional Life, Dependent Life insurance

State Health Plan and GEA TRICARE

Supplement Plan subscribers are automatically enrolled in **Basic Life Insurance**, which provides \$3,000 in term life insurance as well as \$3,000 in Accidental Death and Dismemberment coverage to eligible employees age 69 and younger. **Optional Life Insurance** is available with coverage in \$10,000 increments of up to three times your salary, with some restrictions. Premiums are determined by age and no employer contributions are available for premiums. You can also enroll dependents into **Dependent Life Insurance**. Dependent Life-Spouse premiums work the same as Optional Life, and you can cover your spouse for up to 50 percent of your Optional Life coverage up to \$100,000. With Dependent Life-Child, one premium covers all eligible children and is available only as a \$15,000 policy. PEBA life insurance has options for continuation into retirement or conversion.



Basic long term disability, supplemental long term disability

Basic long term disability is available to eligible members enrolled in the State Health Plan or GEA TRICARE Supplement Plan at no cost and with no need to enroll. After a 90-day benefit waiting period, the benefit pays 62.5 percent of your predisability earnings, reduced by deductible income up to \$800 a month. With **supplemental long term disability**, you could receive 65 percent of the first \$12,307 of your monthly predisability earnings, reduced by deductible income, up to \$8,000. You can also choose between a 90-day and 180-day benefit waiting period. Premiums are paid entirely by the member and are determined by your age, plan choice and income.



MoneyPlus flexible spending accounts, Health Savings Accounts

Through MoneyPlus, you can enroll in the **Pretax Group Insurance Premium** feature, which means your premiums are paid before taxes are taken out of your paycheck. You can also select pretax payroll deduction options for different kinds of spending accounts, increasing your spending potential through your reduced taxes. **Dependent Care Spending Accounts** (DCSAs) are available to all PEBA insurance-eligible members for the payment of eligible day care expenses. **Medical Spending Accounts** (MSAs) are available to Standard Plan participants to pay eligible medical expenses, while **Health Savings Accounts** (HSAs) are available to Savings Plan participants for the same purpose, but only when they do not have any other non-high-deductible insurance plans which could disqualify them. Contributions to DCSAs and MSAs cannot roll over from one year to the next, but contributions to HSAs can, and can be kept even when you leave or retire from your job. Each kind of account comes with a small monthly fee.

When do you enroll in coverage?

You can enroll in many forms of coverage within 30 days of your hire date. You can also enroll and make changes during open enrollment, which occurs in October, but not for dental insurance choices. Those can only be made during October of odd-numbered years. You can also make changes to coverage within 30 days of a special eligibility situation, such as marriage, divorce or the addition of a child to your family. Learn more about eligibility and the enrollment process in the **General information** chapter of the *Insurance Benefits Guide*.

This document does not constitute a comprehensive or binding representation regarding the employee benefits offered by PEBA. The terms and conditions of insurance plans offered by PEBA are set out in the applicable plan documents and are subject to change. The language on this flyer does not create any contractual rights or entitlements for any person.

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