Important information

- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- For more information, and before you make enrollment decisions, view these publications:
  - Insurance Summary;
  - Insurance Benefits Guide; and
  - Your benefits options flyer.

Navigating your benefits

- Navigating Your Benefits series:
  - www.peba.sc.gov/nyb
  - Plain-language explanations of insurance and retirement benefits.
  - Flyers and videos.
MyBenefits

• Available to members with internet access.
• Accessible 24/7.
  • Make changes during open enrollment;
  • Review benefits statement;
  • Upload supporting documentation;
  • Update life insurance beneficiaries;
  • Add a newborn to coverage; and
  • Change contact information.
• https://mybenefits.sc.gov.

Insurance benefits

• Health plans
• Dental
• Vision care
• Life insurance
• Long term disability
• MoneyPlus (pretax programs)
Eligibility

• Full-time permanent employees.
• Full-time nonpermanent employees.
• Variable-hour, part-time and seasonal employees.
• Retirees.
• Dependents:
  • Spouse, including former spouse.
  • Children.
• Survivors.

Full-time employees

• Permanent employees who work at least 30 hours a week unless they are:
  • Employed as a part-time teacher.
  • Employed by employer who elected to make 20-hour employees full-time.

Variable-hour, part-time and seasonal employees

• Average at least 30 hours per week over a defined measurement period.
Retirees

• Must meet certain eligibility requirements to continue coverage in retirement.
• Full-time nonpermanent, variable-hour, part-time, and seasonal employees are not eligible for retirement benefits.
• Refer to the Insurance Benefits Guide for retiree eligibility information.

Spouse

• Your lawful spouse.
• Cannot cover spouse if spouse is employed by an employer participating in the state insurance program.
• Your former spouse, if court-ordered to cover.
  • Effective January 1, 2018, former spouses required to have own policy under the plan.
  • Coverage billed at the full amount of the premium.
  • Health, dental and vision as required by court order.

Children

• Natural child
• Stepchild
• Adopted child
• Child placed for adoption
• Foster child
• Child for whom employee has legal custody
**Dependent children**

- Under age 26.*
- Coverage may continue beyond age 26 if the child is approved for incapacitation.
- If employed with participating employer may:
  - Enroll as an active employee; or
  - Enroll as dependent child.

*To be eligible for Dependent Life-Child life insurance, a dependent child age 19-25 must be a full-time student, unmarried, and not employed on a full-time basis.

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**Dependents under age 26**

- If employee chooses to enroll as dependent child:
  - Only eligible for benefits offered to children.
  - Active Group Benefits Refusal form is required.
  - When child loses coverage, may enroll due to loss of state coverage.
    - Health, dental, vision.
    - Optional Life and SLTD with medical evidence.

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**Required documentation**

- Must be submitted when enrolling a spouse or child.
- Upload supporting documents securely through MyBenefits.
Survivors

- Dependents covered at time of employee's or retiree's death may continue health, dental and vision coverage:
  - Spouse eligible until remarriage.
  - Children remain eligible until age 26.
  - If all coverage is canceled, cannot re-enroll as survivor.

Enrollment and coordination of benefits

Enrollment

- Within 30 days of:
  - Hire or retirement date.
  - Special eligibility situation.
  - During administrative period for variable-hour, part-time and seasonal employees.
  - During October open enrollment periods:
    - Effective date of January 1.
Annual October open enrollment

• Enroll in, drop or change health plans.
• Enroll in or drop State Vision Plan.
• Enroll or re-enroll in MoneyPlus.
• Enroll in or increase Optional Life insurance.
  • Medical evidence may be required.
• Decrease or cancel Optional Life insurance.
• Make other changes as announced.

Annual October open enrollment

Odd-numbered years only:
• Enroll in or drop State Dental Plan and/or Dental Plus.
• Add or drop dependents from State Dental Plan and/or Dental Plus.

Health and dental coordination of benefits

• Plan that covers person as employee is primary to plan that covers person as dependent.
• Children:
  • Plan of parent whose birthday occurs earlier in year is primary.
• Deductible and coinsurance linked for married PEBA subscribers enrolled in same health plan.
Health plans

- State Health Plan (SHP)
  - Standard Plan
  - Savings Plan
  - TRICARE Supplement Plan

State Health Plan (SHP)

- PEBA manages the State Health Plan.
- Self-funded insurance plan:
  - Members’ and employers’ premiums are held in a trust fund and these funds are used to pay claims.
  - BlueCross BlueShield of South Carolina processes medical claims.
- View the State Health Plan benchmarks at www.peba.sc.gov/assets/statehealthplanbenchmarks.pdf.
SHP Standard and Savings Plans

- Common features.
- Worldwide coverage.
- In- and out-of-network benefits:
  - Patient-Centered Medical Home (PCMH)
  - Pharmacy network
- Preauthorization for certain services.
- Online access at statesc.southcarolinablues.com.

SHP provider network

- Provider files claims and accepts amount allowed by SHP even if charges are higher than allowed amount.
- Subscriber pays deductible, copayments and coinsurance.
- Use Find a Provider to search the provider network.

Patient-Centered Medical Home (PCMH)

- Provides a health care team to provide comprehensive, coordinated care.
- Standard Plan members do not have $12 copayments.
- Once the deductible is met for Standard and Savings Plan members, pay only 10 percent coinsurance.
- Visit here to find a PCMH near you.
Out-of-network services

• Subscriber:
  • May have to file claims.
  • Can be balance billed.
  • Pays higher coinsurance.
  • No benefits paid for out-of-network prescription drugs.

Preauthorization

• Refer to the Insurance Benefits Guide for information regarding:
  • Medi-Call.
  • National Imaging Associates.
  • Companion Benefit Alternatives.

SHP prescription benefits

• Express Scripts is the pharmacy benefits manager.
• Formulary is a list of preferred drugs.
• Coverage reviews:
  • Prior authorizations.
  • Drug quantity management.
  • Step therapy.
• www.Express-Scripts.com
SHP Standard Plan

- Annual deductible:
  - $445 individual
  - $890 family
- Copayment:
  - $12 office visit
  - Office visit copay waived if seeing a PCMH provider
  - $95 outpatient facility services
  - $159 emergency room visit

SHP Standard Plan

- In-network coinsurance
  - Plan pays 80 percent
  - Subscriber pays 20 percent
  - Coinsurance maximum of $2,540 individual or $5,080 family
- PCMH coinsurance
  - Plan pays 90 percent
  - Subscriber pays 10 percent
- Out-of-network coinsurance
  - Plan pays 60 percent
  - Subscriber pays 40 percent
  - Coinsurance maximum of $5,080 individual or $10,160 family

SHP Standard Plan

Prescription benefits:

- Pay a copayment for prescription drugs
- $2,500 annual coinsurance maximum

<table>
<thead>
<tr>
<th></th>
<th>Network retail pharmacy (up to 31-day supply)*</th>
<th>Mail order (up to 90-day supply)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Generic</td>
<td>$9</td>
<td>$22</td>
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<tr>
<td>Tier 2: Preferred</td>
<td>$38</td>
<td>$95</td>
</tr>
<tr>
<td>Tier 3: Non-preferred</td>
<td>$63</td>
<td>$158</td>
</tr>
</tbody>
</table>

*Pay the difference applies
**SHP Savings Plan**

- Annual deductible:
  - $3,600 individual
  - $7,200 family
- Additional benefits:
  - Annual physical that includes specific services
  - Eligibility to contribute to Health Savings Account (HSA)

**SHP Savings Plan**

- In-network coinsurance
  - Plan pays 80 percent
  - Subscriber pays 20 percent
  - Coinsurance maximum of $2,400 individual or $4,800 family
- PCMH coinsurance
  - Plan pays 90 percent
  - Subscriber pays 10 percent
- Out-of-network coinsurance
  - Plan pays 60 percent
  - Subscriber pays 40 percent
  - Coinsurance maximum of $4,800 individual or $9,600 family

**SHP Savings Plan**

Prescription benefits:
- Pay full allowed amount of prescriptions until deductible is met.
- Once deductible is met, pay 20 percent.
Health and wellness

• Additional benefits for SHP primary members.
• PEBA Perks:
  • No-cost benefits at network providers and pharmacies
    www.peba.sc.gov/pebaperks.html
• Health management programs:
  • Behavioral health
  • Chronic conditions
  • Healthy lifestyles
  • Maternity

PEBA Perks

• Preventive screenings
• Flu vaccine
• Adult vaccinations
• Well child benefits
  • Exams and immunizations
• Colorectal cancer screening
• Cervical cancer screening
• No-Pay Copay
• Mammography
• Diabetes education
• Tobacco cessation
• Breast pump

Blue CareOnDemand

• 24/7/365 face-to-face video urgent care.
• State Health Plan primary members age 18 and older.
• Dependent children younger than 18 can be seen with an adult subscriber.
• Maximum cost of $59 for a video visit:
  • Actual cost subject to normal plan provisions including annual deductible and coinsurance.
• www.peba.sc.gov/bluecareondemand.html
**Blue CareOnDemand**

- Common health issues that can be treated through video visits:
  - Cold and flu symptoms
  - Allergies
  - Bronchitis and other respiratory infections
  - Urinary tract infections
  - Rashes and other skin irritations
  - Sinus problems
  - Migraines
  - Pinkeye

**RALLY**

- Digital health platform that offers State Health Plan primary members age 16 and older a personalized experience.
- Link certain wearable devices to Rally:
  - Track your movement, check progress, share information and compete with others in challenges.
- Log in to your My Health Toolkit account:
  - Select Wellness, then Rally.

**Tobacco surcharge**

- $40 per month for SHP subscribers.
- $60 per month for SHP subscribers who cover at least one dependent.
- Automatically charged unless subscriber certifies as non-tobacco user or completes tobacco cessation program.
- May certify by completing a Certification Regarding Tobacco Use form.
**Tobacco surcharge**

- SHP offers a tobacco cessation program at no cost.
- Includes a $0 copay for tobacco cessation medications to eligible participants.
- Covered spouses and dependent children age 13 or older are eligible.
- [https://www.quitnow.net/SCStateHealthPlan/](https://www.quitnow.net/SCStateHealthPlan/)
- Call 800.652.7230 or 866.QUIT.4.LIFE

**TRICARE Supplement Plan**

- Administered by Selman & Company.
- Sponsored by Government Employees Association.
- Provides secondary coverage to TRICARE:
  - Department of Defense health benefit program for the military community
  - For eligible employees, an alternative to the SHP.

**TRICARE Supplement Plan**

- PEGA does not confirm eligibility.
- Eligible individuals must register with Defense Enrollment Eligibility Reporting System (DEERS).
- Must not be eligible for Medicare.
- If a current SHP member, must drop SHP coverage to enroll.
**TRICARE Supplement Plan**

Eligible participants:

- Military retirees receiving retired, retainer or equivalent pay.
- Retired reservists between the ages of 60 and 65.
- Retired reservists younger than 60 who are enrolled in TRICARE Retired Reserve (TRR).
- Spouses and surviving spouses of these participants.

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**TRICARE Supplement Plan**

Eligible dependent children:

- Dependent eligibility for the TRICARE Supplement is based on TRICARE eligibility guidelines.
- Unmarried dependent children up to age 21, or if the child is a full-time student, up to age 23.
- Adult dependent children younger than age 26 enrolled in TRICARE Young Adult (TYA) program.
- Incapacitated dependents after age 21, 23 or 26, if approved by TRICARE.

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**TRICARE Supplement Plan**

- Pays secondary after TRICARE.
- No deductible, coinsurance or out-of-pocket expenses for covered services.
- Choice of any TRICARE-authorized provider.
- Reimbursement of prescription drug copayments.
- Coverage is portable.
- Eligible for Basic life insurance and Basic long term disability.
TRICARE Supplement Plan

Exclusions:
• No COBRA rights.
• No employer contribution, per federal regulations.
• Not subject to tobacco surcharge.

2018 active employee monthly premiums

<table>
<thead>
<tr>
<th></th>
<th>Savings Plan</th>
<th>Standard Plan</th>
<th>TRICARE Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee only</td>
<td>$9.70</td>
<td>$97.68</td>
<td>$62.50</td>
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<tr>
<td>Enrollee/spouse</td>
<td>$77.40</td>
<td>$253.36</td>
<td>$121.50</td>
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<tr>
<td>Enrollee/child</td>
<td>$20.48</td>
<td>$143.86</td>
<td>$121.50</td>
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<tr>
<td>Full family</td>
<td>$113.00</td>
<td>$306.56</td>
<td>$162.50</td>
</tr>
</tbody>
</table>

Premiums for local subdivisions may vary

Dental
Administered by BlueCross BlueShield of South Carolina
State Dental Plan

- Free to choose dentist; however, not all dentists have agreed to accept the Plan’s allowed amounts.
- No pre-existing condition exclusions.
- May not change or drop coverage until open enrollment in an odd-numbered year or a special eligibility situation.
- $1,000 maximum benefit per year.
- Offers four classes of treatment.
- Allows benefits based on fee schedule.

State Dental Plan

- **Class I**
  - Diagnostic and preventive services
  - 100% of fee schedule
- **Class II**
  - Basic dental services
  - 80% of fee schedule
- **Class III**
  - Prosthodontics
  - 50% of fee schedule
- **Class IV**
  - Orthodontics
  - Limited to covered children under age 19
  - $1,000 lifetime maximum

* $25 combined deductible for Classes II and III

Dental Plus

- Supplement to State Dental Plan.
- Higher allowance for Class I, II and III services.
- May not change or drop coverage until open enrollment in an odd-numbered year or a special eligibility situation.
- $2,000 maximum benefit per year.
- No additional orthodontics benefits for children.
2018 monthly dental premiums

<table>
<thead>
<tr>
<th></th>
<th>State Dental Plan</th>
<th>Dental Plus</th>
<th>Total premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee only</td>
<td>$0.00</td>
<td>$27.12</td>
<td>$27.12</td>
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<tr>
<td>Enrollee/spouse</td>
<td>$7.64</td>
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<tr>
<td>Enrollee/child</td>
<td>$13.72</td>
<td>$63.20</td>
<td>$76.92</td>
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<tr>
<td>Full family</td>
<td>$21.34</td>
<td>$82.10</td>
<td>$103.44</td>
</tr>
</tbody>
</table>

• Dental Plus enrollment requirements:
  • Subscriber must be enrolled in State Dental Plan.
  • Must cover same family members in both plans.

Vision care
Administered by EyeMed

State Vision Plan

• Covered services include:
  • Comprehensive eye exams;
  • Frames;
  • Lenses and lens options; and
  • Contact lens services and materials.

• Offers discounts on:
  • Extra pairs of eyeglasses;
  • Contact lenses; and
  • LASIK and PRK vision correction.
State Vision Plan

- For diabetics, offers coverage for:
  - Office service visits;
  - Retinal imaging;
  - Extended ophthalmoscopies;
  - Gonioscopies; and
  - Scanning lasers.

State Vision Plan

- No claims to file at in-network providers:
  - Responsible for copayments and any charges remaining after allowances and discounts have been applied to bill.
- Pay provider for service at out-of-network providers:
  - EyeMed will reimburse you for portion of expenses for certain services.

Eye exams*

- Annual comprehensive eye exams.
- $10 copayment for in-network exams.
- $0 copayment for standard contact lens fitting.
- $0 copayment for premium contact lens fitting:
  - 10 percent discount.
  - $55 allowance toward discounted price.
**Eyeglasses**

- Frames once every year:
  - $0 copayment and $150 allowance.
  - 20 percent discount off balance.
- Lenses once every year:
  - $10 copayment for single vision, bifocal, trifocal, and lenticular plastic lenses.
  - $35 copayment for standard progressive lenses.

**Contact lenses**

- Once every year.
- Conventional lenses:
  - $0 copayment and $130 allowance.
  - 15 percent discount off balance.
- Disposable lenses:
  - $0 copayment and $130 allowance.
- Member may choose either eyeglass lenses or contact lenses, but not both in the same plan year.

**2018 monthly vision premiums**

<table>
<thead>
<tr>
<th>Vision</th>
<th>Premium</th>
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<tbody>
<tr>
<td>Enrollee only</td>
<td>$8.00</td>
</tr>
<tr>
<td>Enrollee/spouse</td>
<td>$16.00</td>
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<tr>
<td>Enrollee/child</td>
<td>$17.16</td>
</tr>
<tr>
<td>Full family</td>
<td>$25.16</td>
</tr>
</tbody>
</table>
Life insurance
Insured by MetLife

Basic life insurance
• $3,000 term life insurance to all eligible employees under age 70.
• Automatic enrollment if enrolled in health plan coverage.
• Premium paid by employer.

Optional life insurance
• Additional coverage.
• Premium based on amount of coverage and employee’s age.
• Coverage in $10,000 increments up to three times salary, if enrolled within 30 days of employment:
  • Medical evidence required for additional coverage.
  • Maximum coverage of $500,000.
• www.peba.sc.gov/assets/lifemonthlypremiums.pdf
Dependent Life-Spouse

• Premium based on amount of coverage and spouse’s age.
• Coverage of $10,000 or $20,000, if enrolled within 30 days of employment:
  • Medical evidence required for additional coverage.
  • Maximum coverage is $100,000 or 50 percent of employee’s Optional Life amount, whichever is less.
• www.peba.sc.gov/assets/lifemonthlypremiums.pdf

Dependent Life-Child

• $15,000 benefit per child.
• Cover children up to age 19, or age 25 if a full-time student.
• $1.26 monthly premium:
  • Provides coverage for all eligible children.

Long term disability
Administered by Standard Insurance Company
Basic long term disability

- Disability protection at no cost:
  - Premium paid by employer.
  - Automatic enrollment if enrolled in health plan coverage.
  - 90-day benefit waiting period.
  - Monthly benefit of 62.5 percent of predisability earnings.
  - Maximum $800 monthly benefit.

Supplemental long term disability (SLTD)

- Optional, additional disability protection.
- Choice of two plans:
  - 90-day benefit waiting period; or
  - 180-day benefit waiting period.
- Monthly benefit of 65 percent of predisability earnings.
- Maximum $8,000 monthly benefit.

Supplemental long term disability (SLTD)

- Employee pays premium:
  - Based on monthly salary, plan chosen and age.
  - Maximum benefit period is determined by employee’s age when disability begins.
MoneyPlus features

• Pretax Group Insurance Premiums.
• Flexible spending accounts:
  • Dependent Care Spending Account (DCSA).
  • Medical Spending Account (MSA).
  • Health Savings Account (HSA).
  • Limited-use Medical Spending Account.

Pretax insurance premiums

• Pay insurance premiums before taxes for:
  • State Health Plan and TRICARE Supplement Plan;
  • State Dental Plan & Dental Plus;
  • State Vision Plan;
  • Up to $50,000 of Optional Life coverage; and
  • Tobacco surcharge.
• $0.28 monthly administrative fee.
• Once enrolled, no need to re-enroll each year.
Dependent Care Spending Account (DCSA)

- Pay dependent care expenses with pretax income.
- Maximum annual contributions:
  - $2,500 if married, filing separately.
  - $5,000 if single and head of household or married, filing jointly.
  - Contribution limit is capped at $1,700 for highly compensated employees.
- $3.14 monthly administrative fee.
- Use it or lose it account.

DCSA eligible expenses

- Day care costs for children and adults.
- Summer day camp.
- Before- or after-school program.
- See the complete list of eligible expenses at www.peba.sc.gov/assets/fsa_expenses.pdf.

Medical Spending Account (MSA)

- Pay eligible medical expenses with pretax income.
- $2,650 maximum annual contribution.
- $3.14 monthly administrative fee.
- Use it or lose it account.
- SHP Standard Plan members only.
**MSA eligible expenses**

- Deductibles, coinsurance and copayments.
- Medically necessary expenses.
- Prescription medications and approved over-the-counter medications with prescription.
- See the complete list of eligible expenses at [www.peba.sc.gov/assets/fsa_expenses.pdf](http://www.peba.sc.gov/assets/fsa_expenses.pdf)

**Health Savings Account (HSA)**

- SHP Savings Plan members only.
- Carry over funds from one year to the next.
- Pay for future qualified medical expenses pretax.
- Account is portable.
- Provides option to invest funds at a certain account balance and earn investment income tax-free.

**Health Savings Account (HSA)**

- Maximum annual contributions:
  - $3,450 for individuals
  - $6,900 for family
  - Additional $1,000 catch-up for ages 55 and older
- $1.50 monthly administrative fee
- $1.50 monthly bank fee
  - Waived with $2,500 balance
  - Includes free Visa debit card
  - $15 one-time fee for basic order of checks
Limited-use Medical Spending Account

• Only for SHP Savings Plan members with a Health Savings Account (HSA).
• Covers expenses the Savings Plan does not cover:
  • Dental
  • Vision care
• $2,650 maximum annual contribution.
• $3.14 monthly administrative fee.
• Use it or lose it account.

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