
 **opeba**
south carolina
state health plan | retirement systems
Serving those who serve South Carolina

Insurance Orientation and Education

2019


Eligibility



- Eligible employees are those who:
 - Work for the state, a higher education institution, a public school district or another participating entity, like a county government or municipality, as a full-time employee; and
 - Receive compensation from the state, a higher education institution, a public school district or other participating entity.
- Spouses and children may also be eligible.
- Retirees must meet certain eligibility requirements.

2

Consider these factors



- Premiums.
- Deductibles.
- Copayments.
- Coinsurance.
- Coinsurance maximums.
- Prescription costs.

3

Your available insurance benefits


- Health.
- Dental.
- Vision.
- Life insurance.
- Long-term disability.
- MoneyPlus.



4

Read the publications


- This presentation is not a comprehensive description of the insurance benefits offered by PEBA.
- For more information, and before you make enrollment decisions, review these publications:
 - Insurance Summary*; and
 - Insurance Benefits Guide*.



5

Navigating Your Benefits

- www.peba.sc.gov/nyb.html.
- Plain-language explanations of insurance and retirement benefits.
- Flyers and videos.



6




Step 1: Choose your health plan

State Health Plan and TRICARE Supplement Plan

7


State Health Plan



- Self-funded insurance plan:
 - Employees' and employers' premiums are held in a trust fund, which pays for claims.
 - BlueCross BlueShield of South Carolina processes medical claims.
- Cost of the State Health Plan compares favorably to other plans.
 - Learn more at www.peba.sc.gov/factsfigures.html.
- Health management is key to maintaining a low cost for the Plan and premiums.

8

State Health Plan provider network



- Worldwide coverage.
- You pay deductible, copayments and coinsurance.
- Network provider files claims and accepts the Plan's allowed amount even if its charges are higher.
 - If you use an out-of-network provider, you may have to file claims, and can be balance billed. You pay a higher coinsurance, too.
- Use Find a Doctor at StateSC.SouthCarolinaBlues.com to find a network provider near you.

9

Annual deductible

- The amount you pay for covered services before health plan begins to pay.

Standard Plan	Savings Plan
You pay up to \$490 per individual or \$980 per family.	You pay up to \$3,600 per individual or \$7,200 per family. ¹

¹ If more than one family member is covered, no family member will receive benefits, other than preventive benefits, until the \$7,200 annual family deductible is met.

Coinsurance¹

- The percentage of the cost of health care you pay after meet your deductible.

Standard Plan	Savings Plan
In network, you pay 20% up to \$2,800 per individual or \$5,600 per family.	In network, you pay 20% up to \$2,400 per individual or \$4,800 per family.

¹ Out of network, you will pay 40 percent coinsurance. An out-of-network provider may bill you more than the Plan's allowed amount. Learn more about out-of-network benefits at www.psmc.ca.gov/healthplans.html.

Office visit copayments

- The fixed amount you pay for a covered health care service.

	Standard Plan	Savings Plan
Physician's office visits¹	You pay a \$14 copayment plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the full cost until you meet your deductible. Then, you pay your coinsurance.
Blue CareOnDemand	You pay a \$14 copayment plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the full cost until you meet your deductible. Then, you pay your coinsurance.

¹ The \$14 copayment is subject to member co-payments and will vary with provider. Your member who receive care at a BlueCross network patient centered medical home (PCMH) provider will not be charged the \$14 copayment for a physician office visit. After Savings Plan and Standard Plan members meet their deductible, they will pay 20 percent coinsurance and 20 percent copayment for the visit and PCMH.

Other copayments

	Standard Plan	Savings Plan
Outpatient facility and emergency care^{1,2}	You pay a \$105 copayment (outpatient services) or \$175 copayment (emergency care) plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the full cost until you meet your deductible. Then, you pay your coinsurance.
Inpatient hospitalization	You pay the full cost until you meet your deductible. Then, you pay your coinsurance.	You pay the full cost until you meet your deductible. Then, you pay your coinsurance.

¹ The \$105 copayment for outpatient facility services is waived for physical therapy, speech therapy, occupational therapy, vision services, partial hospitalizations, intensive outpatient services, electroconvulsive therapy and psychiatric medication management.
² There is no copayment for emergency care in-network facilities.

13

Prescription drug copayments¹

- 30-day supply/90-day supply at network pharmacy.

Standard Plan	Savings Plan
<ul style="list-style-type: none"> • Tier 1 (generic): \$9/\$22 • Tier 2 (preferred brand): \$42/\$105 • Tier 3 (non-preferred brand): \$70/\$175 <p>You pay up to \$3,000 in prescription drug copayments. Then, you pay nothing.</p>	You pay the allowed amount until you meet your annual deductible. Then, you pay your coinsurance.

¹ Prescription drugs are not covered at out-of-network pharmacies.


14

TRICARE Supplement Plan

- Administered by Selman & Company.
- Provides secondary coverage to TRICARE.
- No deductibles, coinsurance or out-of-pocket expenses for covered services.
- PEBA does not confirm eligibility.
 - Eligible individuals must register with Defense Enrollment Eligibility Reporting System (DEERS).
 - Must not be eligible for Medicare.
 - Must drop State Health Plan coverage to enroll.

15

2019 Health plan premiums¹




	Employee	Employee/ spouse	Employee/ children	Full family
Standard Plan	\$97.68	\$253.36	\$143.86	\$306.56
Savings Plan	\$9.70	\$77.40	\$20.48	\$113.00
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50

¹ Premiums for optional employers may vary. To verify your rates, contact your benefits office.

16

Tobacco-use premium



- Applies to State Health Plan subscribers only.
- \$40 per month for subscriber-only coverage.
- \$60 per month for other levels of coverage.
- Automatically charged unless subscriber:
 - Certifies as non-tobacco user with *Certification Regarding Tobacco Use* form; or
 - Certifies that all covered tobacco users have completed the tobacco cessation program, *Quit For Life*[®].

17




Step 2: Choose your dental plan

Make changes only at initial enrollment or during open enrollment of odd-numbered years

18


State Dental Plan



- Basic dental coverage offers four classes of treatment.
 - Class I: Diagnostic and preventive.
 - 100 percent of allowed amount covered.
 - Class II: Basic.
 - 80 percent of allowed amount covered.
 - Class III: Prosthodontics.
 - 50 percent of allowed amount covered.
 - Class IV: Orthodontics.
 - 50 percent of allowed amount covered.
- \$1,000 per person maximum annual benefit for Classes I, II and III.
- \$1,000 per person lifetime benefit for Class IV.

19


Dental Plus



- More coverage with higher allowed amount.
- Deeper discounts and lower out-of-pocket expenses.
- To participate, you must enroll in basic coverage and cover same family members under both plans.
- \$2,000 per person maximum annual benefit for Classes I, II and III.
- No additional benefit for Class IV.


20

2019 Dental coverage premiums



	Employee	Employee/ spouse	Employee/ children	Full family
Basic Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus	\$27.12	\$54.80	\$63.20	\$82.10
Basic Dental with Dental Plus total	\$27.12	\$62.44	\$76.92	\$103.44


21



Step 3: Choose your vision coverage

22


State Vision Plan



- Pay full premium without an employer contribution.
- Coverage includes:
 - Comprehensive eye exams;
 - Frames;
 - Lenses and lens options; and
 - Contact lens services and materials.
- Receive discounts on extra pairs of eyeglasses, contact lenses and LASIK and PRK vision correction.
- Coverage available for diabetics.
- Choose either frames/lenses or contact lenses, but not both in the same plan year.

23

Exams




	In-network member cost You pay:	Out-of-network reimbursement You receive:
Exam, with dilation if necessary	A \$10 copay.	Up to \$35.
Retinal imaging	Up to \$39.	No reimbursement.

- Find a network provider at www.EyeMed.com.

24


Frames and lenses



	In-network member cost You pay:	Out-of-network reimbursement You receive:
Frames	80% of balance over \$150 allowance.	Up to \$75.
Standard plastic lenses	A \$10 copay.	Up to \$55.
Standard progressive lenses	Up to \$35.	Up to \$55.
Premium progressive lenses	\$35–\$80 for Tiers 1–4. For Tier 4, you pay copay and 80% of cost less \$120 allowance.	Up to \$55.

25


Contact lenses



	In-network member cost You pay:	Out-of-network reimbursement You receive:
Standard contact lenses fit & follow-up	A \$0 copay.	Up to \$40.
Premium contact lenses fit & follow-up	A \$0 copay and receive 10% off retail price less \$55 allowance.	Up to \$40.
Conventional contact lenses	A \$0 copay and 85% of balance over \$130 allowance.	Up to \$104.
Disposable contact lenses	A \$0 copay and balance over \$130 allowance.	Up to \$104.


26

2019 Vision coverage premiums



	Employee	Employee/ spouse	Employee/ children	Full family
Vision	\$8.00	\$16.00	\$17.16	\$25.16


27



Step 4: Choose your additional life insurance coverage

28


Basic Life insurance



- \$3,000 term life insurance if under age 70.
- Automatically enrolled at no cost if you enroll in the State Health Plan.
- Includes matching amount of Accidental Death and Dismemberment (AD&D) insurance.

29

Optional Life insurance



- Elect in \$10,000 increments up to a maximum of \$500,000.
- Lesser of three times annual earnings or \$500,000 is guaranteed within 31 days of initial eligibility.
- Includes matching amount of AD&D insurance.
- Coverage reduces to:
 - 65 percent at age 70;
 - 42 percent age 75; and
 - 31.7 percent at age 80 and beyond.

30

Dependent Life-Spouse



- Elect in \$10,000 increments up to a maximum of \$100,000 or 50 percent of your Optional Life amount, whichever is less.
- If not enrolled in Optional Life, spouse coverages of \$10,000 or \$20,000 are available.
- If you enroll, \$20,000 guaranteed within 31 days of initial eligibility.
- Includes matching amount of AD&D insurance.

31

Dependent Life-Child



- \$15,000 per child.
- Guaranteed coverage of \$15,000 per child.
- Children are eligible from live birth to ages 19 or 25 if a full-time student.
- Child can only be covered by one parent.

32

2019 Life insurance premiums




Optional Life and Dependent Life-Spouse
 Premiums are determined by employee or spouse's age as of previous December 31 and coverage amount. Rates shown per \$10,000 of coverage.

Dependent Life-Child
 \$1.26 per month; you only pay one premium for all eligible children.

Age	Rate	Age	Rate
Under 35	\$0.58	60-64	\$6.00
35-39	\$0.78	65-69	\$13.50
40-44	\$0.86	70-74	\$24.22
45-49	\$1.22	75-79	\$37.50
50-54	\$1.94	80 and over	\$62.04
55-59	\$3.36		


33



Step 5: Choose your supplemental long term disability coverage

34


Basic Long Term Disability



- Automatically enrolled at no cost if you enroll in the State Health Plan.
- 90-day benefit waiting period.
- Monthly benefit of 62.5 percent of pre-disability earnings.
- Maximum \$800 monthly benefit.

35

Supplemental Long Term Disability (SLTD)



- Voluntary benefit for which you pay.
- Choice of two plans:
 - 90-day benefit waiting period; or
 - 180-day benefit waiting period.
- Monthly benefit of 65 percent of pre-disability earnings.
- Maximum \$8,000 monthly benefit.
- Maximum benefit period is determined by employee's age when disability begins.

36

2019 Long term disability premium factor



Multiply the premium factor for your age and plan selection by your monthly earnings to determine your monthly premium.

Age preceding January 1	90-day waiting period	180-day waiting period
Under 31	0.00065	0.00052
31-40	0.00090	0.00070
41-50	0.00179	0.00136
51-60	0.00361	0.00277
61-65	0.00434	0.00333
66 and older	0.00530	0.00407

37

Step 6: Choose your MoneyPlus elections

38

Medical Spending Account (MSA)



- Available to those eligible for the State Health Plan.
 - Standard Plan members will find it useful.
- Pay for eligible medical expenses, copayments and coinsurance.
- Use a debit card for expenses or submit claims for reimbursement.
- Can carry over up to \$500 in unused funds into the next year.
 - Forfeit any unused funds over \$500.
- Must re-enroll each year.

39

Health Savings Account (HSA)



- Available to Savings Plan members.
- Carry over all funds from one year to next.
- You own the account and keep it if you leave your job or retire.
- Annual contribution limit, but no limit to how much you can save in total.
- Invest funds to earn investment income tax-free.
- Must open health savings bank account with Central Bank.

40

Limited-use Medical Spending Account



- Available to Savings Plan members who also have an HSA.
- Pay for expenses the Savings Plan does not cover, like dental and vision care.
- Can carry over up to \$500 in unused funds into the next year.

41

Pretax Group Insurance Premium feature



- Available to all members.
- Allows you to pay insurance premiums before taxes for:
 - Health;
 - Dental;
 - Vision; and
 - Up to \$50,000 of Optional Life coverage.
- No need to re-enroll each year.

42

Dependent Care Spending Account



- Pay for daycare costs for children and adults.
- Cannot be used to pay for dependent medical care.
- Submit claims for reimbursement.
- Can only be used for expenses incurred January 1, 2019, through March 15, 2020.
- Must re-enroll each year.

43

2019 Administrative fees



Monthly fees	
Medical Spending Account	\$2.32
Limited-use Medical Spending Account	\$2.32
Dependent Care Spending Account	\$2.32
Central Bank (HSA)	
Maintenance fee (balance less than \$2,500)	\$1.25
Paper statements	\$3.00
Annual fees	
Health Savings Account	\$12.00

44

Contribution limits



Account	Limit
Medical Spending Account ¹	\$2,650
Health Savings Account	\$3,500 (self-only coverage) \$7,000 (family coverage) \$1,000 (catch-up for age 55 or older)
Limited-use Medical Spending Account	\$2,650
Dependent Care Spending Account ^{1,2}	\$2,500 (married, filing separately) \$5,000 (single, head of household) \$5,000 (married, filing jointly)

¹ These are 2018 limits; contribution limits for 2019 will be released by the IRS at a later date.
² Contribution level for highly compensated employees is \$3,200.

45

2019 Reimbursement deadlines



Account	Grace period	Deadline
Medical Spending Account	None	March 31, 2020
Limited-use Medical Spending Account	None	March 31, 2020
Dependent Care Spending Account	March 15, 2020	March 31, 2020

46

Enrollment

47

Know your choices



- Health plan**
 - Standard Plan
 - Savings Plan
 - TRICARE Supplement Plan
- Dental plan**
 - Basic Dental
 - With Dental Plus
- Vision coverage**
- Life insurance coverage**
 - Optional Life
 - Dependent Life-Spouse
 - Dependent Life-Child
- Supplemental long term disability coverage**
 - 90-day benefit waiting period
 - 180-day benefit waiting period
- MoneyPlus elections**
 - Medical Spending Account
 - Health Savings Account
 - Limited-use Medical Spending Account
 - Pretax Group Insurance Premium feature
 - Dependent Care Spending Account

48

Enrollment

- Within 31 days of:
 - Hire date; or
 - Special eligibility situation, such as marriage, childbirth or adoption.
- Contact your benefits administrator for the next steps to enroll.

49

Annual open enrollment

- October 1-31.
- Make coverage changes for following year.
- If you are satisfied with your current coverage, the only thing you need to do is re-enroll in MoneyPlus accounts.
- Dental changes can only be made during open enrollment in odd-numbered years.
- Log in to MyBenefits at mybenefits.sc.gov to make open enrollment changes.

50

Using your benefits

51

Your benefits on-the-go



- Mobile apps are available for your health, dental, prescription, vision and MoneyPlus benefits.
- BlueCross BlueShield of South Carolina – search for My Health Toolkit®.
- Express Scripts – search for Express Scripts.
- EyeMed – search for EyeMed Members.
- ASIFlex – search for ASIFlex Self Service.

52

Explanation of Benefits



- Report that shows you:
 - How much your provider charged for services.
 - How much the State Health Plan paid.
 - The amount you will be responsible for, such as your copayment, deductible and coinsurance.
 - The total amount you may owe the provider (does not include any amount you've already paid).
- Find your Explanation of Benefits in the My Health Toolkit app and can choose paperless notifications.

53

Where should you go for care?



Primary care physician	Blue CareOnDemand	Emergency room
<ul style="list-style-type: none"> • Your primary care physician is the best option for routine medical care, such as: <ul style="list-style-type: none"> • Managing your chronic condition. • Health screenings, immunizations. • Prescription refills. • Your regular doctor is also the best choice for unexpected health issues. 	<ul style="list-style-type: none"> • If your doctor's office is closed, you're travelling or you feel too sick to drive, a Blue CareOnDemand video visit is a great option. • Search for Blue CareOnDemand to download the app. 	<ul style="list-style-type: none"> • Go to the ER or call 911 for very serious or life-threatening conditions.

54

Adult well visits covered by Standard Plan in 2019



- Covered as a contractual service by the Standard Plan effective January 1, 2019.
- Visit is subject to copayments, deductibles and coinsurance.
- Evidence-based services, with an A or B recommendation by the United States Preventive Services Task Force (USPSTF), included.

55

Adult well visit eligibility



- Available to all non-Medicare primary adults age 19 and older.
- The Plan will only cover one visit in covered years based on the following schedule:

	Once a year	Once every two years	Once every three years
Ages 19-39			✓
Ages 40-49		✓	
Ages 50 and up	✓		

- Eligible female members may use well visit at gynecologist or primary care physician, but not both, in a covered year.
 - If a female visits both doctors in the same covered year, only the first routine office visit received will be allowed.

56

Well visits for Savings Plan members in 2019




- Covered well visits include evidence-supported services based on USPSTF A and B recommendations.
- The Plan will cover a well visit every year for Savings Plan members at no cost.

57

PEBA Perks

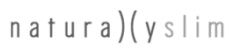
- Preventive screening.
- Flu vaccine.
- Adult vaccinations.
- Well child benefits (exams and immunizations).
- Colorectal cancer screening.
- Cervical cancer screening.
- No-Pay Copay.
- Mammography.
- Diabetes education.
- Tobacco cessation.
- Breast pump.
- Learn more at www.PEBAperks.com.



38

Naturally Slim

- Teaches it's not what you eat, but when and how you eat that will help you lose and keep off weight.
- 10-week online program using video lessons and interactive tools.
- Participants watch lessons at their convenience on their computer, smartphone or tablet through iPhone or Android apps.
- Available at no cost to State Health Plan members ages 18 and older.
- Learn more and apply at www.naturallyslim.com/PEBA.



59

Patient-centered medical home (PCMH)

- Health care team to provide comprehensive, coordinated care.
- Useful for those with chronic medical conditions.
- Standard Plan members do not have \$14 copayments.
- Once the deductible is met for Standard and Savings Plan members, pay only 10 percent coinsurance.
- Visit www.StateSC.SouthCarolinaBlues.com to find a PCMH near you.

60

Get the green light for your care



- Some medical and behavioral health services need you or your provider to call for preauthorization for the State Health Plan to provide coverage.
- Not calling for preauthorization may lead to a \$490 penalty.
- Learn more on Page 22 of the *Insurance Summary*.

61

Contact PEBA



- www.peba.sc.gov
- Contact us:
 - www.peba.sc.gov/contactus.html
 - 803.737.6800 or 888.260.9430.

62

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63

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