



## Insurance Orientation and Education

2020

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### Eligibility

- Eligible employees are those who:
  - Work for the state, a higher education institution, a public school district or another entity allowed by law to participate, like a county government or municipality, in an insurance-eligible position; and
  - Receive compensation from the state, a higher education institution, a public school district or other entity allowed by law to participate.
- Spouses and children may also be eligible.
- Retirees must meet certain eligibility requirements.

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### Consider these factors.

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

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### Your available insurance benefits

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



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### 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*.



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### Navigating Your Benefits

- [www.peba.sc.gov/nyb.html](http://www.peba.sc.gov/nyb.html).
- Plain-language explanations of insurance and retirement benefits.
- Flyers and videos.



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**Step 1: Choose your health plan.**

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**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](http://www.peba.sc.gov/factsfigures.html).
- Health management is key to maintaining a low cost for the Plan and premiums.

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**State Health Plan provider network**



- Worldwide coverage.
- You pay copayments, deductible 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 Care link at [StateSC.SouthCarolinaBlues.com](http://StateSC.SouthCarolinaBlues.com) to find a network provider near you.

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## Annual deductible

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

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

<sup>1</sup> 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.

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## Coinsurance<sup>1</sup>

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

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

<sup>1</sup> Out of network, you will pay 40 percent coinsurance, and your coinsurance maximum doubles. An out-of-network provider may bill you more than the Plan's allowed amount. Learn more about out-of-network benefits at [www.pubs.or.gov/healthplans.html](http://www.pubs.or.gov/healthplans.html).

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## Office visit copayments

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

	Standard Plan	Savings Plan
<b>Physician's office visits<sup>1</sup></b>	You pay a <b>\$14</b> copayment plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.
<b>Blue CareOnDemand</b>	You pay a <b>\$14</b> copayment plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.

<sup>1</sup> The \$14 copayment is waived for routine checkups and well-child visits. Savings Plan members who receive care at a participating preferred provider network (PPN) provider will not be charged the \$14 copayment for a physician's office visit. After Standard Plan and Savings Plan members meet their deductible, they will pay 50 percent coinsurance and pay the amount for the \$14 copayment.

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## Other copayments



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

<sup>1</sup>The \$105 copayment is required facility services to receive for physical therapy, speech therapy, occupational therapy, therapy services, partial hospitalization, intensive outpatient services, electroconvulsive therapy and psychiatric medication management.  
<sup>2</sup>The \$175 copayment is required for services to receive at a hospital.

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## Prescription drugs<sup>1,2</sup>



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

Standard Plan	Savings Plan
Tier 1 (generic): <b>\$9/\$22</b>  Tier 2 (preferred brand): <b>\$42/\$105</b>  Tier 3 (non-preferred brand): <b>\$70/\$175</b>  You pay up to <b>\$3,000</b> in prescription drug copayments. Then, you pay nothing.	You pay the <b>full allowed amount</b> until you meet your annual deductible. Then, you pay your coinsurance.

<sup>1</sup>Prescription drugs are not covered at all of network pharmacies.  
<sup>2</sup>2020 System for the Standard Savings Plan. Coverage is not guaranteed and is subject to 2020 System rules of health in 2020. This program is subject to change without notice.

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## 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.

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## 2020 Monthly premiums

	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

If you work for an optional employer, verify your rates with your benefits office.

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## 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 or e-cigarette user with Certification Regarding Tobacco or E-cigarette Use form; or
  - Certifies that all covered tobacco or e-cigarette users have completed the tobacco cessation program, Quit For Life.®

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## Step 2: Choose your dental plan.

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## Dental Plus

- Pays more and has higher premiums and lower out-of-pocket costs.
- Has higher allowed amounts, which are the maximum amounts allowed by the plan for a covered service. Network providers cannot charge you for the difference in their cost and the allowed amount.

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## Basic Dental

- Pays less and has lower premiums and higher out-of-pocket costs.
- Has lower allowed amounts, which are the maximum amounts allowed by the plan for a covered service. There is no network for Basic Dental; therefore, providers can charge you for the difference in their cost and the allowed amount.

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## Summary of benefits

	Dental Plus	Basic Dental
<b>Diagnostic and preventive</b> <i>Exams, cleanings, X-rays</i>	You do not pay a deductible. The Plan will pay 100% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You do not pay a deductible. The Plan will pay 100% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.
<b>Basic</b> <i>Fillings, oral surgery, root canals</i>	You pay up to a <b>\$25 deductible</b> per person. <sup>1</sup> The Plan will pay 80% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You pay up to a <b>\$25 deductible</b> per person. <sup>1</sup> The Plan will pay 80% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.

<sup>1</sup> If you have basic or prosthodontics services, you pay only one deductible. Deductible is limited to three per family per year.

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## Summary of benefits

	Dental Plus	Basic Dental
<b>Prosthodontics</b> <i>Crowns, bridges, dentures, implants</i>	You pay up to a <b>\$25 deductible</b> per person. <sup>1</sup> The Plan will pay 50% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You pay up to a <b>\$25 deductible</b> per person. <sup>1</sup> The Plan will pay 50% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.
<b>Orthodontics</b> <sup>2</sup> <i>Limited to covered children ages 18 and younger</i>	You do not pay a deductible. There is a \$1,000 lifetime benefit for each covered child.	You do not pay a deductible. There is a \$1,000 lifetime benefit for each covered child.
<b>Maximum payment</b>	\$2,000 per person each year for diagnostic and preventive, basic and prosthodontics services.	\$1,000 per person each year for diagnostic and preventive, basic and prosthodontics services.

<sup>1</sup> If you have diagnostic and preventive, basic or prosthodontics services, you pay only one deductible. Deductible is limited to three per family per year.  
<sup>2</sup> There is a \$1,000 maximum lifetime benefit for each covered child, regardless of plan for this year.

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## 2020 Monthly premiums

	Employee	Employee/ spouse	Employee/ children	Full family
<b>Dental Plus</b>	\$25.96	\$60.12	\$74.26	\$99.98
<b>Basic Dental</b>	\$0.00	\$7.64	\$13.72	\$21.34

If you work for an optional employer, verify your rates with your benefits office.

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## Step 3: Choose your vision coverage.

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## State Vision Plan



- 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.
- Additional benefits available for diabetics.
- Choose either frames/lenses or contact lenses, but not both in the same plan year.

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## Exams



	In-network member cost	Out-of-network reimbursement
	You pay:	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](http://www.EyeMed.com).

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## Frames and lenses



	In-network member cost	Out-of-network reimbursement
	You pay:	You receive:
Frames	80% of balance over \$150 allowance.	Up to \$75.
Standard plastic lenses	A \$10 copay.	Up to \$55.
Standard progressive lenses	A \$35 copay.	Up to \$55.
Premium progressive lenses	\$35-\$80 for Tiers 1-3. For Tier 4, you pay copay and 80% of cost less \$120 allowance.	Up to \$55.

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## Contact lenses



	In-network member cost	Out-of-network reimbursement
	You pay:	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 \$40 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.

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## 2020 Monthly premiums



	Employee	Employee/ spouse	Employee/ children	Full family
Vision	\$5.80	\$11.60	\$12.46	\$18.26

If you work for an optional employer, verify your rates with your benefits office.

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## Step 4: Choose your additional life insurance coverage.

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### Basic Life insurance

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



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### 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.
  - Apply for additional coverage by completing a *Statement of Health*.
- Includes matching amount of AD&D insurance.
- Coverage reduces to:
  - 65 percent at age 70;
  - 42 percent at age 75; and
  - 31.7 percent at age 80 and beyond.



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### 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.
  - Must complete *Statement of Health*.
- If not enrolled in Optional Life, spouse coverages of \$10,000 or \$20,000 are available.
- \$20,000 of coverage guaranteed within 31 days of initial eligibility.
- Includes matching amount of AD&D insurance.



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## Dependent Life-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 be covered only by one parent under this Plan.

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## 2020 Monthly premiums

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

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		

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

View premiums at [www.peba.sc.gov/iresources.html](http://www.peba.sc.gov/iresources.html) under Monthly Premiums.

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## Step 5: Choose your additional long term disability coverage.

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## Basic Long Term Disability

- Automatically enrolled at no cost if you enroll in health insurance.
- 90-day benefit waiting period.
- Monthly benefit of up to 62.5 percent of predisability earnings.
- Maximum \$800 monthly benefit.

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## Supplemental Long Term Disability

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

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## 2020 Monthly premium factors

Multiply the premium factor for your age and plan selection by your monthly earnings to determine your monthly premium. You can also calculate your premium at [www.standard.com/mybenefits/southcarolina](http://www.standard.com/mybenefits/southcarolina).

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

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**Step 6: Choose your MoneyPlus elections.**

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**Medical Spending Account (MSA)**



- Standard Plan works great with MSA.
- Pay for eligible medical expenses, including 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.

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**Health Savings Account (HSA)**



- Savings Plan goes hand in hand with HSA.
- Pay for out-of-pocket medical expenses, such as deductibles and prescriptions.
- 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 to contribute pretax.

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### 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; any unused funds over \$500 will be forfeited.

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### 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.

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### 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 be used only for expenses incurred January 1, 2020, through March 15, 2021.
- Must re-enroll each year.

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## 2020 Administrative fees



Monthly fees	
Medical Spending Account	\$2.32
Health Savings Account	\$1.00
Limited-use Medical Spending Account	\$2.32
Dependent Care Spending Account	\$2.32
Central Bank (HSA)	
Maintenance fee (balances less than \$2,500)	\$1.25
Paper statements	\$3.00

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## 2020 Contribution limits



Account	Limit
Medical Spending Account	\$2,750
Health Savings Account	\$3,550 (self-only coverage)
	\$7,100 (family coverage)
	\$1,000 (catch-up for ages 55 or older)
Limited-use Medical Spending Account	\$2,750
Dependent Care Spending Account <sup>1</sup>	\$2,500 (married, filing separately)
	\$5,000 (single, head of household)
	\$5,000 (married, filing jointly)

<sup>1</sup> Contribution limit for highly compensated employees is \$1,700.

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## 2020 Reimbursement deadlines



Account	Grace period	Deadline
Medical Spending Account	None	March 31, 2021
Limited-use Medical Spending Account	None	March 31, 2021
Dependent Care Spending Account	March 15, 2021	March 31, 2021

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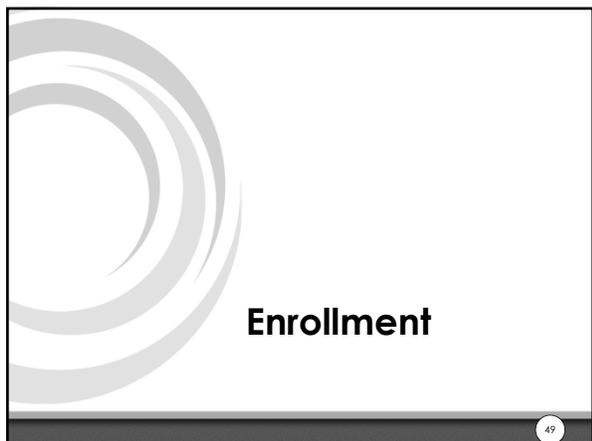
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**Enrollment**

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**Know your choices.**

- Health plan:**
  - Standard Plan.
  - Savings Plan.
  - TRICARE Supplement Plan.
- Dental plan:**
  - Dental Plus.
  - Basic Dental.
- 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.

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**Benefits enrollment**

- Within 31 days of:
  - Hire date; or
  - Special eligibility situation, such as marriage, childbirth or adoption.
- Your employer will initiate the initial enrollment process. You will need to provide a valid email address to your employer, then make your elections online through MyBenefits by following the instructions in the email you receive from PEBA. Your benefits administrator can also assist you.

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**Annual open enrollment**

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

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**Using your benefits**

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**Your benefits on the go**

Mobile apps are available for your health, dental, prescription, vision and flexible spending benefits.

 <b>BlueCross BlueShield of South Carolina</b> <i>Search for My Health Toolkit®</i>	 <b>EyeMed</b> <i>Search for EyeMed Members</i>
 <b>Express Scripts</b> <i>Search for Express Scripts</i>	 <b>ASIFlex</b> <i>Search for ASIFlex Self Service</i>

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## Don't pay more than you should.



- Explanation of Benefits (EOB) is a report that shows you:
  - How much your provider charged for services.
  - How much the 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 EOB in the My Health Toolkit app and choose paperless notifications.

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## Resources for a better you



- Health coaching.
- Rally.
- Naturally Slim®.
- Quit For Life.
- Patient-centered medical homes (PCMH).
- Behavioral health visits through Blue CareOnDemand.

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## Adult well visits and the Standard Plan



- Covered as a contractual service by the Standard Plan.
- 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.

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### Adult well visit eligibility for Standard Plan members

- Available to all non-Medicare primary adults age 19 and older.
- The Plan will cover only 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 woman visits both doctors in the same covered year, only the first routine office visit received will be allowed.



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### Adult well visits and the Savings Plan

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



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### 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](http://www.PEBAperks.com).


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### Avoid costs by getting 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.
- Preauthorization does not guarantee payment.

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### Get in touch with PEBA.



- Contact us:
  - [www.peba.sc.gov/contactus.html](http://www.peba.sc.gov/contactus.html).
  - 803.737.6800 or 888.260.9430.
- Visit us:
  - 202 Arbor Lake Drive  
Columbia, SC 29223

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### Get social with PEBA



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|--------------------------|--|
| <a href="#">SCPEBA</a>   | <a href="#">PEBA TV</a>  |
| <a href="#">SCPEBA</a>   | <a href="#">South Carolina Public Employee Benefit Authority</a> |
| <a href="#">s.c.peba</a> |  |

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## Disclaimer



This presentation does not constitute a comprehensive or binding representation regarding the employee benefits offered by the South Carolina Public Employee Benefit Authority (PEBA). The terms and conditions of the retirement and insurance benefit plans offered by PEBA are set out in the applicable statutes and plan documents and are subject to change. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.

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