



## Employer Services open enrollment session Q&As

### What's new for 2024?

#### **Permanent part-time teacher premiums are increasing as well, correct?**

Yes. Permanent, part-time teacher, partially funded retiree, non-funded retiree, COBRA subscriber, survivor and former spouse health insurance premiums will increase in 2024.

#### **In 2024, will dependent females also have the well visit and well woman visit covered?**

Yes. State Health Plan primary members ages 19 and older are eligible for one well visit each year at no member cost. Eligible female members can take advantage of the annual adult well visit and can also receive an annual well woman visit at no member cost. Evidence-supported services, based on [United States Preventive Services Task Force \(USPSTF\) A and B recommendations](#), are included as part of an adult well visit and well woman visit.

#### **Can you send a link for the A and B standards?**

Evidence supported services, based on [United States Preventive Services Task Force \(USPSTF\) A and B recommendations](#), are included as part of an adult well visit under the State Health Plan.

#### **Is there a flyer or information sheet that explains the differences between a well woman visit and an adult well visit?**

Page 20 of the [2024 Insurance Summary](#) includes information on well adult benefits. The adult well visits *Navigating Your Benefits* flyer will be updated in December 2023 for the 2024 plan year to reflect the addition of the annual well woman visit.

#### **Will information be mailed to retirees explaining that Medicare primary members will not be covered by the annual adult and woman well visit?**

Page 6 of the [Benefits Advantage](#) includes information about adult well visits and who is eligible. The benefit is available to all non-Medicare primary adults ages 19 and older who are covered by the Standard Plan or Savings Plan. PEBA will print the *Benefits Advantage* and mail it to retirees, COBRA subscribers, survivors and former spouses in advance of open enrollment. It is also available online.

#### **Where can we find more information about the dependent female coverage of birth control for 2024? Types covered?**

Routine contraceptive prescriptions, including birth control pills and injectables, filled at a participating pharmacy or through the State Health Plan's mail-order pharmacy, are covered at no cost to State Health Plan primary subscribers, covered spouses and covered child dependents. Generally, birth control implants and injectables given in a doctor's office are covered as a medical benefit – not a pharmacy benefit. The office visits for contraceptive implants will be processed with applicable copayments, coinsurance and deductibles. The [2024 Insurance Benefits Guide](#) includes updated language on this benefit.

## Life insurance

### **Are employees going to be able to make changes to Optional Life coverages via MyBenefits?**

Only employees who drop or decrease Optional Life or Dependent Life-Spouse coverage may do so in MyBenefits during open enrollment. Medical evidence is required to enroll in or increase Optional Life or Dependent Life-Spouse coverage.

If an active employee wants to enroll in or increase Optional Life or Dependent Life-Spouse coverage, they must complete a 2024 *Notice of Election* (NOE), sign it and return it to their benefits administrator by October 31, 2023. They also must complete the online *Supplemental Form/Statement of Health* they will receive in an email from MetLife. If MetLife approves their coverage, their benefits administrator will submit the NOE(s) to PEBA. Benefits administrators should also include a copy of the MetLife approval report with the NOE. View the [Electronic life insurance Statement of Health process](#) for complete instructions.

Employees should submit separate NOEs for Optional Life and Dependent Life-Spouse requests and make all other open enrollment changes through [MyBenefits](#).

### **If a couple wants to increase their Optional Life and Dependent Life, then will it require separate NOEs?**

Yes. Employees should submit separate NOEs for Optional Life and Dependent Life-Spouse requests and make all other open enrollment changes through [MyBenefits](#). Separate NOEs and all other changes in MyBenefits allow for changes to not be dependent upon one another. Approval from MetLife on life insurance request(s) may occur at different times and after January 1, 2024. If approval is received after January 1, 2024, the effective date of coverage is the first of the month after approval from MetLife. For open enrollment changes approved prior to January 1, the effective date is January 1.

### **If Optional Life and Dependent Life-Spouse changes are approved by MetLife before January 1, should those changes be included with other open enrollment changes on the NOE?**

Employees are strongly encouraged to use MyBenefits to make other coverage selections during open enrollment, regardless of when MetLife provides a determination on life insurance changes.

### **Does an employee need to complete the entire NOE for additional life insurance?**

No. The employee needs to complete these sections only: enrollee information, coverage box for life insurance, including the requested total coverage amount, beneficiaries, indicating Optional Life, where appropriate, and dependent information for Dependent Life-Spouse changes. The employee and benefits administrator must sign and date the NOE within the open enrollment period.

### **Will there still be an option for a paper SOH for Optional Life? We still have our custom SOH form that we use.**

MetLife's preferred method for receiving medical evidence is through the online process. It offers the employee and PEBA a quicker response time and tracks the application status. When necessary, request a paper *Supplemental Form* (for the 2023 open enrollment period only) from MetLife. The *Supplemental Form* is not customized; therefore, it is the employer's responsibility to ensure the Report Location # (your group number with PEBA) is added before sharing it with an employee. If that information is missing, the employee's application status will not be shared via the weekly SOH reports from MetLife. An incorrect number will cause a delay in receiving the approval from MetLife. Email [scpeba@metlife.com](mailto:scpeba@metlife.com) to request a *Supplemental Form*.

**Will the medical evidence requirement apply to new hires also?**

Within 31 days of an employee's initial eligibility, they are guaranteed coverage in \$10,000 increments up to three times their salary or \$500,000, whichever is less. They can also apply for more coverage, up to \$500,000, with medical evidence.

As indicated on the [open enrollment worksheet for active employees](#), medical evidence is required for life insurance coverage enrollments or increases (excluding Dependent Life-Child). Additionally, MyBenefits will not allow employees to enroll in or increase Optional Life or Dependent Life-Spouse.

## MoneyPlus and TASC

Total Administrative Services Corporation (TASC) is the new State Flexible Benefits Plan (MoneyPlus) administrator, effective January 1, 2024.

Employers must complete a *Purchaser Detail Application* to be set up on TASC's system. If you have not returned your completed application, please do so immediately. If you have questions about the transition, please email TASC at [scmoneyplus@tasconline.com](mailto:scmoneyplus@tasconline.com).

**What is the importance of the application, and how will TASC use it?**

TASC uses the applications to set up employer accounts on its system. These employer accounts must be created before TASC can create participant accounts when PEBA sends the open enrollment file in late November/early December, because TASC must put participants under an employer so they know who will be sending the payroll deductions.

Employees can enroll in flexible spending accounts during open enrollment, but there will be delays following open enrollment if an employer has not provided their completed application to TASC. Those delays will impact the participant—such as receiving a debit card.

**When will TASC reach out to employers to set up the program online?**

TASC hosted webinars in June, and those recorded webinars and FAQs are linked in the July 25 [PEBA Update](#). TASC will offer training on the employer portal after open enrollment.

**Will we have a TASC FAQs publication like we do for ASIFlex?**

Yes. FAQs are available at [peba.sc.gov/publications](https://peba.sc.gov/publications) under MoneyPlus.

**Will we be sending funds to TASC and ASIFlex?**

Yes. Employers will remit contributions for Medical Spending Accounts and Dependent Care Spending Accounts to TASC. Employers will continue to remit contributions for Health Savings Accounts to ASIFlex because that is a separate contract.

**Will TASC be sending Medical Spending Account (MSA) debit cards?**

MSA and Dependent Care Spending Account (DCSA) participants who enroll for 2024 will receive a welcome email with details about how to set up their participant portal access. Participants will also receive a debit card, which will mail in mid-December 2023 to the home address on file in a plain white envelope with a TASC logo. On January 1, 2024, the TASC debit cards for MSAs and DCSAs who enroll for 2024 will be active.

The ASIFlex Card will not work after 11:59 p.m. on December 31, 2023, but 2023 MSA participants can file 2023 claims until the reimbursement deadline (March 31, 2024) with ASIFlex.

**So, if you have both an MSA and a DCSA, will two cards be issued?**

No. TASC will issue one debit card to participants who enroll in both an MSA and DCSA for 2024. The card is a smart card, and participants can use it for both accounts.

**Will PEBA be adding an informative flyer to the open enrollment webpage for employers to distribute to employees currently enrolled in MoneyPlus accounts to inform them of the changes and what to be on the lookout for?**

Page 11 of the [2024 Insurance Summary](#) includes information about the MoneyPlus transition to TASC.

ASIFlex will also email 2023 participants several reminders about the deadlines to incur expenses (December 31, 2023, for MSAs and March 15, 2024, for DCSAs) and the deadline to submit requests for reimbursements (March 31, 2024).

**Would claims for 2023 services or expenses, including those on December 31, 2023, be submitted to ASIFlex, even if submitted after December 31, 2023?**

Yes. Participants will continue to submit claims to ASIFlex for 2023 expenses. MSA participants must incur eligible expenses on or before December 31, 2023, and have until March 31, 2024, to file claims for reimbursement and submit documentation. DCSA participants with money left in their account on December 31, 2023, have until March 15, 2024, to spend funds contributed during 2023. They will have until March 31, 2024, to request reimbursement from their 2023 funds for expenses incurred on or before March 15, 2024. DCSA participants will forfeit any funds left in their account after the reimbursement deadline.

**What if you have carryover money from ASIFlex but are not re-enrolling in an MSA? Will you be able to use the funds carried over? Will claims need to be filed manually for rollover funds?**

The ASIFlex Card will not work after 11:59 p.m. on December 31, 2023, but MSA participants can file claims until the reimbursement deadline (March 31, 2023) for expenses incurred on or before December 31, 2023. Current 2023 MSA and Limited-use MSA participants can carry over \$610 of unused funds into the 2024 plan year; however, because of the transition to TASC, 2023 participants will not have access to their carryover funds at TASC until April 2024.

Between January 1 and March 31, 2024, ASIFlex will continue to process plan year 2023 claims. Participants must submit claims for 2023 expenses to ASIFlex through the participant portal, mobile app or via paper. ASIFlex will finalize 2023 accounts and send carryover balances to TASC for MSA participants following the claim deadline.

**Will employees who do not enroll for 2024 receive a debit card to use their rollover funds?**

MSA participants who did not re-enroll for 2024, but who have a carryover balance only, will receive a welcome email with details about how to set up their participant portal access with TASC. Participants will also receive a debit card, which will mail in mid- to late April 2024, to the home address on file in a plain white envelope with a TASC logo.

**Does the employee lose the funds if not claimed before the reimbursement deadline?**

MSA and Limited-use MSA participants will forfeit 2023 funds over \$610 left in their account after the reimbursement deadline of March 31, 2024. DCSA participants will forfeit 2023 funds left in their account after the reimbursement deadline of March 15, 2024.

**Is the \$2.14 monthly administrative fee paid by the employer or passed on as an employee cost?**

MoneyPlus accounts have an administrative fee, which is set up to have a minimal impact relative to the tax savings the accounts provide. The employee pays the fee for every account in which they enroll through payroll deduction; however, the employer remits this fee to the MoneyPlus vendor.

**Will TASC deduct the \$2.14 monthly administrative fee after April 2024 for carryover funds?**

Beginning in April 2024, TASC will deduct the monthly fee from MSA accounts with carryover balances and no enrollment for 2024.

**Do you think the 2024 annual contributions limits have the potential to change after October 31?**

The annual contribution limits are set by the IRS and could change after the open enrollment period has ended. PEBA will provide instructions on how to make updates to elections if the flexible spending account contribution limits change. The 2024 contribution limits for Health Savings Accounts have already been announced.

## Optional employers

**When will the optional employer rates be published?**

Optional employers, those whose health insurance rates are subject to an annual experience rating, must apply the experience-rated load factor. The load factor should be applied to both the employer and employee shares of the health premiums beginning January 1, 2024. Be sure to use the [Monthly premium worksheet for optional employers](#) to communicate your premiums with employees, as they may differ from premiums listed in PEBA's materials.

PEBA mailed load factor letters to optional employers in March 2023. Email [EmployerServices@peba.sc.gov](mailto:EmployerServices@peba.sc.gov) to request a copy of your letter.

To confirm your 2024 rates, we anticipate the EBS accounting reports HTB527 and HTB528 to be posted by October 1.

**To which products do we add the load factor?**

The load factor should be applied to both the employer and employee shares of the health premiums beginning January 1, 2024.

## Other

**Are we able to get a copy of this presentation?**

The PowerPoint, PDF and video presentation are on the [open enrollment resources for employers webpage](#).

**What if I don't receive the federally mandated notices?**

Federal laws require written notification of many notices prior to open enrollment, and sending notices electronically does not comply with these federal laws. To assist employers with this requirement, PEBA will print the required notices for delivery to employers. You must provide a printed copy of the notices to your insurance-eligible employees by October 1, 2023.

Notices will be delivered August 21, 2023, through September 8, 2023. If you do not receive your federally mandated notices by the week of September 11, 2023, email [communications@peba.sc.gov](mailto:communications@peba.sc.gov).

The notices will also include a printed [open enrollment checklist](#) for employees to plan their 2024 coverage changes.

**When will EBS/MyBenefits be made available for open enrollment?**

EBS and MyBenefits will open for transactions on September 15, 2023.

**Is the September 15, 2023, date published anywhere online?**

PEBA shares this date with employers only. The [open enrollment webpage for employees](#) states that open enrollment is October 1-31, 2023. If they choose to do so, employers may share the September 15 date with employees.

**Will PEBA be sending out a link to MyBenefits to the employees?**

Employers are strongly encouraged to share the [open enrollment webpage for employees](#) with employees.

To promote open enrollment, use the ready-to-share marketing toolkit on the [open enrollment resources for employers webpage](#). The toolkit includes a video, poster, flyer, article and text and graphics for social media accounts.

In late September 2023, PEBA will send [PEBA Pulse](#) to subscribers for whom we have an email address with details about open enrollment. PEBA will also be posting on our social media accounts throughout open enrollment.

**Will PEBA send the *Benefits Advantage* to retirees of optional employers?**

PEBA will print the *Benefits Advantage* and mail it to retirees, COBRA subscribers, survivors and former spouses in advance of open enrollment. It is also available [online](#).

**Can COBRA enrollees make coverage changes during the open enrollment period? What about retirees?**

COBRA subscribers, retirees, survivors and former spouses may make changes to their health, dental and vision elections during open enrollment. If they are satisfied with their current elections, they don't need to do anything. Their current coverage will continue in 2024. If they are unsure what insurance coverage they have, they can review their current elections in [MyBenefits](#).

The *Benefits Advantage* details their options during open enrollment. Coverage changes are effective January 1, 2024.

**When will the updated NOE(s) be available?**

The 2024 *Notice of Election* forms will be available in September 2023. Use the 2024 NOE for any open enrollment changes that require paper, including life insurance changes, and any transactions with an effective date of January 1, 2024, and after.

**Can you please share the appeal deadline for open enrollment?**

We encourage you to advise employees to review their payroll deductions in January 2024. If there are issues, submit an open enrollment Request for Review in EBS no later than February 1, 2024.

**Can employees update their salary through MyBenefits, or should the employer do it for them?**

Employees cannot update their salary information. Employers must review and update salary information for Supplemental Long Term Disability (SLTD) subscribers during open enrollment. This is not applicable to Comptroller General agencies. If salary information is not updated, premiums and any

benefits paid will be based on the last salary information submitted to PEBA. You should submit salaries as of October 1, 2023, in EBS. You may submit updates between September 15 and October 31, 2023. Once you confirm the updated salary in EBS, you will not be able to make changes. For more information, view the SLTD salary updates resource document at [peba.sc.gov/insurance-training](https://peba.sc.gov/insurance-training).