

# Open enrollment worksheet for active employees



**PEBA**  
SC Retirement Systems  
and State Health Plan

Use this worksheet to plan your insurance elections for 2024. Visit [peba.sc.gov/oe](https://peba.sc.gov/oe) to learn about what changes you can make. This is not an election of benefits; you must follow the applicable steps listed on the open enrollment webpage to make changes for 2024.

## Health plan

- ☐ Standard Plan  
*Consider enrolling in a Medical Spending Account.*
- ☐ Savings Plan  
*Consider opening a Health Savings Account and enrolling in a Limited-use Medical Spending Account.*
- ☐ TRICARE Supplement Plan

### Coverage level

- ☐ Employee ☐ Employee/children
- ☐ Employee/spouse ☐ Full family

## Dental coverage

- ☐ Dental Plus ☐ Basic Dental

### Coverage level

- ☐ Employee ☐ Employee/children
- ☐ Employee/spouse ☐ Full family

Changes to existing dental coverage can be made during open enrollment in odd-numbered years only. If you don't make changes this year, your next opportunity to make a change will be in October 2025.

## Vision coverage

### Coverage level

- ☐ Employee ☐ Employee/children
- ☐ Employee/spouse ☐ Full family



*Choose your benefits*

**DESTINATION**

Open Enrollment 2023

## Life insurance coverage

- ☐ Optional Life Amount \$ \_\_\_\_\_  
(must be in increments of \$10,000)  
*Medical evidence is required.*
- ☐ Dependent Life-Spouse Amount \$ \_\_\_\_\_  
(must be in increments of \$10,000)  
*Medical evidence is required.*
- ☐ Dependent Life-Child

## Long term disability coverage

### Benefit waiting period

- ☐ Apply for SLTD coverage  
*Medical evidence is required.*
- ☐ 90-day benefit waiting period
- ☐ 180-day benefit waiting period
- ☐ Change benefit waiting period for existing coverage  
*Medical evidence may be required.*

## MoneyPlus elections

*Must re-enroll in flexible spending accounts each year.*

- ☐ Pretax Group Insurance Premium feature
- ☐ Medical Spending Account  
Amount \$ \_\_\_\_\_
- ☐ Limited-use Medical Spending Account  
Amount \$ \_\_\_\_\_
- ☐ Dependent Care Spending Account  
Amount \$ \_\_\_\_\_

## Health Savings Account election

*Available to Savings Plan members only*

- ☐ Amount \$ \_\_\_\_\_