




Insurance Benefits Training

Insurance Benefits
2018


Important information



This presentation contains an abbreviated description of insurance benefits provided by or through PEBA. The plan of benefits documents and benefits contracts contain complete descriptions of the health and dental plans and all other insurance benefits. Their terms and conditions govern all health benefits offered by or through PEBA.

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Important information




- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- For more information, refer to the following publications:
 - Benefits Administrator Manual; and
 - Insurance Benefits Guide.

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Insurance Benefits Training

- Eligibility.
- Determining eligibility and enrollment.
- Open enrollment period.
- Health plans.
- Dental.
- Vision care.
- Life insurance.
- Long term disability.
- MoneyPlus.
- Change in status.
- COBRA.



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Eligibility

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Eligible participants

- Full-time equivalent employees.
- Retirees.
- Dependents.
 - Spouses.
 - Children.
- Survivors.
- COBRA subscribers.



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Active employees



- Averages at least 30 hours a week unless they are:
 - Employed as a part-time teacher, or
 - Employed by employer who allows coverage for 20-hour employees.

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Retired employees



- Must meet certain eligibility requirements to continue insurance coverage in retirement.
- Temporary full-time and variable-hour employees are not eligible.
- Refer to the *Insurance Benefits Guide* for retiree insurance eligibility information.

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Dependent spouse



- Current spouse.
- Note: Former spouses are no longer dependent spouses.
- Spouse who is employed in a benefits-eligible position by an employer that participates in a PEBA insurance program cannot be covered.

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Dependent children

- Natural child.
- Stepchild.
- Adopted child.
- Child placed for adoption.
- Foster child.
- Child for whom employee has legal custody.

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Dependent children

- Must be younger than age 26.
 - Coverage may continue beyond age 25 if the child is approved for incapacitation.
- To be eligible for Dependent Life-Child insurance, a dependent child age 19-24 must be full-time student, unmarried and not employed on a full-time basis.
- If employed with participating employer:
 - May enroll as an active employee; or
 - Enroll as dependent child.

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Dependent children

- If employee chooses to enroll as dependent child:
 - Enroll/remain enrolled as dependent child **until age 26**.
 - When child loses coverage, may enroll due to loss of state coverage in:
 - Health, dental, vision; and
 - Optional Life and SLTD with medical evidence.

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Dependent documentation



- Required to cover spouse or any children.
- Must be submitted when enrolling a spouse or child.
- Upload supporting documentation securely through MyBenefits.

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Survivors



- Spouses and children covered under health, dental or vision at the time of covered employee's death.
- Spouse eligible until re-marriage.
- Children eligible until age 26.
- If all coverage is canceled, cannot re-enroll as survivor.

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Survivor premiums*



- Health premiums waived for one year for survivor of active employee or state-funded retiree.
- After waiver, survivor may continue coverage at the non-funded rate.
- No waiver of dental or vision premiums.
- Health and dental premiums for survivors of an employee killed in the line of duty are waived for one year. After the waiver, they may continue coverage at the employer-funded rate.

*Survivor premiums for local subdivision employees may vary.

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COBRA subscribers

- COBRA requires continuation of health, vision, dental, and/or Medical Spending Account* coverage be offered if no longer eligible.
- Individuals must be covered at the time of termination to be eligible.

*See COBRA details on Medical Spending Account eligibility under COBRA.

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Determining eligibility and enrollment

Active employees

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Determining eligibility

- New full-time employees (permanent and non-permanent).
 - Newly hired employee who is determined by employer, as of the date of hire, to be full-time and eligible for benefits.
- New variable-hour, part-time or seasonal employees.
 - Newly hired employee who is not expected to be credited an average of 30 hours per week, as of the date of hire. Employer cannot reasonably determine eligibility for benefits as of the date of hire.
- Ongoing employees.
 - Any employee who has worked with an employer for an entire standard measurement period.

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When to enroll



- New full-time employees and retirees.
 - Within 30 days of date of hire or retirement.
- New variable-hour, part-time, and seasonal.
 - During initial administrative period.
- All eligible employees.
 - During the standard administrative period or open enrollment period. Enrollment/changes effective the following January 1.
 - Within 30 days of a special eligibility situation.

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New full-time employees



- Are expected to work 30 hours or more per week as of their date of hire.
- Enroll within 30 days of date of hire.
- No waiting period.
- No initial measurement period.
- Employees should be offered benefits at the time of hire.

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New full-time employees



- If hired on the first of the month, coverage begins on that day.
- If hired on the first working day of the month, but not the first day of the month (Tuesday, January 2, 2018), employee may choose the first of that month or the first of the following month.
- If hired on any day other than the first or the first working day of the month, coverage begins the first of the month after the date of hire.

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New variable-hour, part-time or seasonal employees



- **Variable-hour:** employer does not know if employee will average 30 or more hours per week.
- **Part-time:** employer does not expect employee to average 30 hours per week.
- **Seasonal:** position is customarily less than six months and begins around the same time each year.

Employees must average 30 hours during first 12 months of employment before becoming eligible for insurance coverage.

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New variable-hour, part-time or seasonal employees



- **Initial measurement period.**
 - Begins the first of the month after the date of hire and ends 12 months later.
 - Measure the employee's hours over the initial measurement period to determine future eligibility for benefits.
- **Initial administrative period.**
 - Begins the day after the initial measurement period ends and ends the last day of the same month.
 - Use this time to review the employee's hours over the initial measurement period. If the employee averages 30 hours, he is eligible for coverage. Offer benefits to the employee effective the first of the following month.
- **Initial stability period.**
 - Begins the day after the initial administrative period ends and lasts for 12 months.
 - Period of time that an employee cannot lose eligibility for benefits regardless of the number of hours worked.


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Example Date of hire = June 6, 2017




Initial measurement period (monitor hours worked)	
July 1, 2017 – June 30, 2018	Monitor hours worked during first 12 months of employment. Coverage is not offered.
Initial administrative period (determine if eligible)	
July 1 – 31, 2018	Calculate average hours worked during initial measurement period. (total hours/52 weeks = average hours)
Initial stability period (cannot lose eligibility if average hours = 30 or more)	
August 1, 2018 – July 31, 2019	Employee is eligible for insurance for 12 months regardless of number of hours worked.

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Ongoing employees 


- Any employee, including full-time, variable-hour, part-time, and seasonal employees, who has been employed for a full standard measurement period.
- *All employees will eventually become ongoing employees.*
- Standard measurement period (monitor hours).
 - October 4 – October 3 of the next plan year.
 - Period of time to determine eligibility for the upcoming plan year.
 - For full-time employees, hours do not need to be counted to determine eligibility for the coming year.

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Ongoing employees 

- Standard administrative period (determine eligibility).
 - October 4 – December 31.
 - Period of time to identify and enroll eligible individuals in coverage.
 - October 4 – October 31: Employers must offer coverage to newly eligible employees.
 - November 1 – December 31: PEBA uses the remainder of the administrative period to process enrollments to ensure employees have access to coverage at the beginning of the standard stability period.
- Standard stability period (guaranteed coverage).
 - January 1 – December 31.
 - Period of time an eligible employee remains eligible for insurance benefits.

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Ongoing employees 

- During October enrollment period, calculate the average hours (total hours/52 weeks) of those employed during *full* standard measurement period.
 - If employee remains eligible, no action is required. Make changes to coverage for the next plan year.
 - If employee loses eligibility, coverage continues until the end of his initial or standard stability period.
 - If employee is newly eligible, may enroll in benefits during the October enrollment period. Benefits will become effective January 1 of the next plan year.

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Example

Date of hire = June 6, 2017




Initial measurement period July 1, 2017 – June 30, 2018	Standard measurement period October 4, 2017 – October 3, 2018
Initial administrative period July 1 – 31, 2018	Standard administrative period October 4, 2018 – December 31, 2018
Initial stability period August 1, 2018 – July 31, 2019	

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Example


Date of hire = June 6, 2017



- During the 2018 standard administrative period, employee has been employed for a full standard measurement period (October 4, 2017 to October 3, 2018).
- Employee is now an ongoing employee.
- Review hours with all ongoing employees using the standard measurement period to determine if eligible for coverage for the remainder of 2019 plan year (after July 31, 2019).

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End of initial stability period



- Employee will have been employed for a full standard measurement period.
- Review the average number of hours worked during the previous standard measurement period.
 - If the employee averaged 30 hours or more, benefits continue for the remainder of the plan year.
 - If the employee averaged less than 30 hours, coverage ends at the end of the initial stability period. Review the hours again in October to determine eligibility for the next plan year.

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Example End of initial stability period



Averaged 30 hours per week during the previous standard measurement period (October 4, 2017 – October 3, 2018).

- Benefits will not end on July 31, 2019, but will continue until December 31, 2019.
- Review hours during the October 2019 administrative period to determine eligibility for the standard stability period or next plan year (January 1, 2020 – December 31, 2020).

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Example End of initial stability period

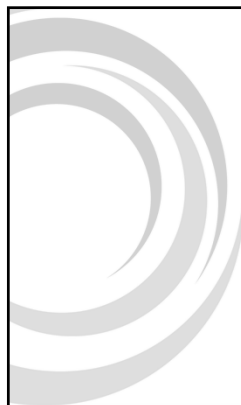


A new part-time employee is eligible for benefits during initial stability period of July 1, 2017 – June 30, 2018. Does not average 30 hours during the standard measurement period (October 4, 2016 – October 3, 2017).

- At the end of initial stability period, benefits end. Offer COBRA continuation and conversion, if applicable. Measure hours only during the standard measurement period.
- During the October 2018 administrative period, review hours worked during the standard measurement period (October 4, 2017 – October 3, 2018) to determine eligibility for the 2019 plan year.


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Annual October open enrollment



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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 and/or Dependent Life-Spouse.
 - Medical evidence may be required.
- Decrease or cancel Optional Life and/or Dependent Life-Spouse.
- Add or drop dependents from health and vision.
- Make other changes as announced.

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Annual October open enrollment



Odd-numbered years only:

- Enroll in or drop State Dental and/or Dental Plus.
- Add or drop dependents from State Dental and/or Dental Plus.

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Insurance benefits

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Insurance benefits

- Health plans.
- Dental.
- Vision care.
- Life insurance.
- Long term disability.
- MoneyPlus (pretax programs).

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Coordination of benefits

- Employees may be eligible for coverage through a spouse's employer who does not participate with PEBA insurance.
- Plan that covers the person as employee is primary to plan that covers person as dependent.
- When both parents cover a child, plan of the parent whose birthday occurs earlier in the year is primary.
- An employee and spouse, also covered as an employee or retiree with PEBA, may share the same deductible and coinsurance if enrolled in the same health plan.

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Health plans

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Health plans

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




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2018 active employee monthly premiums

- Premiums for local subdivisions may vary.


	SHP Savings Plan	SHP Standard Plan	TRICARE Supplement Plan
Enrollee only	\$9.70	\$97.68	\$62.50
Enrollee/spouse	\$77.40	\$253.36	\$121.50
Enrollee/child	\$20.48	\$143.86	\$121.50
Full family	\$113.00	\$306.56	\$162.50



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State Health Plan

- 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.



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State Health Plan 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.

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State Health Plan 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.

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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.
- To find a list of PCMH providers and learn more, go to:
 - statesc.southcarolinablues.com;
 - Select *Coverage Information*; and
 - Select *Patient-Centered Medical Home*.

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State Health Plan prescription drug benefit



- Administered by Express Scripts.
- Must use in-network pharmacy.
- Preauthorization required for certain drugs.
- Prescription birth control covered at no cost.
- Compare costs online at www.express-scripts.com.

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Out-of-network



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

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State Health Plan 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.

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State Health Plan Standard Plan

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

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State Health Plan Standard Plan

Prescription benefits:

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

	Network retail pharmacy (up to 31-day supply)*	Mail order (up to 90-day supply)*
Tier 1: Generic	\$9	\$22
Tier 2: Preferred	\$38	\$95
Tier 3: Non-preferred	\$63	\$158

*Pay-the-difference applies.

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State Health Plan 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).

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State Health Plan Savings Plan



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

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State Health Plan Savings Plan



Prescription benefits:

- Pay full allowed amount of prescriptions until deductible is met.
- Once deductible is met, pay 20%.

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Tobacco surcharge



- \$40 per month for State Health Plan subscribers.
- \$60 per month for State Health Plan subscribers who cover at least one dependent.
- Automatically charged unless subscriber certifies as non-tobacco user or completes a tobacco cessation program.
- May certify by completing a Certification regarding tobacco use form.

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Medi-Call



- Some services, such as any type of inpatient hospital care, must be preauthorized. See the [Insurance Benefits Guide](#) for a complete list.
- Subscriber responsible for calling.
 - At least 48 hours before receiving services for certain procedures.
 - Emergency hospital admissions must be reported within 48 hours or the next working day after a weekend or holiday admission.
 - Subscriber will incur penalties for not calling.
- Contact numbers (also on State Health Plan identification card):
 - 803.699.3337 or 800.925.9724.
 - 803.264.0183 (fax).

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National Imaging Associates



- Preauthorization required for advanced radiology services, such as CT, MRI, and PET scans.
- Refer to the [Insurance Benefits Guide](#) for more information.
- Contact number: 866.500.7664.

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Companion Benefit Alternatives



- Preauthorization required for mental health and substance abuse facility services and some professional services.
 - Penalties will apply if facility services not preauthorized.
 - No benefits will be paid for professional services that require preauthorization if they are not preauthorized.
- Claims subject to same deductibles, copayments, and coinsurance as medical claims.
- Contact number: 800.868.1032.

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Health and wellness



- Additional benefits for State Health Plan-primary members.
- PEBA Perks.
 - No-cost benefits at network providers and pharmacies.
 - www.peba.sc.gov/pebaperks.html.
- Health coaching.
 - Behavioral health.
 - Chronic conditions.
 - Healthy lifestyles.
 - Maternity.

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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 pumps.

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Preventive screenings



- Available to State Health Plan-primary subscribers and covered spouses.
- Also available to non-Medicare-eligible retirees, COBRA subscribers and covered spouses.
- Screenings, worth more than \$300, include:
 - Blood work;
 - A health risk appraisal;
 - Height and weight measurements;
 - Blood pressure check; and
 - Lipid panels.

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Flu vaccine



- The flu vaccine is available at no charge to State Health Plan-primary members at any network doctor or pharmacy.
- Members may get the shot from a participating network pharmacy for a \$0 copay.
- If a member receives the shot in a participating network doctor's office, the flu vaccine and the administration fee will be paid in full. Any costs associated with the office are not covered.

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Adult vaccinations



- Available to State Health Plan-primary subscribers and dependents.
- Follows recommendations from the U.S. Centers for Disease Control and Prevention.
 - Covers adult vaccinations within specified age parameters.
- If a member receives a shot in a network doctor's office, the vaccine and the administration fee will be paid in full.
 - Any associated office visit charges will be processed according to regular Plan coverage rules.

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Well child benefits



- 100 percent coverage for well child checkups according to schedule.
- 100 percent benefits for covered immunizations according to schedule.
- Network provider required.

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Colorectal cancer screenings



- 100 percent coverage for State Health Plan primary-subscribers and covered spouses.
- Routine colonoscopy available starting at age 50.
- Diagnostic available to any age subscribers and covered spouses.
- Benefit covers not only the colonoscopy but also the associated services.
- Qualified network provider required.

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Cervical cancer screening



- State Health Plan allows women ages 18-65 to receive a Pap test each calendar year at no cost to its members.
- Also covers the HPV test in combination with a Pap test once every five years for women ages 30-65.
- When a member receives a Pap test at an in-network provider, only the lab fee and the portion of the office visit associated with the Pap test is covered.

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No-Pay Copay



- Available to State Health Plan-primary subscribers and covered spouses.
- Qualify for the program on a quarterly basis by completing certain activities each quarter for the following conditions:
 - High blood pressure and high cholesterol;
 - Cardiovascular disease, congestive heart failure and coronary artery disease; and
 - Diabetes.
 - Some diabetic testing supplies are also available at no cost at network pharmacies.

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Mammography



- 100 percent coverage for routine, four-view mammograms at participating providers.
- According to schedule:
 - One baseline routine for women ages 35-39.
 - One routine each calendar year for women age 40 and older.
- Diagnostic mammograms subject to deductible, copayment, and coinsurance.

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Diabetes education



- Diabetes education trains diabetics to manage their condition to avoid disease-related complications.
- People who receive diabetes education are more likely to:
 - Use primary care and preventive services;
 - Take medications as prescribed; and
 - Control their blood glucose, blood pressure and cholesterol levels.
- Visit an in-network provider for more information.
- This benefit is available at no cost to State Health Plan-primary members.

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Quit For Life[®] Tobacco cessation



- The State Health Plan 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/>.
- Call 800.652.7230 or 866.QUIT.4.LIFE.

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Breast pumps



- Members can get a certain electric or manual breast pump at no cost by enrolling in *Coming Attractions*. The breast pump is not limited to participants in *Coming Attractions*.
- *Coming Attractions* program supports mothers throughout pregnancy and baby's first year of life.
- Log in to your My Health Toolkit account at StateSC.SouthCarolinaBlues.com.
 - Select Wellness, then Health Coaching and Coming Attractions Maternity Management.
- Members can also call 855.838.5897 and press 4.

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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.

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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, and
 - Pinkeye.




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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.

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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 State Health Plan.

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TRICARE Supplement Plan 

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

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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.


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TRICARE Supplement Plan

Exclusions

- No COBRA rights.
- No employer contribution, per federal regulations.
- Not subject to tobacco surcharge.

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Dental

Administered by BlueCross
BlueShield of South Carolina


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State Dental Plan

- Free to choose dentist.
- No pre-existing condition exclusions.
- May enroll in, drop or change during open enrollment in odd-numbered years or a special eligibility situation.
- \$1,000 maximum benefit per year.
- Offers four classes of treatment.
- Allows benefits based on Fee Schedule.

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State Dental Plan




- **Class I**
 - Diagnostic and preventive services.
 - 100% of fee schedule.
- **Class II***
 - Basic 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.

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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.

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2018 monthly dental premiums



	State Dental Plan	Dental Plus	Total premium
Enrollee only	\$0.00	\$27.12	\$27.12
Enrollee/spouse	\$7.64	\$54.80	\$62.44
Enrollee/child	\$13.72	\$63.20	\$76.92
Full family	\$21.34	\$82.10	\$103.44

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

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Vision care
Administered by EyeMed

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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.

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State Vision Plan

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

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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.
- Use *Find a Provider* link at www.EyeMed.com.

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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% discount.
 - \$55 allowance toward discounted price.

*In-network member cost

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Eyeglasses*




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

*In-network member cost

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Contact lenses*




- Once every year.
- Conventional lenses.
 - \$0 copayment and \$130 allowance.
 - 15% 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.

*In-network member cost

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2018 monthly vision premiums




- See details on coverage

	Vision
Enrollee only	\$8.00
Enrollee/spouse	\$16.00
Enrollee/child	\$17.16
Full family	\$25.16

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Vision Care Discount Program



- Provides discounts for:
 - Routine, comprehensive eye exams; and
 - Eyewear except for disposable contacts.
- Participating providers only.
- No enrollment and no premiums.
- All employees eligible to participate, even if not enrolled in State Vision Plan or State Health Plan.

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Life insurance

Insured by MetLife

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Basic Life Insurance



- \$3,000 term life insurance to all eligible employees under age 70.
- Automatic enrollment if enrolled in health plan.
- Premium paid by employer.
- Accidental death and dismemberment benefits.

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Optional Life Insurance



- Additional coverage.
- Accidental death and dismemberment benefits.
- 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.

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Optional life insurance

Effective date:

- Employee must be actively at work for coverage, or an increase in coverage, to become effective.

Beneficiary:

- Designate an individual, estate or trust.
- Define percentage amounts for multiple beneficiaries.
- Update beneficiaries at any time.

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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.
- Coverage greater than \$20,000:
 - Employee must be enrolled in Optional Life with more than \$30,000 coverage;
 - Medical evidence required; and
 - Maximum coverage is \$100,000 or 50% of employee's Optional Life amount, whichever is less.


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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.
- Can enroll eligible children throughout the year without medical evidence.


99

Life insurance



- www.peba.sc.gov/assets/lifemonthlypremiums.pdf.
- Optional Life and Dependent Life-Spouse coverage reduced at ages 70, 75 and 80.
 - 65% coverage at ages 70-74.
 - 42% coverage at ages 75-79.
 - 31.7% coverage at ages 80 and over.
- Retiree coverage ends at age 75.

100




Long term disability

Administered by Standard Insurance Company

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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 pre-disability earnings.
- Maximum \$800 monthly benefit.

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Basic long term disability



- Basic long term disability income is taxable.
- Subject to pre-existing condition.
- Two-year limit on own occupation disability.
 - At end of two years, reviewed for "any occupation" definition for permanent disability.
- Benefit reduced by deductible income, including but not limited to:
 - Workers' compensation;
 - Social Security benefits;
 - Sick leave pay; and
 - Any PEBA retirement benefits income.

103

Supplemental long term disability (SLTD)



- Optional, additional disability protection.
- Choice of two plans:
 - 90-day benefit waiting period; or
 - 180-day benefit waiting period.
- Provides protection for employee if annual salary exceeds \$15,360.
- Monthly benefit of 65 percent of pre-disability earnings.
- Maximum \$8,000 monthly benefit.

104

Supplemental long term disability (SLTD)



- Employee pays premium.
 - Based on monthly salary, plan chosen and age.
- SLTD Plan monthly premium rates and how to calculate SLTD monthly premium available at www.peba.sc.gov/assets/activemonthlypremiums.pdf.
- Maximum benefit period is determined by employee's age when disability begins.

105

Supplemental long term disability (SLTD)



- New hire may enroll without providing medical evidence.
- Late entrant must provide medical evidence of good health to enroll.

106

Supplemental long term disability (SLTD)



- Supplemental long term disability income not taxable.
- Minimum benefit of \$100.
- reduced by deductible income, including but not limited to:
 - Workers' compensation;
 - Social Security benefits;
 - Sick leave pay; and
 - Any PEBA retirement benefits income.

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Supplemental long term disability (SLTD)



Exclusions and limitations:

- Pre-existing condition.
- Own occupation/any occupation disability.
- 24-month maximum mental health disability.

108

Supplemental long term disability (SLTD)



Lifetime security benefit:

- Extends benefits indefinitely for disabled employees who suffer severe impairment, making them unable to perform more than two activities of daily living (i.e., bathing, dressing, continence, toileting, transferring and eating).

109

The Standard's *Workplace Possibilities* program



- Proactive disability management program that provides specialists to work directly with employees, employers and physicians in order to:
 - Increase employee productivity;
 - Reduce the cost, duration and impact of disability, FMLA and other absence/disability programs; and
 - Support employee participation in health management programs.

110

The Standard's *Workplace Possibilities* program



- Stay at Work services
 - Services are provided while employee is still working.
 - Goal is to help the employee perform job tasks.
- Return to Work services
 - Services are provided soon after an employee goes out of work.
 - Goal is to quickly return employee to work.
- Sign up for The Standard's blog at www.workplacepossibilities.com/blog.


111



MoneyPlus
Administered by WageWorks

112


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.

113

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.

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Flexible spending accounts



Enrollment:

- First-time participants use MoneyPlus Enrollment Form available at www.peba.sc.gov/assets/moneyplusenrollmentform.pdf.
- Current MoneyPlus participants may re-enroll each year online at www.myFBMC.com.

115

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.

116

Dependent Care Spending Account (DCSA)



- Cannot be used with state and federal tax credits.
- Will not be reimbursed for expense until there is enough money in account to cover it.
- No grace period
 - Employee can only claim eligible expenses incurred through December 31.

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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.

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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.
- State Health Plan Standard Plan members only.
- Employee has until March 15 after the plan year ends to spend funds deposited into the account.

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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.

120

Medical Spending Account (MSA)



Filing for reimbursement:

- Fax or mail a completed MoneyPlus claim form, along with the appropriate documentation to WageWorks by March 31.
- May also file online through WageWorks' website.

121

Medical Spending Account (MSA)



myFBMC Card® Visa® Card:

- Draws funds directly from MSA to pay for eligible medical expenses.
- May only be used at retailers meeting IRS coding requirements.

122


Health Savings Account (HSA)



- State Health Plan 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.

123


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.

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Limited-use Medical Spending Account



- Only for State Health Plan 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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Change in status

Impact on insurance coverage eligibility

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Most common changes in status



- Unpaid leave or reduction in hours.
- Military leave.
- Change in position.
 - Part-time to full-time.
 - Full-time to part-time.

127

Unpaid leave or reduction in hours (in stability period)



- Benefits continue until the end of the employee's stability period or until the employee leaves employment, whichever occurs first.
- Employer cannot charge more than employee's share of premium (employee is still eligible).
- Employee does not have the option to cancel coverage unless he experiences a special eligibility situation or intends to enroll in health coverage through the Marketplace (may only cancel health insurance if going to the Marketplace).

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Unpaid leave or reduction in hours (not in stability period)



- Employees not in a stability period lose eligibility for insurance if they are not on protected leave, and experience a reduction of hours below 30 hours per week or enter into an unpaid leave status.
- Employer should terminate coverage and offer employee COBRA and/or conversion information if applicable.
- Coverage may be offered once employee returns to full-time position.

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Military leave




Continue coverage:

- Nothing sent to PEBA.
- Written permission to continue coverage and bill for premiums.
- Provide *Your Insurance Benefits When Your Hours are Reduced* notice.

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Military leave




Cancel health due to gain of coverage:

- Complete *Notice of Election* and attach a copy of military orders.
- Provide *Your Insurance Benefits When Your Hours are Reduced* notice.
- Cancel all coverage.
 - Complete the *Active Termination Form*.
 - Provide *Your Insurance Benefits When Your Hours are Reduced* notice.
 - Offer 36 months of COBRA and conversion information (if applicable).

131

Change in position



Part-time to full-time:

- If a part-time employee is reclassified as a full-time employee, then benefits should be offered on the first of the month after their change of position.


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Change in position

Full-time to part-time:

- Employees who are **not in a stability period** and have a change in position that results in a reduction of hours below 30, will become ineligible for insurance benefits on the first of the month after the reduction.
- An employee deemed **eligible for insurance during an initial stability period or standard stability period** does not lose eligibility due to a change in status. Benefits continue for the remainder of the stability period.

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COBRA

Continuation of coverage

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COBRA

- Consolidated Omnibus Budget Reconciliation Act.
- Prevents covered employees and their dependents from losing group health, dental, vision, and/or medical spending account coverage as a result of certain qualifying events.
- All employers participating in PEBA's insurance benefits are subject to COBRA, regardless of the number of employees.
- See the [COBRA employer training](#) for details.

135

COBRA eligibility


- Applies to health, dental, vision, and MoneyPlus Medical Spending Accounts.
- Must have been covered at time of termination to be eligible to continue coverage.



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18-month COBRA


- Employee and covered spouse and children are eligible for 18 months of COBRA when the employee:
 - Leaves employment.
 - Is terminated.
 - Has a reduction in hours.
- Eligible individual must enroll within 60 days of termination or notification.



137

Extension to 29 months

- Qualified beneficiaries may extend coverage for 11 additional months if approved for Social Security disability benefits.
- Qualified beneficiaries must:
 - Be approved for disability by SSA within 18-month COBRA period.
 - Be disabled at time of qualifying event or during first 60 days of COBRA coverage.
 - Report SSA disability approval to PEBA within 60 days of latest date of:
 - Disability notification letter.
 - Covered employee's termination or reduction in hours.
 - When the qualified beneficiary loses or would lose coverage due to termination or reduction in hours.



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36-month COBRA



- Spouses and children who lose eligibility may continue coverage for up to 36 months.
 - Must be reported within 60 days of event; or
 - Reported within 60 days of when coverage would have terminated if reported in a timely manner.
- An employee on military leave is eligible for 36 months of COBRA coverage.

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Ineligible spouse



- Divorce.
- Eligibility gained through another PEBA insurance-covered employer.
- If a COBRA-covered former employee dies, his spouse may be eligible to extend her COBRA coverage.

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Ineligible child



- Age 26.
 - Unless he is covered as an incapacitated child.
 - Coverage ends the last day of the month in which the child turns age 26.

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Insurance Benefits Training summary



- Eligibility.
- Determining eligibility and enrollment.
- Open enrollment period.
- Health plans.
- Dental.
- Vision care.
- Life insurance.
- Long term disability.
- MoneyPlus.
- Change in status.
- COBRA.

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Important PEBA information



- 803.737.6800 and 888.260.9430.
- www.peba.sc.gov.
- *Benefits Administrator Manual*.
- *2018 Insurance Benefits Guide*.
- *Insurance Summary*.
- Insurance forms at www.peba.sc.gov/iforms.html.
- Insurance resources at www.peba.sc.gov/iresources.html.

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-  www.scpeba.podbean.com

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