peba academy

south carolina peba
state health plan | retirement systems

Insurance Benefits Training

2019

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.

2

Important information

- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- More information can be found in the following:
  - *Benefits Administrator Manual*; and
  - *Insurance Benefits Guide*.

3

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.

4

Eligibility

5

Eligible participants

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

6

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.

7

Retired employees

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

8

Dependent spouse

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

9

Dependent children

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

10

Dependent children

- Must be younger than age 26.
  - Coverage may continue beyond age 25 if the child is incapacitated.
- 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
  - Stay on parent's coverage as dependent child.

11

Dependent children

- If employee chooses to remain on parent's coverage as dependent child:
  - 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.

12

Dependent documentation

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

13

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.

14

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 optional employers may vary.

15

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.

16

Determining eligibility and enrollment

Active employees

17

Types of employees

- 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.

18

When to enroll

- New full-time employees and retirees.
  - Within 31 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 31 days of a special eligibility situation.

19

New full-time employees

- Are expected to work 30 hours or more per week as of their date of hire.
- Enroll within 31 days of date of hire.
- No waiting period.
- No initial measurement period.
- Employees should be offered benefits at the time of hire.

20

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 (Wednesday, January 2, 2019), 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.

21

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.

22

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.

23

Example
Date of hire = June 6, 2018

Initial measurement period (monitor hours worked)	
July 1, 2018 – June 30, 2019	Monitor hours worked during first 12 months of employment. Coverage is not offered.

Initial administrative period (determine if eligible)	
July 1 – 31, 2019	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, 2019 – July 31, 2020	Employee is eligible for insurance for 12 months regardless of number of hours worked.

24

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.

25

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.

26

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.

27

Example
Date of hire = June 6, 2018

Initial measurement period	Standard measurement period
July 1, 2018 – June 30, 2019	October 4, 2018 – October 3, 2019

Initial administrative period	Standard administrative period
July 1 – 31, 2019	October 4, 2019 – December 31, 2019

Initial stability period
August 1, 2019 – July 31, 2020

28

Example
Date of hire = June 6, 2018

- During the 2019 standard administrative period, employee has been employed for a full standard measurement period (October 4, 2018 to October 3, 2019).
- 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 2020 plan year (after July 31, 2020).

29

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.

30

Example - End of initial stability period

- Averaged 30 hours per week during the previous standard measurement period (October 4, 2018 – October 3, 2019).
  - Benefits will not end on July 31, 2020, but will continue until December 31, 2020.
  - Review hours during the October 2020 administrative period to determine eligibility for the standard stability period or next plan year (January 1, 2021 – December 31, 2021).

31

Example - End of initial stability period

- A new part-time employee is eligible for benefits during initial stability period of July 1, 2018 – June 30, 2019. Does not average 30 hours during the standard measurement period (October 4, 2018 – October 3, 2019).
  - 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 2019 administrative period, review hours worked during the standard measurement period (October 4, 2018 – October 3, 2019) to determine eligibility for the 2020 plan year.

32

Annual October open enrollment

33

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.

34

Annual October open enrollment

- Add or drop dependents from health and vision.
- Make other changes as announced.

- **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.

35

Insurance benefits

36

Benefit options

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

37

Coordination of benefits

- Employees may be eligible for coverage through a spouse's employer who does not participate in 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.

38

Health plans

39

Available plans

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

40

2019 active employee monthly premiums

- Premiums for optional employers 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

41

State Health Plan

- PEBA manages the State Health Plan.
- Self-funded insurance plan:
  - Subscribers' 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

42

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.

43

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.

44

Patient-Centered Medical Home (PCMH)

- Provides a health care team to provide comprehensive, coordinated care.
- Standard Plan subscribers do not have $14 copayments.
- Once the deductible is met for Standard and Savings Plan subscribers, 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*.

45

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.

46

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.

47

State Health Plan Standard Plan

- Annual deductible:
  - $490 individual.
  - $980 family.
- Copayment:
  - $14 office visit.
    - Office visit copay waived if seeing a PCMH provider.
  - $105 outpatient facility services.
  - $175 emergency room visit.

48

State Health Plan Standard Plan

- In-network coinsurance:
  - Plan pays 80 percent.
  - Subscriber pays 20 percent.
  - Coinsurance maximum of $2,800 individual or $5,600 family.
- PCMH coinsurance:
  - Plan pays 90 percent.
  - Subscriber pays 10 percent.
- Out-of-network coinsurance:
  - Plan pays 60 percent.
  - Subscriber pays 40 percent.
  - Coinsurance maximum of $5,600 individual or $11,200 family.

49

State Health Plan Standard Plan prescription benefit

- Pay a copayment for prescription drugs.
- $3,000 annual copayment maximum.

	Network retail pharmacy (up to 31-day supply)*	Mail order (up to 90-day supply)*
Tier 1: Generic	$9	$22
Tier 2: Preferred	$42	$105
Tier 3: Non-preferred	$70	$175

*Pay-the-difference applies.

50

State Health Plan Savings Plan

- Annual deductible:
  - $3,600 individual.
  - $7,200 family.
- Additional benefits:
  - Eligibility to contribute to Health Savings Account (HSA).

51

State Health Plan Savings Plan

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

52

State Health Plan Savings Plan prescription benefits

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

53

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.

54

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 (on State Health Plan ID card):
  - 803.699.3337 or 800.925.9724.
  - 803.264.0183 (fax).

55

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.

56

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.

57

Adult well visits

- Covered as a contractual service by the Standard Plan effective January 1, 2019.
- Visit is subject to copayment, deductible and coinsurance.
- Evidence-based services, with an A or B recommendation by the United States Preventive Services Task Force (USPSTF), included.
- Available to all non-Medicare primary adults age 19 and older.

58

Adult well visits for Standard Plan subscribers

- The Plan will only cover one visit in covered years based on the following schedule:

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

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

59

Adult well visits for Savings Plan subscribers

- In 2019, Savings Plan subscribers' covered well visits will include evidence-supported services based on USPSTF A and B recommendations.
- Plan will cover one well visit each year for Savings Plan subscribers at no subscriber cost.

60

Services not included as part of an adult well visit

- Those without an A or B recommendation by the USPSTF.
- Other services, including a complete blood count (CBC), EKG, PSA test and basic metabolic panel, if ordered by your physician to treat a specific condition, are subject to the copayment, deductible and coinsurance, as well as normal Plan provisions.
- Follow-up visits and services as a result of well visit are also subject to normal Plan provisions.

61

Health and wellness

- Additional benefits for State Health Plan-primary subscribers.
- 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.

62

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.

63

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.

64

Naturally Slim

- Teaches it's not what you eat, but when and how you eat that will help you lose and keep off weight.
- 10-week online program using video lessons and interactive tools.
- Participants watch lessons at their convenience on their computer, smartphone or tablet through iPhone or Android apps.
- Following the first 10 weeks, participants will receive:
  - Seven biweekly sessions; and
  - Six months of continued support, as needed.

65

Naturally Slim eligibility

- Available at no cost to subscribers.
- State Health Plan subscribers age 18 and older can apply to participate.
- Also available to Medicare-primary subscribers age 18 and older.
- Apply for an upcoming program at www.naturallyslim.com/PEBA.

66

Flu vaccine

- The flu vaccine is available at no charge to State Health Plan-primary subscribers at any network doctor or pharmacy.
- Subscribers may get the shot from a participating network pharmacy for a $0 copay.
- If a subscriber 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.

67

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 subscriber 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.

68

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.

69

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.

70

Cervical cancer screening

- State Health Plan allows women ages 18-65 to receive a Pap test each calendar year at no cost to its subscribers.
- Also covers the HPV test in combination with a Pap test once every five years for women ages 30-65.
- When a subscriber 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.

71

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.

72

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.

73

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 subscribers.

74

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.

75

Breast pumps

- Subscribers 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.
- Subscribers can also call 855.838.5897 and press 4.

76

Blue CareOnDemand

- 24/7/365 face-to-face video urgent care.
- State Health Plan primary subscribers 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.

77

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.

78

RALLY

- Digital health platform that offers State Health Plan primary subscribers 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.

79

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.

80

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 subscriber, must drop State Health Plan coverage to enroll.

81

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.

82

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.

83

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.

84

TRICARE Supplement Plan exclusions

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

85

Dental

Administered by BlueCross BlueShield of South Carolina

86

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.
- Allows benefits based on Fee Schedule.

87

State Dental Plan

- **Class I**
  - Diagnostic and preventive services.
  - 100 percent of fee schedule.
- **Class II***
  - Basic services.
  - 80 percent of fee schedule.
- **Class III***
  - Prosthodontics.
  - 50 percent 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.

88

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.

89

2019 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 subscribers in both plans.

90

Vision care

91

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.

92

State Vision Plan

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

93

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 for services 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.

94

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 percent discount.
  - $55 allowance toward discounted price.

*In-network subscriber cost.

95

Eyeglasses*

- Frames once every year.
  - $0 copayment and $150 allowance.
  - 20 percent 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 subscriber cost.

96

Contact lenses*

- Once every year.
- Conventional lenses.
  - $0 copayment and $130 allowance.
  - 15 percent discount off balance.
- Disposable lenses.
  - $0 copayment and $130 allowance.
- Subscriber may choose either eyeglass lenses or contact lenses, but not both in the same plan year.

*In-network subscriber cost.

97

2019 monthly vision premiums

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

98

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.

99

Life insurance

Insured by MetLife

100

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.

101

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 31 days of employment.
  - Medical evidence required for additional coverage.
  - Maximum coverage of $500,000.

102

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.

103

Dependent Life-Spouse

- Premium based on amount of coverage and spouse's age.
- Coverage of $10,000 or $20,000, if enrolled within 31 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 percent of employee's Optional Life amount, whichever is less.

104

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.

105

Life insurance

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

106

Long term disability

Administered by Standard Insurance Company

107

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 predisability earnings.
- Maximum $800 monthly benefit.

108

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.

109

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 predisability earnings.
- Maximum $8,000 monthly benefit.

110

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

111

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.

112

SLTD exclusions and limitations

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

113

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).

114

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.

115

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.

116

MoneyPlus

Administered by ASIFlex

117

MoneyPlus features

- Pretax Group Insurance Premiums.
- Flexible spending accounts.
  - Medical Spending Account (MSA).
  - Limited-use Medical Spending Account.
  - Dependent Care Spending Account (DCSA).
- Health Savings Account (HSA).

118

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.
- Once enrolled, no need to re-enroll each year.

119

Enrollment and eligibility

- Employees enroll in MoneyPlus through MyBenefits.
- New hires complete MoneyPlus enrollment through their benefits administrator.
  - *Notice of Election* includes MoneyPlus section.
- Employers use EBS to finalize enrollment.
- PEBA sends daily electronic enrollment and eligibility files to ASIFlex.

120

Flexible spending accounts

- Re-enroll every year.
- Do not have to be covered under State Health Plan.
- Use to pay eligible expenses for eligible spouse and dependents.
- Election remains in effect for the plan year unless participant experiences a qualified status change.

121

Medical Spending Account (MSA)

- Contribution limit: $2,700.
- Monthly administration fee: $2.32.
- Carryover up to $500 to next plan year.
  - Example:
    - Contribute $2,000 in 2019.
    - Incur $1,500 in eligible expenses during 2019.
    - Have balance of $500 that carries over to 2020.
  - Can re-enroll to contribute the maximum in 2020 and keep the $500 rollover.
  - Funds not carried over are forfeited.
- All funds available on January 1.

122

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.

123

Limited-use Medical Spending Account

- Available to Savings Plan subscribers who open and make contributions to a Health Savings Account or have access to a Health Savings Account through their spouse.
- Contribution limit: $2,700.
- Monthly administration fee: $2.32.
- Carryover up to $500 to next plan year.
  - Funds not carried over are forfeited.
- All funds available on January 1.

124

ASIFlex Card

- Issued to MSA and Limited-use MSA participants and valid for five years if enrolled.
- Two cards mailed to home address on file.
  - Upon receipt, call to register and set up PIN.
  - Order additional cards by logging in to account.
- Can use card as credit transaction or debit transaction.
- Report lost or stolen card immediately.

125

Dependent Care Spending Account (DCSA)

- Contribution limits:
  - Married, filing separately: $2,500.
  - Single, head of household: $5,000.
  - Married, filing jointly: $5,000.
- Monthly administration fee: $2.32.
- Grace period through March 15 to spend funds contributed in previous year.
  - Funds not used before the end of the grace period are forfeited.
- 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.

126

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.

127

Health Savings Account (HSA)

- State Health Plan Savings Plan subscribers only.
- Expenses must be incurred during the period in which HSA is open.
- Use to pay expenses for spouse and dependents even if not covered by Savings Plan.
- Have access to account balance at any given time.
- Funds not used for health care expenses are subject to tax.

128

Health Savings Account (HSA)

- Contribution limits:
  - Single coverage: $3,500.
  - Family coverage: $7,000.
  - Additional catch-up contributions for a subscriber who is age 55 or older: $1,000.
    - If participant and spouse are covered by a family high deductible health plan, and are both age 55 or older, each can make a $1,000 catch-up contribution into his own HSA.
- Annual administration fee: $12.
- Custodian bank monthly maintenance fee (balances less than $2,500): $1.25.

129

Change in status

Impact on insurance coverage eligibility

130

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.

131

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).

132

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.

133

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.

134

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).

135

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.
- 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.

136

COBRA

Continuation of coverage

137

What is 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.

138

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.

139

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.

140

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 Social Security Administration (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.

141

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.

142

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.

143

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.

144

Summary

145

Insurance benefits review

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

146

Important PEBA information

- 803.737.6800 and 888.260.9430.
- www.peba.sc.gov.
- *Benefits Administrator Manual*.
- *2019 Insurance Benefits Guide*.
- *Insurance Summary*.
- Insurance forms at www.peba.sc.gov/iforms.html.
- Insurance resources at www.peba.sc.gov/iresources.html.

147

Get social with PEBA

SCPEBA

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SCPEBA

SCPEBA

148

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149