



Serving those who serve South Carolina

Insurance Orientation and Education

2017

Important information



This overview is not meant to serve as a comprehensive description of the benefits offered by the South Carolina Public Employee Benefit Authority.

For detailed information, refer to the *Insurance Benefits Guide*, available at www.peba.sc.gov.

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Insurance programs



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

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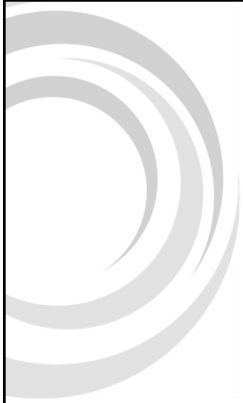
Before you choose a plan



- Read the plan overviews in the *Insurance Benefits Guide*, available online at www.peba.sc.gov
- Review the exclusions and limitations for each plan
- Ask questions
 - Contact PEBA, your Benefits Administrator or the claims administrator for assistance

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Eligibility



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Eligibility



- Full-time permanent employees
- Full-time nonpermanent employees
- Variable-hour, part-time and seasonal employees
- Retirees
- Dependents
- Survivors

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Full-time employees



- Permanent employees work at least 30 hours a week unless they are
 - Employed as a part-time teacher
 - Employed by employer who elected to make 20-hour employees full-time

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Variable-hour, part-time and seasonal employees



- Average at least 30 hours per week over a defined measurement period

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Retirees



- Must meet certain requirements to continue coverage in retirement
- Full-time nonpermanent, part-time, variable-hour, and seasonal employees are not eligible for retirement benefits
- Refer to the *Insurance Benefits Guide* for retiree eligibility information

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Spouse



- Either your current or former spouse (if court-ordered to cover)
- Cannot cover spouse if spouse is employed by an employer participating in the state insurance program or eligible to be covered as a funded retiree

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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



- Under age 26*
- Coverage may continue beyond age 26 if the child is approved for incapacitation
- If employed with participating employer may
 - Enroll as an active employee or
 - Enroll as dependent child

*To be eligible for Dependent Life-Child insurance, a dependent child age 19-24 must be a full-time student, unmarried, and not employed on a full-time basis

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Dependents under age 26



- If employee chooses to enroll as dependent child
 - Only eligible for benefits offered to children
 - *Active Group Benefits Refusal* form is required
 - When child loses coverage, may enroll due to loss of state coverage
 - Health, dental, vision
 - Optional Life and SLTD with medical evidence

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Required documentation



- Must be submitted when enrolling a spouse or child

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Survivors



- Dependents covered at time of employee's or retiree's death may continue health, dental and vision coverage
 - Spouse eligible until remarriage
 - Children remain eligible until age 26
 - If all coverage is canceled, cannot re-enroll as survivor


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Enrollment and coordination of benefits

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Enrollment



- Within 31 days of
 - Hire or retirement date
 - Special eligibility situation
- During administrative period for variable-hour, part-time and seasonal employees
- During October enrollment periods
 - Effective date of January 1

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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 with medical evidence
- Decrease or cancel Optional Life
- Make other changes as announced

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Annual October open enrollment



Odd-numbered years only:

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

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Health and dental coordination of benefits



- Plan that covers person as employee is primary to plan that covers person as dependent
- Children – Plan of parent whose birthday occurs earlier in year is primary
- Deductible and coinsurance linked for married PEBA subscribers enrolled in 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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SHP Standard and Savings Plans



- Common features
- Worldwide coverage
- In- and out-of-network benefits
 - Patient-Centered Medical Home
 - Pharmacy network
- Preauthorization for certain services
- Online access at statesc.southcarolinablues.com

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SHP 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

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Patient-Centered Medical Home



- Provider files claims and accepts amount allowed by SHP even if charges are higher than the allowed amount
- Subscriber does not have to pay copayments
- Once the deductible has been met, the insurance picks up at 90 percent and the subscriber pays 10 percent

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Out-of-network services



- 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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Preauthorization



- Refer to *Insurance Benefits Guide* for information regarding
 - Medi-Call
 - National Imaging Associates
 - Companion Benefit Alternatives
 - Express Scripts

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Value-based benefits



- Routine mammogram
- Pap test
- Physical exam
- Well child care

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PEBA Perks



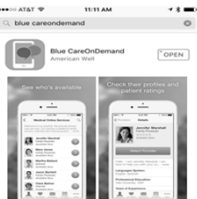
- Maternity management
- Colorectal cancer screenings
- Flu vaccine
- Tobacco cessation program
- Stress management program
- Preventive screenings
- No-Pay Copay
- Adult vaccinations
- Diabetes education

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Telehealth: Blue CareonDemand



- 24/7/365 access to doctors to diagnose and treat common conditions



www.BlueCareOnDemandSC.com

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SHP Standard Plan



- Annual deductible
 - \$445 individual
 - \$890 family
- Copayment
 - \$12 office visit
 - Office visit copay waived if seeing a Patient-Centered Medical Home provider
 - \$95 outpatient facility services
 - \$159 emergency room visit

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SHP 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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SHP Standard Plan



- Prescription drug benefits
 - \$2,500 maximum copay per person

	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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SHP 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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SHP 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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TRICARE Supplement Plan



- Administered by Selman and Company
- Sponsored by Government Employees Association

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TRICARE Supplement Plan



- Active and retired subscribers
- Must be younger than 65
- Must not be eligible for Medicare
- Must be registered with Defense Enrollment Eligibility Reporting System (DEERS)

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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
- Reimbursement of prescription drug copayments
- Can choose any TRICARE-authorized provider
- Eligible for Basic Life insurance and Basic Long Term Disability
- Coverage is portable

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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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2017 active employee monthly premiums



- Premiums for local subdivisions may vary

	Savings Plan	Standard Plan	TRICARE Supplement
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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Tobacco surcharge

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Tobacco surcharge



- \$40 per month for subscribers
- \$60 per month for subscribers who cover at least one dependent
- Automatically charged unless subscriber certifies no one uses tobacco or completes a tobacco cessation program approved by PEBA
- May certify by completing a Certification Regarding Tobacco Use form


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Tobacco surcharge



- Must be tobacco free for six months to certify as non-tobacco user
- State Health Plan offers a tobacco cessation program at no cost


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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 not drop or change until open enrollment in an odd-numbered year or a special eligibility situation
- \$1,000 maximum benefit per year

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State Dental Plan – classes of service



<ul style="list-style-type: none"> • Class I <ul style="list-style-type: none"> • Preventive services • 100% of fee schedule • Class II* <ul style="list-style-type: none"> • Basic services • 80% of fee schedule 	<ul style="list-style-type: none"> • Class III* <ul style="list-style-type: none"> • Prosthodontics • 50% of fee schedule • Class IV <ul style="list-style-type: none"> • Orthodontics (only children younger than 19; \$1,000 lifetime maximum)
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*\$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 enroll in, drop or change Dental Plus coverage only during open enrollment of an odd-numbered year or within 31 days of date of hire or a special eligibility situation

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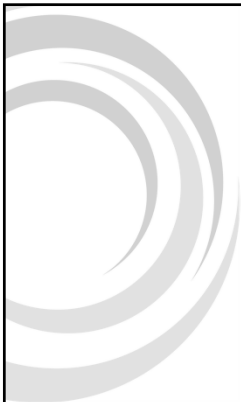
2017 monthly dental premiums



- Dental Plus premiums paid entirely by the subscriber
- Dental Plus enrollment requirements
 - Subscriber must be enrolled in State Dental Plan
 - Must cover same family members in both plans

	State Dental Plan	Dental Plus	Total premium
Enrollee only	N/A	25.96	25.96
Enrollee/spouse	\$7.64	52.46	60.10
Enrollee/child	\$13.72	60.50	74.22
Full family	\$21.34	78.60	99.94

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Vision care
Administered by EyeMed

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State Vision Plan



- May enroll within 31 days of date of hire or retirement
- May enroll in or drop coverage every year during October enrollment

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Covered services



- Eye exams
- Frames and lenses
- Contact lens services and materials
- Discounts on LASIK and PRK vision correction
- Diabetic eye care benefit

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Provider network



- In-network
 - No claims to file
 - Responsible for copayments and any charges remaining after allowances and discounts have been applied to bill
- Out-of-network
 - Pay provider for service
 - EyeMed will reimburse you for portion of expenses for certain services

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Eye exams



- \$10 copayment
- Standard contact lens fitting
 - No copayment
- Premium contact lens fitting
 - 10% discount
 - \$55 allowance toward discounted price

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Eyeglasses



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

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Contact lenses*



- Every 12 months
- Conventional lenses
 - \$130 allowance
 - 15% discount off balance
- Disposable lenses
 - \$130 allowance
- Declining balance for purchase of disposable lenses

*Member may choose either eyeglass lenses or contact lenses, but not both in the same plan year

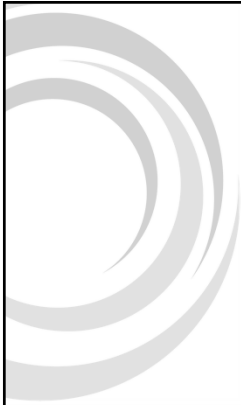
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2017 monthly vision premiums



	Vision
Enrollee only	\$7.00
Enrollee/spouse	\$14.00
Enrollee/child	\$14.98
Full family	\$21.98

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Life insurance

Insured by Securian

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Basic Life insurance



- \$3,000 term life insurance to all eligible employees under age 70
- Premium paid by employer
- Employees enrolled in the State Health Plan or the TRICARE Supplement Plan are covered

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Optional Life insurance



- Premium based on amount of coverage and employee's age
- Coverage up to three times salary, if enrolled within 31 days of employment
- Medical evidence required for additional coverage
- Maximum coverage level of \$500,000

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Dependent Life-Child



- \$15,000 per child
- Premiums of \$1.10 per month, regardless of number of children covered
- Can enroll eligible children throughout the year without medical evidence of good health


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Dependent Life-Spouse



- New hire can enroll spouse for \$10,000 or \$20,000 without medical evidence of good health
- Premiums based on employee's age and amount of coverage
- Employee is beneficiary
- May enroll in up to 50 percent of employee's Optional Life coverage or \$100,000, whichever is less, with medical evidence
- Not available to full-time military personnel

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Long term disability
Administered by Standard Insurance Company

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Basic Long Term Disability

- Premiums paid by employer
- Employee automatically enrolled with selection of eligible health plan
- 62.5 percent benefit, up to \$800 per month
- 90-day waiting period

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Supplemental Long term Disability (SLTD)

- Provides protection for employee if annual salary exceeds \$15,360
- Benefit is 65 percent of monthly salary, up to \$8,000 per month
- Choice of two plans
 - 90-day benefit waiting period
 - 180-day benefit waiting period

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SLTD enrollment



- New hire may enroll without providing medical evidence of good health
 - Late entrant must provide medical evidence of good health to enroll
- Employee pays premium
 - Based on monthly salary, plan chosen and age

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MoneyPlus
Administered by WageWorks

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MoneyPlus features



- Pretax premiums
 - Ex-spouse coverage is not eligible for pre-tax premium
- Medical Spending Account (MSA)
- Dependent Care Spending Account (DCSA)
- Health Savings Account (HSA)

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Pretax premiums



- State Health Plan and TRICARE Supplement Plan
- State Dental Plan & Dental Plus
- State Vision Plan
- First \$50,000 of Optional Life
- Tobacco surcharge
- \$0.28 monthly administrative fee
- Employees covering a former spouse are not eligible for the pre-tax premium feature

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Medical Spending Account (MSA)



- \$2,600 maximum annual contribution
- \$3.14 monthly administrative fee
- Use it or lose it 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

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Dependent Care Spending Account (DCSA)



- \$5,000 maximum contribution
 - \$1,700 maximum contribution for highly compensated employees
- \$3.14 monthly administrative fee

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DCSA eligible expenses



- Day care facility fees
- Care for qualified individuals in your home or someone else's home
- Summer day camps

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DCSA eligible expenses



- 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
- Use it or lose it account
- No grace period

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Health Savings Account (HSA)



- Employee must be enrolled in the SHP Savings Plan
- Money deposited into account carries forward from year to year
- Account is portable

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2017 HSA contribution limits



- \$3,400 for individuals
- \$6,750 for family
- Additional \$1,000 catch-up provision for individuals age 55 and older

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HSA fees



- \$1.50 per month administrative fee
- \$1.50 per month 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 used for expenses not covered by health insurance, such as dental and vision care
- \$2,600 maximum contribution
- \$3.14 monthly administrative fee
- Use it or lose it account

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Important reminders



- You are responsible for your benefits
- Enrollment changes are not automatic
- For detailed information on the insurance benefits offered by PEBA, refer to the *Insurance Benefits Guide* at www.peba.sc.gov

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Disclaimer



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

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