

Insurance Orientation and Education

2018

Important information



- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- For more information, and before you make enrollment decisions, view these publications:
 - *Insurance Summary*;
 - *Insurance Benefits Guide*; and
 - *Your benefits options* flyer.

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Navigating your benefits



- *Navigating Your Benefits* series:
 - www.peba.sc.gov/nyb.
 - Plain-language explanations of insurance and retirement benefits.
 - Flyers and videos.



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MyBenefits



- Available to members with internet access.
- Accessible 24/7.
 - Make changes during open enrollment;
 - Review benefits statement;
 - Upload supporting documentation;
 - Update life insurance beneficiaries;
 - Add a newborn to coverage; and
 - Change contact information.
- <https://mybenefits.sc.gov>.



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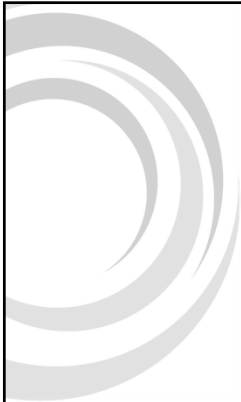
Insurance benefits



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

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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:
 - Spouse, including former spouse.
 - Children.
- Survivors.

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Full-time employees



- Permanent employees who 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 eligibility requirements to continue coverage in retirement.
- Full-time nonpermanent, variable-hour, part-time, and seasonal employees are not eligible for retirement benefits.
- Refer to the [Insurance Benefits Guide](#) for retiree eligibility information.

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Spouse



- Your lawful spouse.
- Cannot cover spouse if spouse is employed by an employer participating in the state insurance program.
- Your former spouse, if court-ordered to cover.
 - Effective January 1, 2018, former spouses required to have own policy under the plan.
 - Coverage billed at the full amount of the premium.
 - Health, dental and vision as required by court order.

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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 life insurance, a dependent child age 19-25 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.
- Upload supporting documents securely through MyBenefits.

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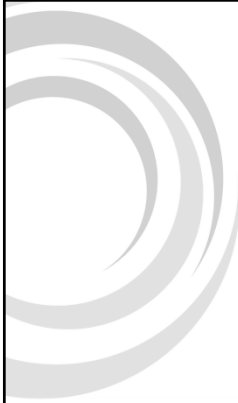
Survivors



- 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 30 days of:
 - Hire or retirement date.
 - Special eligibility situation.
- During administrative period for variable-hour, part-time and seasonal employees.
- During October open 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 insurance.
 - Medical evidence may be required.
- Decrease or cancel Optional Life insurance.
- 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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State Health Plan (SHP)



- 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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SHP 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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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.
- 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.
- Visit [here](#) to find a PCMH near you.

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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 the *Insurance Benefits Guide* for information regarding:
 - Medi-Cal.
 - National Imaging Associates.
 - Companion Benefit Alternatives.

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SHP prescription benefits



- Express Scripts is the pharmacy benefits manager.
- Formulary is a list of preferred drugs.
- Coverage reviews:
 - Prior authorizations.
 - Drug quantity management.
 - Step therapy.
- www.Express-Scripts.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 PCMH provider
 - \$95 outpatient facility services
 - \$159 emergency room visit

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SHP Standard Plan



- In-network coinsurance
 - Plan pays 80 percent
 - Subscriber pays 20 percent
 - Coinsurance maximum of \$2,540 individual or \$5,080 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 \$5,080 individual or \$10,160 family

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SHP 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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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 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

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SHP Savings Plan



Prescription benefits:

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

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Health and wellness



- Additional benefits for SHP primary members.
- PEBA Perks:
 - No-cost benefits at network providers and pharmacies
 - www.peba.sc.gov/pebaperks.html
- Health management programs:
 - 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 pump

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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
- 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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Tobacco surcharge



- \$40 per month for SHP subscribers.
- \$60 per month for SHP subscribers who cover at least one dependent.
- Automatically charged unless subscriber certifies as non-tobacco user or completes tobacco cessation program.
- May certify by completing a [Certification Regarding Tobacco Use](#) form.

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Tobacco surcharge



- SHP 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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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 SHP.

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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 SHP member, must drop SHP 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:

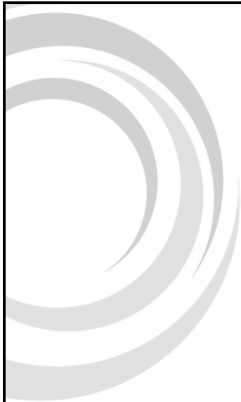
- No COBRA rights.
- No employer contribution, per federal regulations.
- Not subject to tobacco surcharge.

2018 active employee monthly premiums



	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

Premiums for local subdivisions may vary



Dental

Administered by BlueCross
BlueShield of South Carolina

State Dental Plan



- Free to choose dentist; however, not all dentists have agreed to accept the Plan's allowed amounts.
- No pre-existing condition exclusions.
- May not change or drop coverage until open enrollment in an odd-numbered year 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 dental 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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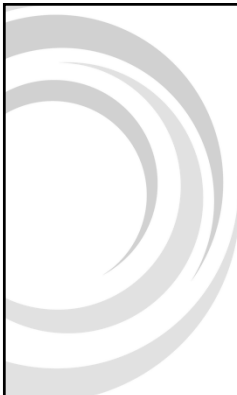
2018 monthly dental premiums



	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 percent 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 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 member cost

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Contact lenses*



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



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

*In-network member cost

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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 coverage.
- Premium paid by employer.

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Optional life insurance



- Additional coverage.
- 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.
- www.peba.sc.gov/assets/lifemonthlypremiums.pdf

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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:
 - Medical evidence required for additional coverage.
 - Maximum coverage is \$100,000 or 50 percent of employee's Optional Life amount, whichever is less.
- www.peba.sc.gov/assets/lifemonthlypremiums.pdf

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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.

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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 predisability earnings.
- Maximum \$800 monthly benefit.

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Supplemental long term disability (SLTD)



- Optional, additional disability protection.
- Choice of two plans:
 - 90-day benefit waiting period; or
 - 180-day benefit waiting period.
- Monthly benefit of 65 percent of predisability earnings.
- Maximum \$8,000 monthly benefit.


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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.


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MoneyPlus
Administered by WageWorks

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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.

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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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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.

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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.
- SHP Standard Plan members only.

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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.

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Health Savings Account (HSA)



- SHP 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.

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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 SHP 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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