

South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY
PEBA

2015

Insurance Benefits Training

PEBA Insurance Benefits
803-734-2352 (BA Call Center)
888-260-9430 (Subscriber Services)

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Important Information for BAs

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

For more detailed information, have the *Benefits Administrator Manual* and *Insurance Benefits Guide* handy as you review this presentation.

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Introduction and Eligibility

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Eligibility

- Full-time Permanent Employee
- Full-time Nonpermanent Employee
- Variable-Hour, Part-time or Seasonal Employee
- Retirees
- Dependents

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Full-time Permanent Employees

Eligibility

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

Full-Time Nonpermanent Employees

Eligibility

- Must work at least 30 hours per week
- Not working in a full-time permanent position
- Benefits available
 - Health, dental, vision, pretax premiums, and Health Savings Account if enrolled in the Savings Plan
 - Not eligible for Basic Life, Dependent Life, Optional Life, Basic LTD, Supplemental LTD, Medical Spending Account or Dependent Care Spending Account

Variable-Hour, Part-time and Seasonal Employees

Eligibility

- Average at least 30 hours per week over a defined measurement period
- Benefits available
 - Health, dental, vision, pretax premiums, and Health Savings Account if enrolled in the Savings Plan
 - Not eligible for Basic Life, Dependent Life, Optional Life, Basic LTD, Supplemental LTD, Medical Spending Account or Dependent Care Spending Account

Measurement Period

Variable-Hour Employees

- IRS requires a 12-month measurement period for variable-hour, part-time and seasonal employees
- PEBA sets
 - Standard Measurement Period (Oct. 4 – Oct. 3)
 - Administrative Period (Oct. 4 – Oct. 31)
 - Stability Period (Jan. 1 – Dec. 31)

Eligibility



Retired Employees

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

Eligibility

Spouse

- Current spouse or former spouse, if coverage is court-ordered
- Spouse employed by a PEBA Insurance Benefits-covered employer or eligible to be covered as a funded retiree cannot be covered

Eligibility



Children

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

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Eligibility

Eligible Children

- Under age 26*
- Coverage may continue beyond age 25 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, dependent children ages 19-24 must be full-time students, unmarried and not employed on a full-time basis.

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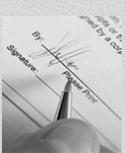
Dependents Under Age 26

If employee chooses to enroll as dependent child

- Only eligible for benefits offered to children
- Active Benefit 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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Eligibility



Documentation Needed

- Required to cover spouse or any children
- Must be submitted when enrolling a spouse or child
- Also required by audit

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Survivors

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Survivors

Eligibility

- Must be enrolled in health, dental or vision at the time of employer's death
- Spouse eligible until marriage
- Children eligible until age 26
- If all coverage is canceled cannot re-enroll as survivor

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Survivors

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. Local subdivision employees should check with their benefits administrator for rates.

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Enrollment and Coordination of Benefits

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Enrollment



Enroll

- **Within 31 days of**
 - Hire or retirement date
 - Special eligibility situation
- **During Administrative Period**
 - Eligible ongoing employees
- **During Initial Administrative Period**
 - Eligible new variable-hour, part-time or seasonal employees
- **During October enrollment periods, effective following Jan. 1**

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October Enrollment Periods

Every Year

- **Enroll in, drop or change health plans**
- **Enroll or re-enroll in MoneyPlus**
- **Enroll in or drop State Vision Plan**
- **Enroll in or increase Optional Life with medical evidence**
- **Decrease or cancel Optional Life**
- **Add or drop dependents from health and vision**
- **Make other changes as announced**

Dental Enrollment Period



October of odd-numbered years

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

Coordination of Benefits

How It Works

- Health and dental coordinates benefits with other coverage
- Children – Parent whose birthday occurs earlier in year is primary
- Deductible and coinsurance linked for married PEBA Insurance Benefits subscribers enrolled in same health plan

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Health Plans

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Health Plan Options

- State Health Plan
 - Standard Plan
 - Savings Plan
- GEA TRICARE Supplement Plan

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State Health Plan

State Health Plan (SHP)

Administered by BlueCross BlueShield of South Carolina

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State Health Plan

Standard Plan and Savings Plan



Common to Both

- Worldwide coverage
- In- and out-of-network benefits
- Pharmacy network
- Preauthorization for certain services
- Online access available
statesc.southcarolinablues.com

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State Health Plan

Standard Plan and Savings Plan



Provider Network

- Provider files claims and accepts allowed amount as payment in full
- Subscriber pays deductible, copayments, and coinsurance

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State Health Plan

Standard Plan and Savings Plan

Out-of-network

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

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State Health Plan

Standard Plan and Savings Plan

Limited Preventive Benefits

- Routine mammogram
- Pap test
- Well child care
- Routine colonoscopy

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State Health Plan

Standard Plan and Savings Plan



Mammograms

- 100% coverage for routine, four-view mammograms at participating providers
- According to schedule
- Diagnostic mammograms subject to deductible, copayment, and coinsurance

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State Health Plan

Standard Plan and Savings Plan

Pap Test

- Free to choose provider
- Covers annual routine Pap test (ages 18 to 65)
 - No deductible, copayment or coinsurance
- Includes payment for Pap portion of office visit only

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State Health Plan

Standard Plan and Savings Plan



Well Child Care Benefits

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

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State Health Plan

Standard Plan and Savings Plan

Routine Colonoscopies

- Every 10 years for subscribers age 50 and older
- Subject to deductible, copayment and coinsurance

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Standard Plan and Savings Plan



Prescription Drug Benefit

- Administered by Catamaran
- Must use network pharmacy
- Preauthorization required for certain drugs
- Compare costs online at www.myCatamaranRx.com

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State Health Plan

Standard Plan and Savings Plan



Tobacco Cessation Benefits

- Quit for Life™ Program, brought to you by the American Cancer Society and Alere Wellbeing
- Free for subscribers and covered family members
- 866-QUIT-4-LIFE (866-784-8454)

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State Health Plan

Standard Plan and Savings Plan



Generic Copay Waiver

- Eligible State Health Plan members may be eligible to receive their generic prescription drugs that treat cardiovascular disease, congestive heart failure and diabetes for 12 months at no cost

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Generic Copay Waiver

Requirements

- Must meet all of the following*
 - Participation in BCBSSC Health Management Program
 - Complete condition-specific BCBSSC Health Management Assessment online
 - See a doctor about the condition
 - Have lab test(s) performed
- For more information, see the *Insurance Benefits Guide* or go to the BCBSSC website, StateSC.SouthCarolinaBlues.com.

* Some additional requirements may apply

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State Health Plan

Standard Plan and Savings Plan

Preauthorization

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Standard Plan and Savings Plan



Medi-Call

- **Subscriber responsible for calling**
 - At least 48 hours before receiving services for certain procedures
- **Subscriber will incur penalties for not calling**

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Standard Plan and Savings Plan



National Imaging Associates

- **Preauthorization required for advanced radiology services**
- **Refer to *Insurance Benefits Guide* for more information**

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State Health Plan

Standard Plan and Savings Plan

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**

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State Health Plan

Standard Plan and Savings Plan



Contact

- **Medi-Call**
 - Columbia: 803-699-3337
 - Nationwide: 800-925-9724
- **National Imaging Associates**
 - 866-500-7664
- **Companion Benefit Alternatives**
 - 800-868-1032

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State Health Plan

SHP Standard Plan

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Standard Plan

Deductibles and Coinsurance

Annual Deductible	
<ul style="list-style-type: none"> ▪ \$445 individual ▪ \$890 family 	
<p><u>In-network Coinsurance</u></p> <ul style="list-style-type: none"> ▪ Plan pays 80% ▪ Subscriber pays 20% <p><u>Coinsurance Maximum</u></p> <ul style="list-style-type: none"> ▪ \$2,540 individual ▪ \$5,080 family 	<p><u>Out-of-network Coinsurance</u></p> <ul style="list-style-type: none"> ▪ Plan pays 60% ▪ Subscriber pays 40% <p><u>Coinsurance Maximum</u></p> <ul style="list-style-type: none"> ▪ \$5,080 individual ▪ \$10,160 family

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Copayments

- \$ 12 Office visit
- \$ 95 Outpatient facility services
- \$159 Emergency room visit

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Prescription Drug Benefits

Network Retail Pharmacy* <small>(up to 31-day supply)</small>	Mail Order* <small>(up to 90-day supply)</small>
▪ Tier 1-Generic \$ 9	▪ Tier 1-Generic \$ 22
▪ Tier 2-Preferred \$ 38	▪ Tier 2-Preferred \$ 95
▪ Tier 3-Non-Preferred \$ 63	▪ Tier 3-Non-Preferred \$ 158

Retail Maintenance Network

*"Pay the Difference" applies

\$2,500 maximum copay per person

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State Health Plan

SHP Savings Plan

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Savings Plan

Deductibles and Coinsurance

Annual Deductible

- \$3,600 individual
- \$7,200 family

<p><u>In-network Coinsurance</u></p> <ul style="list-style-type: none"> ▪ Plan pays 80% ▪ Subscriber pays 20% <p><u>Coinsurance Maximum</u></p> <ul style="list-style-type: none"> ▪ \$2,400 individual ▪ \$4,800 family 	<p><u>Out-of-network Coinsurance</u></p> <ul style="list-style-type: none"> ▪ Plan pays 60% ▪ Subscriber pays 40% <p><u>Coinsurance Maximum</u></p> <ul style="list-style-type: none"> ▪ \$4,800 individual ▪ \$9,600 family
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Savings Plan



Added benefits

- Annual flu shot
- Annual physical that includes specific services
- Eligibility to contribute to Health Savings Account (HSA)

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Health Insurance

GEA TRICARE Supplement Plan

Selman and Company/ASI
Sponsored by Government Employees Association (GEA)

GEA TRICARE Supplement Plan

Features

- Available to retired military personnel under age 65
- Pays secondary after TRICARE
- No deductible, coinsurance or out-of-pocket expenses for covered services
- Enrollment in GEA is required
- Reimbursement of prescription drug copayments
- Can choose any TRICARE –authorized provider
- Coverage is portable

GEA TRICARE Supplement Plan

Exclusions/Limitations

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

Eligibility



Active and Retired Subscribers

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

GEA TRICARE Supplement Plan

Eligibility (cont'd)

- Eligible participants include:
 - Military retirees receiving retired, retainer or equivalent pay
 - Spouses and surviving spouses of military retirees
 - Retired reservists between the ages of 60 and 65
 - Spouses and surviving spouses of retired reservists
 - Retired reservists younger than 60 who are enrolled in TRICARE Retired Reserve (TRR)
 - Spouses and surviving spouses of retired reservists enrolled in TRR

GEA TRICARE Supplement Plan

Eligible Dependent Children

- Dependent eligibility for the TRICARE Supplement is based on TRICARE eligibility guidelines (not PEBA)
- 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

Medicare and TRICARE

When Member Gains Medicare

- TRICARE ends
- Member becomes eligible for TRICARE for Life
- Medicare becomes primary payer (even if active employee)
 - Must enroll in Medicare Parts A and B
- Exception - If ineligible for Medicare or resides overseas, member may remain enrolled in TRICARE

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Active Employee Health Premiums

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2015 Active Employee Monthly Health Premiums

	SHP Savings Plan	SHP Standard Plan	
Employee only	\$ 9.70	\$ 97.68	Premiums for Local Subdivisions may vary
Employee/spouse	\$ 77.40	\$253.36	
Employee/children	\$ 20.48	\$143.86	
Full family	\$113.00	\$306.56	
	TRICARE Supplement		
Employee only	\$ 62.50		
Employee/spouse	\$121.50		
Employee/children	\$121.50		
Full family	\$162.50		

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Tobacco Surcharge

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Tobacco Surcharge

Details

- \$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 *Certification Regarding Tobacco Use Form*

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Tobacco Surcharge



Avoid the Surcharge

- Must be tobacco free for 6 months to certify as non-tobacco user
- The State Health Plan offers free tobacco cessation program
- Refer to *Insurance Benefits Guide* for detailed information

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Insurance Benefits Training

State Dental Plan

Administered by BlueCross BlueShield of South Carolina

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State Dental Plan



Features

- Free to choose dentist
- No pre-existing condition exclusions
- May not drop or change until next open enrollment period of odd-numbered year
- \$1,000 maximum benefit per year

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State Dental Plan

Classes of Services

<p>Class I</p> <ul style="list-style-type: none"> ▪ Preventive services ▪ 100% of fee schedule <p>Class II*</p> <ul style="list-style-type: none"> ▪ Basic services ▪ 80% of fee schedule 	<p>Class III*</p> <ul style="list-style-type: none"> ▪ Prosthodontics ▪ 50% of fee schedule <p>Class IV</p> <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

Administered by BlueCross BlueShield of South Carolina

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Dental Plus

Features

- Supplement to Basic Dental
- Higher allowance for Class I, II and III services
- Combined maximum benefit of \$2,000 per year
- May enroll in or cancel coverage during open enrollment period of odd-numbered year

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Dental Claim Example

Class I Dental Diagnostic and Preventive Benefit (Adult Cleaning Claim)	
State Dental Plan Only	
Dentist's charge	\$80.00
State Dental Plan <u>allowed amount</u>	\$30.10
State Dental Plan payment (100% of the allowed amount)	\$30.10
Subscriber enrolled only in the State Dental Plan pays	\$49.90
State Dental Plan with Dental Plus	
Dentist's Charge	\$80.00
Dental Plus allowed amount	\$72.00
Dental Plus payment (100% of the allowed amount)	\$41.90
Total payment* (Allowable amounts for State Dental Plan payment <u>plus</u> Dental Plus payment)	\$72.00
Subscriber enrolled in the State Dental Plan <u>and</u> Dental Plus pays	\$ 8.00
Subscriber enrolled in the State Dental Plan <u>and</u> Dental Plus pays if the dentist accepts the Dental Plus <u>allowed amount</u>	\$ 0.00
<small>*In this example, the Dental Plus payment is based on the current allowed amount for the Columbia area and may differ slightly depending on where your dentist is located. The total payment will not exceed the Dental Plus allowed amount.</small>	

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Monthly Dental Premiums

Category	Basic Dental	Dental Plus	Total Premium
Employee	None	\$24.58	\$24.58
Employee/ Spouse	\$ 7.64	\$49.66	\$57.30
Employee/ Child	\$13.72	\$57.26	\$70.98
Full Family	\$21.34	\$74.22	\$95.56

Dental Plus premiums are in addition to State Dental Plan premiums. If you are enrolled in the State Dental Plan and Dental Plus, you must cover the same family members under both plans.

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Vision Care

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Vision Care



Two Programs Available

- State Vision Plan
- Vision Care Discount Program

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State Vision Plan

Administered by EyeMed Vision Care

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State Vision Plan



Eligibility

- Available to anyone eligible for health coverage through PEBA Insurance Benefits
- Subscriber pays premium
- May enroll within 31 days of date of hire or retirement or every year during October enrollment

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State Vision Plan



Vision Care Services

- Eye exams
- Frames
- Lenses
- Contact lens services and materials
- Diabetic Eye Care Benefit
- Discounts on LASIK and PRK vision correction

State Vision Plan

Providers

- **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

State Vision Plan



Locate a provider

- **Online**
 - www.eip.sc.gov
 - Click on the "Online Directories" section
- **Call EyeMed**
 - 877-735-9314

State Vision Plan



Eye Exams

- **\$10 copayment**
- **\$39 or less for retinal imaging (optional discount)**
- **Standard contact lens fitting**
 - No copayment
- **Premium contact lens fitting**
 - 10% discount and
 - \$55 allowance toward discounted price

State Vision Plan

Eyeglasses

- Frames every 2 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

State Vision Plan



Lens Options

- Included at no cost
 - UV Treatment
 - Solid and gradient tint
 - Standard plastic scratch coating
 - Standard polycarbonate for children younger than age 19

State Vision Plan

- Available at an additional cost
 - \$30 copayment for standard polycarbonate for adults
 - \$60 copayment for transition lenses
 - Copayments for anti-reflective coating vary by brand
 - Polarized lenses and other add-ons available for 20% off retail price

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State Vision Plan



Contact Lenses

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

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State Vision Plan

Contact Lenses by Mail

- Order replacement contact lenses online
 - www.EyeMedContacts.com
- Cannot use plan's allowance or discount toward online purchase
- Valid prescription required
- Mailed directly to subscriber's home

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State Vision Plan

Discounts

- LASIK or PRK Vision Correction
 - 15% discount off retail or
 - 5% off promotional price
- Additional Pairs
 - 40% discount on complete pair of eyeglasses
 - 15% discount on conventional contact lenses

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State Vision Plan

Monthly Premiums

- Employee only \$ 7.00
- Employee/spouse \$14.00
- Employee/children \$14.98
- Full family \$21.98

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Vision Care Discount Program

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Vision Care Discount Program



Eligibility

- Full-time employees
- Part-time employees
- Retirees
- Survivors
- COBRA subscribers
- Eligible dependents

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Vision Care Discount Program

Features

- No enrollment or premium
- Discount program
- Participating providers only
 - \$60 for routine eye exam – excludes contact lens exam
 - 20% discount on eyewear excluding disposable contact lenses

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Basic Life

Administered by Minnesota Life

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Basic Life

Features

- \$3,000 term life insurance for employees under age 70 or \$1,500 for employees age 70 or older
- Premium paid by employer
- Employees enrolled in eligible health plans are covered
 - Not available to full-time nonpermanent, variable-hour, part-time, and seasonal employees
- Accidental death & dismemberment benefits

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Optional Life

Administered by Minnesota Life

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Optional Life



Features

- Accidental death & dismemberment benefits
- Living benefits
- Benefits reduced beginning at age 70
- Can continue or convert in retirement
- Not available to full-time nonpermanent, variable-hour, part-time, and seasonal employees

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Optional Life

Enrollment

- Premium based on level of coverage and employee's age
- Coverage up to three times salary if enrolled within 31 days of hire date
- Medical evidence required for additional coverage
- Maximum coverage level of \$500,000
- Not available to full-time nonpermanent, variable-hour, part-time, and seasonal employees

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Optional Life



Effective Date

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

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Optional Life

Beneficiary

- Designate an individual, estate or trust
- Define percentage amounts for multiple beneficiaries
- Make changes to beneficiaries at any time

South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY
PEBA

Insurance Benefits Training

Dependent Life

Administered by Minnesota Life

Dependent Life



Spouse coverage

- New hire can enroll spouse for \$10,000 or \$20,000
- Premiums based on employee's age and amount of coverage
- Employee is beneficiary
- Not available to spouses of full-time nonpermanent, variable-hour, part-time, and seasonal employees

Dependent Life

- Additional coverage available with medical evidence of good health
 - Up to 50% of employee's Optional Life
 - \$100,000 maximum
- Accidental death & dismemberment benefits
- Suicide exclusion

Dependent Life

Child coverage

- \$15,000 per child
- Premiums – \$1.10 per month, regardless of number of children covered
- Can enroll eligible children throughout the year without medical evidence of good health
- Not available to dependent children of full-time nonpermanent, variable-hour, part-time, and seasonal employees

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Dependent Life

- Covers listed dependents only
- Employee is beneficiary
- No accidental death & dismemberment benefits
- Child must be eligible for coverage
 - Supported by employee
 - Unmarried
 - Not employed full-time
 - Full time student if age 19-24 unless certified as an incapacitated child

Dependent children of temporary full-time and variable-hour employees are not eligible.

South Carolina
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PEBA

Insurance Benefits Training

Basic Long Term Disability Insurance (BLTD)

Administered by Standard Insurance Company

South Carolina
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PEBA

Basic Long Term Disability

Features

- Premium paid by employer
- Employee automatically enrolled with selection of eligible health plans
 - Not available to full-time nonpermanent, variable-hour, part-time, and seasonal employees
- 62.5 percent benefit, up to \$800 per month
- BLTD income taxable

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Basic Long Term Disability

- 90-day waiting period
- 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

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Basic Long Term Disability

- Benefit amount reduced by deductible income including
 - Workers’ compensation
 - Social Security benefits
 - Sick leave pay
 - Any PEBA Retirement Benefits (SCRS, PORS, GARS) income

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PEBA

Insurance Benefits Training

Supplemental Long Term Disability Insurance (SLTD)

Administered by Standard Insurance Company

Supplemental Long Term Disability

Enrollment

- New hire may enroll without providing medical evidence
 - Not available to full-time nonpermanent, variable-hour, part-time, and seasonal employees
- Late entrant must provide medical evidence of good health to enroll
- Employee pays premium – based on monthly salary, plan chosen and age

Supplemental Long Term Disability

Features

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

Supplemental Long Term Disability



- Benefit amount reduced by deductible income
- Minimum benefit of \$100
- SLTD income not taxable

South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY
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Supplemental Long Term Disability

Exclusions and Limitations

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

South Carolina
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Supplemental Long Term Disability

Lifetime Security Benefit

- Extends SLTD 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)

South Carolina
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PEBA

Insurance Benefits Training

MoneyPlus

Administered by WageWorks, Inc.

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PEBA

MoneyPlus

Features

- Pretax premiums
- Medical Spending Account (MSA)
- Dependent Care Spending Account (DCSA)
- Health Savings Account (HSA)

South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY
PEBA

Pretax Premiums

Features

- Health
- Dental & Dental Plus
- State Vision Plan
- First \$50,000 of Optional Life
- Tobacco surcharge
- \$0.28 monthly administrative fee

South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY
PEBA

MoneyPlus



Spending Account Enrollment

- First-time participants contact benefits office for paper enrollment form
- Current MoneyPlus participants may re-enroll each year online at www.myFBMC.com

MoneyPlus

Medical Spending Account (MSA)

- Employed for one year with a participating employer
- \$2,550 maximum annual contribution
- \$3.14 monthly administrative fee
- "Use it or lose it" account

Medical Spending Account (MSA)



Eligible expenses include

- Deductibles, coinsurance and copayments
- Medically necessary expenses
- Prescription medications and approved over-the-counter medications with prescription

Medical Spending Account (MSA)



Filing for Reimbursement

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

Medical Spending Account (MSA)



myFBMC Card® Visa® Card

- Draws funds directly from MSA to pay for eligible medical expenses
- \$10 annual fee
- May only be used at retailers meeting IRS coding requirements

Dependent Care Spending Account (DCSA)



Guidelines

- \$5,000 maximum contribution
- \$3.14 monthly administrative fee

Dependent Care Spending Account (DCSA)



Eligible expenses

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

Dependent Care Spending Account (DCSA)

Rules

- 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

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

Health Savings Account



2015 HSA Contributions

- \$3,350 for individuals
- \$6,650 for family
- Additional \$1,000 catch-up provision for individuals age 55 and older

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Health Savings Account

Fees

- \$1.50 per month administrative fee
- \$1.75 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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PEBA

Limited-Use Medical Spending Account

Features

- Must be employed for one year
- Only used for expenses not covered by health insurance, such as dental and vision care
- \$2,500 maximum contribution
- \$3.14 monthly administrative fee
- "Use it or Lose it" account

South Carolina
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Insurance Benefits Training

COBRA and Terminations

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COBRA and Terminations

COBRA Eligibility

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

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PEBA

COBRA and Terminations

18 Months

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

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PEBA

COBRA and Terminations

29 Months

- Qualified beneficiaries may extend coverage for 11 months if approved for Social Security disability
- Qualified beneficiaries must
 - Be approved for disability by SSA within 18-month COBRA period
 - Be disabled at time of qualifying event or during first 60 days of COBRA coverage

COBRA and Terminations

(cont'd)

- Report to PEBA Insurance Benefits within 60 days of latest of 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

COBRA and Terminations

36 Months

- Spouses and children who lose eligibility may continue coverage for up to 36 months
 - Must be reported within 60 days of event
 - 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

COBRA and Terminations

Ineligible Spouse

- Divorce
- Eligibility gained through another PEBA insurance-covered employer
- Death of COBRA-covered former employee

COBRA and Terminations



Ineligible Child

- Age 26, unless he is covered as an incapacitated child
