



Eligibility

Insurance Benefits Training
2022

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*](#).
- 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.

Eligible participants

- Active full-time equivalent employees.
 - Part-time teachers.
- Retirees.
- Dependents.
 - Spouses.
 - Children.
- Survivors.
- COBRA subscribers.
- Former spouses.

Active, full-time equivalent employees

- Average at least 30 hours a week unless they are:
 - Employed as a part-time teacher working at least 15 but fewer than 30 hours per week; or
 - Employed by an employer who allows coverage for 20-hour employees.

Retirees

- Must meet certain eligibility requirements to continue insurance coverage in retirement.
- Permanent part-time teachers, temporary full-time and variable-hour employees are not eligible.
- Only PEBA can determine retiree insurance eligibility.
 - Flyers available at peba.sc.gov/nyb.
 - *Employment Verification Record* form required.
- If eligible, retiree must enroll using *Retiree Notice of Election* within 31 days of retirement date.

Dependent spouse

- Current spouse.
- Cannot cover spouse who is employed in an insurance-eligible position by an employer that participates in PEBA-administered insurance programs.

Dependent children

- Natural child.
- Stepchild.
- Adopted child.
- Child placed for adoption.
- Foster child.
- Child for whom employee has legal custody.
- Must be younger than age 26.
- To be eligible for Dependent Life-Child insurance, a dependent child ages 19-24 must be full-time student, unmarried and not employed on a full-time basis.

Dependent children

- Coverage for an incapacitated child may continue beyond age 26, when coverage would otherwise end, as long as the child remains eligible.
- Subscriber must submit proof of incapacity and dependency by completing the [Incapacitated Child Certification](#) form and providing supporting documentation.
- Transactions involving incapacitated children must be completed with a *Notice of Election* form.

Dependent children

- If child is employed with a participating employer, the child may choose to:
 - Enroll as an active employee with employer; or
 - Remain on parent's coverage as dependent child.
- If child chooses to remain on parent's coverage as a dependent child:
 - Coverage ends at age 26.
 - Dependent child may not be eligible for certain covered services.
 - When coverage ends, child may enroll as employee due to loss of state coverage in:
 - Health, dental, vision; and
 - Optional Life and Supplemental Long Term Disability with medical evidence.

Dependent documentation

- Must be submitted to enroll a spouse or child.
 - Upload options in MyBenefits and EBS.
 - Must be submitted at time of enrollment.
- Spouse:
 - Marriage license; or
 - First page of most recent federal tax return, if filing jointly.
- Child:
 - Long-form birth certificate.
- [Enrollment documentation worksheet](#) provides complete listing of acceptable documentation to prove the relationship of dependents.

National Medical Support Notices (NMSN)

- Sent by state child support agencies to employers and plan administrators when employee is obligated to provide employer-sponsored health coverage for child by court or administrative child support order.
- Serves as documentation needed for enrollment.
- By federal law, coverage-eligible employees cannot refuse to cover identified children.
- Coverage continues until either:
 - PEBA receives notice from issuing agency to remove child; or
 - Employee loses insurance eligibility.

Employer responsibility for NMSNs

- Complete Part A, then forward to PEBA or return to issuing agency.
- Do not share information on child or custodial parent with employee, including:
 - Names;
 - Addresses;
 - Social Security numbers; and
 - Other contact information.
- If requested by employee, share only name and contact information of issuing agency and case number.
- PEBA NMSN Coordinator:
medicalsupportnotices@peba.sc.gov.

Survivors

- Dependents covered at time of employee's death may continue health, dental and vision coverage.
- Spouse eligible until remarrying.
- Children remain eligible until age 26 unless approved for incapacitation and unmarried.
- If all coverage is canceled, spouse/child cannot re-enroll as survivor.

Survivor premiums

- Survivors of active employees, funded and partially funded¹ retirees:
 - State Health Plan premiums waived for one year.
 - After the waiver, survivor pays the full non-funded survivor premium.²
- Survivors of non-funded retirees pay full cost of premiums from date of retiree's death.
- Survivors pay full cost of dental and vision premiums from date of retiree's death.
- Survivors of optional employer retirees must contact employer for premiums.
- View monthly premiums at peba.sc.gov/monthly-premiums.

¹Survivors of partially funded retirees pay half the employer share during the waiver year.

²Survivors of an employee who was killed in the line of duty will pay the full non-funded survivor premium after the waiver ends.

COBRA subscribers

- COBRA requires continuation of health, dental, vision and/or Medical Spending Account¹ coverage be offered if no longer eligible.
- Individuals must be covered at the time of termination to be eligible.
- For more information about COBRA, view the employer training on COBRA at peba.sc.gov/insurance-training.

¹See COBRA details on Medical Spending Account eligibility under COBRA.

Former spouses

- A former spouse may enroll in coverage under his own policy if an active employee or retiree is required by a court order to provide coverage.
 - Must enroll within 31 days of eligibility.
- Coverage for a former spouse can include health, dental and vision coverage.
- The cost of former spouse coverage is the full premium amount.
- *Former Spouse Notice of Election* form required.
- Can elect 36 months of COBRA continuation coverage instead of former spouse coverage.
 - If an eligible former spouse elects the former spouse coverage, he waives his 36-month COBRA continuation rights.

Disclaimer

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