MUSC NetID and Email

• You should have received instructions today on how to activate your MUSC NetID and Email.

• If you have previously been employed at MUSC, MUHA, or MUSCP, enrolled as a student, or worked as a volunteer you will need to have your NetID reactivated.

  › 1<sup>st</sup> floor of the North Tower, Main Hospital (Horseshoe)
  › 4<sup>th</sup> floor of the James W. Colbert Library –Systems Office
  › 2<sup>nd</sup> floor of Harborview Office Tower (HOT)
MyRecords Employee Portal
http://horseshoe.musc.edu/
MyRecords Main Menu

Close All Browser Windows to Log Out!

- My PayStub
- My Benefits
- My Leave
- My Furlough
- My Immunization/Fit Testing
- My Personal Information
- SuccessFactors
- Flu Shot Decline Form
- W-4 Form
- Withholdings
- Contact Us

Human Resources Home Page

Close All Browser Windows to Log Out!
MyRecords

- **Update Personal Info** to make any updates
- **Change Address** tab to update your address
My Records

MyRecords Main Menu

Close All Browser Windows to Log Out!

- My PayStub
- My Benefits
- My Leave
- My Furlough
- My Immunization/Fit Testing
- My Personal Information
- SuccessFactors
- Flu Shot Decline Form
- W4 Withholdings
- W4W-4 Form
- Contact Us

Human Resources Home Page

Close All Browser Windows to Log Out!
W-4 updates in MyRecords

W-4 Information

Medical University Instructions
Please enter the appropriate values for the items below regarding your income tax withholding. Once you complete the values, click the Preview Form Button button. Your W-4 form will appear in your web browser.

Print the form, sign the form, and submit it to Human Resources.
Please e-mail the completed, signed form to hrpersonnelrecords@musc.edu. Alternatively, you may drop the form off at our main office, 19 Hagood Avenue, Suite 102, Harborview Towers. If you prefer to fax the document, please fax to 792-8533.

To access the tables, instructions, and worksheets provided by the Internal Revenue Service for Form W-4, please click the following link: W4 Form.

By submitting this W-4 form, you are submitting a change that will update all of the requested information. Please complete each section to update your tax withholdings. For example, if you have previously requested that additional money be withheld you must list the dollar amount on the revised form to continue the withholding. If you wish to change the number of allowances or the additional amount to 0, you must enter a 0 in the box below.

Select your Marital Status: Single
Note: If married, but legally separated, or spouse is a nonresident alien, select "Single" above.

Does your last name differ from that shown on your Social Security card? No
Note: If "Yes" you must call 1-800-772-1213 for a replacement card.

Tax Authority: Federal and State Withholdings

Total number of allowances you are claiming:
(from line H or from the applicable worksheet on page 2. To view click W4 Form link above)

Additional amount, if any, you want withheld from each paycheck:

I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.
? Last year I had a right to a refund of all federal income tax withheld because I had no tax liability.
? This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions above, select "Exempt" from dropdown:

Sign, date and submit!
Direct Deposit

C. Check the **Type of Action**
D. Indicate **Type of Account**
   - Savings/Checking
   - Bank Name
   - Amount of deposit
   - First row is the net paycheck
   - If additional accounts note dollar amount for each account

G. Attach voided check, date and sign

**Suzanne Bean**
Payroll Contact
(O) 843-792-9064
(F) 843-792-6157
HOT 5th Floor

Fax to: 732-6157 or Mail to: MUSC Payroll Department – Suite 505 MSC-817 Charleston, SC 29425-8170
Pay Cycle

Non-exempt employees, (hourly) are paid biweekly, every other Wednesday.

Exempt employees, (monthly) are paid on the last working day of each month.
Benefits

Retirement & Insurance
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrice Gordon, Benefits Administrator (A-G)</td>
<td>792-9679</td>
<td><a href="mailto:gordonp@musc.edu">gordonp@musc.edu</a></td>
</tr>
<tr>
<td>Lisa Beattie, Benefits Administrator (H-O)</td>
<td>792-5922</td>
<td><a href="mailto:beattie@musc.edu">beattie@musc.edu</a></td>
</tr>
<tr>
<td>Rachel Gittens, Benefits Administrator (P-Z)</td>
<td>792-6392</td>
<td><a href="mailto:gittens@musc.edu">gittens@musc.edu</a></td>
</tr>
<tr>
<td>Dee Crawford, Benefits &amp; Records Manager</td>
<td>792-4674</td>
<td><a href="mailto:crawfodi@musc.edu">crawfodi@musc.edu</a></td>
</tr>
<tr>
<td>Emily Edris, general benefits questions</td>
<td>792-2122</td>
<td><a href="mailto:benefits@musc.edu">benefits@musc.edu</a>, general fax 843-792-9533</td>
</tr>
</tbody>
</table>
Topics to be Covered

• State Retirement Plans
• Supplemental Retirement Plans
• Flexible Spending Plans (Section 125)
• Health, Dental and Vision Insurance
• Life Insurance
• Long Term Disability Insurance
PEBA and University Benefits Website

- PEBA administers state retirement and insurance benefits
- 888-260-9430 or visit www.peba.sc.gov
- Set up personal profile to view your benefits at https://mybenefits.sc.gov
- MUSC University Benefits website:
  - http://academicdepartments.musc.edu/hr/university/benefits/index.htm

**THE INFORMATION CONTAINED IN THIS PRESENTATION IS MEANT TO BE AN OVERVIEW. EMPLOYEES ARE RESPONSIBLE FOR READING BENEFIT DETAILS FOUND IN THE IBG.**

http://www.peba.sc.gov/assets/insurancebenefitguide.pdf
401(a) State Retirement Participation

Mandatory Participation
• Classified/Unclassified State FTE Employees and Faculty
• Employees with current SCRS accounts (active or inactive)

Optional Participation
• Research Grant and Temporary employees
• Residents and Postdoctoral Scholars
• Employees with annual salaries less than $1200
Retirement Plan Contributions

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCRS/ORP July 1, 2017</td>
<td>9.00%</td>
</tr>
<tr>
<td>PORS July 1, 2017</td>
<td>9.75%</td>
</tr>
</tbody>
</table>

Pre-tax contribution amount that is determined and set by the SC Public Employee Benefit Authority.
Retirement Plans Overview

Retirement Video

https://www.youtube.com/watch?v=P2dU-HCRl-0
State Retirement – ORP Vendors

If you elect State ORP you must complete the additional enrollment form with your Vendor.

Valic
› Enoch Booth  843-343-7400  enoch.booth@valic.com
› Mark Taylor  843-442-3715  marksc.taylor@valic.com

MetLife
› Frank Pugliese  843-321-3880  fpugliese@financialguide.com
› Bryan Powell  843-818-9915  bryanpowell2@financialguide.com

Mass Mutual
› Lucretia Windom  803-386-5006  lwindom@massmutual.com

TIAA
› Terry Pait  704-988-4882  tpait@tiaa.org
Police Officers Retirement System

Class Two Members (Membership Effective prior to July 1, 2012)
• Retire after 25 years of service or at age 55 or older.
• You must have at least five years of earned service to receive a retirement benefit.

Class Three Members (Membership Effective on or after July 1, 2012)
• Retire after 27 years of service or at age 55 or older.
• You must have at least eight years of earned service to receive a retirement benefit.
Retirement Plan Participation

• PEBA will send an email for you to elect your retirement plan. If you do not respond with in 30 days, you will be defaulted to the SCRS plan.
• You have 30 days to elect a retirement plan or Non-Membership, (if eligible).
• Retirement contributions will be withheld from your paycheck and listed as “Undecided” on your pay stub.
• If you select Non-Membership as a new hire, you cannot join a retirement plan at a later time unless you are assigned to a position that requires participation.
• Per SC Code of Laws, election of membership is permanent until you separate employment.
NOTE:
This form does not elect your retirement plan!
You must use the link in the email from PEBA to make your election.
ABC School District 1 began your enrollment for a retirement plan administered by the South Carolina Public Employee Benefit Authority (PEBA). Please use the link below to make a retirement plan election no later than August 5, 2015.

Make a retirement plan election

If you make no election, you will be automatically enrolled.

If you are experiencing trouble with the link, please copy and paste the following text into your web browser:

http://appldev/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi1OsVY(QeImPTx8[rADhkNQuX29]Rc

http://localhost/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi1OsVY(QeImPTx8[rADhkNQuX29]Rc

Please do not reply to this email. Mail sent to this address cannot be answered.
Retirement Open Enrollment

• January 1st - March 1st each year
• May switch ORP vendors each year
• If currently enrolled in ORP, may irrevocably elect to switch to SCRS; if by March 1st it is at least 12 months from your initial enrollment date in ORP, but no more than 60 months
**Supplemental Retirement Plans**

Funded by voluntary employee contributions.

Plans can be started year round.

<table>
<thead>
<tr>
<th>SC Deferred Compensation Program</th>
<th>Tax Sheltered Annuity Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower Retirement Services</td>
<td></td>
</tr>
<tr>
<td>Traditional 457 (Pre-tax)</td>
<td>403(b) (Pre-tax)</td>
</tr>
<tr>
<td>Roth 457 (Post-tax)</td>
<td></td>
</tr>
<tr>
<td>Traditional 401(k) (Pre-tax)</td>
<td></td>
</tr>
<tr>
<td>Roth 401(k) (Post-tax)</td>
<td></td>
</tr>
</tbody>
</table>

**$18,500 limit***

$18,500 limit*  
*Add’l $6,000 if over age 50

- Transfers must complete enrollment forms for University Payroll to continue contributions
- Diversification of investment choices
- Both 401(k) plans and 403(b) have a penalty for early withdrawals (age 59 1/2)
- The 457 plan has a three year catch-up provision
- The 457 will not accept the TERI account or any other plan rollover

*MUSC accepts no responsibility for nor recommends any product presented. MUSC has no financial interest in any presenting company and/or product and assumes no responsibility for services provided by the presenting company.*
Insurance Plans Overview
Insurance Guidelines

• **Effective Date:** first day of the month following your effective date of employment *unless* you begin employment on the first working day of the month.

• **Initial New Hire Period:** 30 days from date of hire to make changes to your insurance elections.

• The MUSC Health Plan requires notification within 24 hours of any specific diagnosis, injury or illness. It is the subscriber's responsibility to call **Medi-Call** to notify the insurance. There are monetary penalties for failure to obtain certification when required. You must also notify them within the 1st trimester of pregnancy.

• COBRA requires employers to offer all employees and/or their eligible dependents continuing group health, dental and vision insurance for up to 18 months if they meet specific qualifications.
  - COBRA coverage requires payment of full premiums.
  - Letter of COBRA coverage sent to all new employees and exiting employees.
Insurance Guidelines

Family Covered by State Insurance

- The Public Employee Benefit Authority (PEBA) does not allow an employee to cover their spouse or children on health, dental, vision or life insurance if they are covered by another parent who has State insurance.
  - Children can be carried by either State employed parent if both are eligible.
  - This guideline results in lower premiums for the entire family!

Transfer from another SC State Entity

- If you have less than a 15 day break in service, you must continue the same coverage you had with your previous employer.
Affordable Care Act Guidelines

There are no pre-existing condition limitations for health insurance.

• Dependent children can stay on health, dental and vision until age 26 even if they are eligible for another employer’s insurance. (age 19-25 for life insurance if they are a FT student)
Enrollment Documentation Worksheet

This is a list of acceptable documentation to prove the relationship of family members you are adding to coverage. Please be sure to submit photocopies only, originals will not be returned to you. If you do not have the required documentation, you may have to pay a fee to receive one from the governmental agency that has the original. We encourage you to request your documentation as soon as possible since this process may take several weeks and many agencies increase fees for expedited delivery.

Marriage license/birth certificate: http://www.cdc.gov/nchs/w2w.htm

Legal Spouse:
- Marriage license or page 1 of your federal tax return

Former Spouse:
- Photocopy of divorce decree ordering the subscriber to cover the former spouse

Common Law Spouse:
- Common Law Marriage Affidavit

Natural Child:
- A copy of the long form birth certificate showing the subscriber as the parent

Step Child:
- A copy of the long form birth certificate showing the name of the natural parent
- Plus proof that the natural parent and the subscriber are married (see Legal Spouse/Common Law Spouse requirement from above)

Adopted Child:
- Court documentation verifying completed adoption; or
- A letter of placement from an adoption agency, an attorney or the S.C. Department of Social Services, verifying the adoption is in progress

Foster Child:
- A court order or other legal document placing the child with the subscriber, who is a licensed foster parent

Other Children:
- For all other children for whom a subscriber has legal custody, a court order or other legal document granting custody of the child to the subscriber. Documentation must verify the subscriber has guardianship responsibility for the child, not merely financial responsibility

Incapacitated Child:
- Incapacitated Child Certification Form plus proof of relationship. See the appropriate child type (natural, step, adopted, foster or other) in the above list for acceptable proof of relationship

“I understand that failure to provide the required documents will delay my benefits being activated. Payroll will begin deducting premiums in an effort to avoid having to collect multiple premiums from one check, but coverage will not be active until all documentation is received.

“I also understand that if I do not provide the required documentation within 60 days, my benefits will be canceled and all premiums will be refunded to me. I will need to wait to enroll in insurance due to a special event or an October enrollment period (effective the following January 1st) if my insurance is canceled.”

Employee Name (Please Print)

Employee Signature ___________________________ Date ____________

Revised 12/03/16 CC
Tobacco Surcharge

The subscriber is charged based on the level of health insurance.

- Enrollee Only: $40/month
- Enrollee/Child(ren): $60/month
- Enrollee/Spouse: $60/month
- Family: $60/month

Employees are required to certify whether they, or anyone covered on their insurance, are tobacco users. Tobacco use is smoking tobacco in such forms as a cigarette, pipe or cigar, or using smokeless tobacco, such as snuff or chewing tobacco (nicotine chewing gum is excluded). A non-tobacco user is someone who has not used tobacco within the past six months.
Tobacco Surcharge

If you fail to complete the certification you will automatically be charged the tobacco-user surcharge. Once the certification is completed, the surcharge will be removed the first of the month after the certification is received.

If a subscriber certifies that all dependents covered are non-tobacco users and it is determined that you or any of your covered dependents have used tobacco products within the past six months or started using tobacco products after the date of your certification as non-tobacco user(s), and you did not update your certification, you will be subject to penalties including, but not limited to:

- Payment of the additional surcharge, plus a 10-percent penalty, for each month since your last certification.
- Elimination of the out-of-pocket maximum for the current and the subsequent year.
Certification regarding tobacco use

Check the appropriate box, sign and return to S.C. PEBA, 202 Arbor Lake Drive, Columbia, SC 29223.

Subscriber name: ___________________________  Subscriber BIN/SSN: ________________________

Non-tobacco user premium

☐ I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to PEBA. By checking this box, I certify truth and understanding of the following:
  • I certify that all persons covered on my health insurance coverage through PEBA (including myself and any dependents) are not currently using, and have not used, any tobacco products in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last six months.
  • I certify that if this information changes at any time in the future, while I have health insurance coverage through PEBA, I will notify PEBA of such change within 30 days through completion and resubmission of this form.
  • I certify that this information is true and correct to the best of my knowledge.
  • I understand that if it is determined that I (or any of my covered dependents) have used tobacco products within the last six months or if I (or any of my covered dependents) start using tobacco products subsequent to the date of this certification without notifying PEBA, I will be subject to penalties including, but not limited to, payment of premium difference once last certification plus a 10 percent penalty and elimination of tobacco user's out-of-pocket maximum for current year and subsequent year.
  • I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the Tobacco-User Premium I have already paid.

☐ I certify that I am eligible for the Non-Tobacco-User Premium by checking this box and returning this form to PEBA Insurance Benefits. By checking this box, I certify truth and understanding of the following:
  • I certify that all covered individuals who use tobacco have completed the Quit for Life® smoking cessation program.
  • I certify that this information is true and correct to the best of my knowledge.
  • I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the Tobacco-User Premium I have already paid.

Tobacco user premium

☐ I acknowledge that I will pay the Tobacco-User Premium by checking this box. I declare that one or more persons covered on my health insurance coverage through PEBA uses tobacco products in some form or that I choose not to disclose my status as it relates to tobacco use. I understand that by not making an election I am choosing to pay the Tobacco-User Premium. Please do not send me this certification again unless upon request.

Subscriber signature: ___________________________  Date: ___________________________

The language used in this document does not create an employment contract between the employee and the agency. This document does not create any contractual rights or entitlements. The agency reserves the right to revise the content of this document in whole or in part. No promises or assurances, whether written or oral, which are contrary to or inconsistent with the terms of this paragraph create any contact of employment.
MONEYPLUS

Enables you to deduct expenses before taxes are calculated - lowering your taxable income!

Pre-tax Insurance Premiums (Eligible Immediately)
- Pay health, dental, vision and optional life* (up to $50,000) premiums before taxes
- ($0.28 monthly administration fee)

Dependent Care Spending Account (Eligible Immediately)
- Allocate pre-tax funds to reimburse for dependent care expenses for children age 12 and younger ($5,000 maximum)
- $3.14 monthly administration fee
- Expenses must be incurred by calendar year end. All remaining funds not used by March 31st of the following year are forfeited.

Medical Spending Account (Eligible Immediately)
- Allocate pre-tax funds to pay for you/family’s eligible medical, dental, vision & prescription expenses ($2,650 maximum)
- $3.14 monthly administration fee
- All remaining funds not used by March 31st of the following year are forfeited.
MONEYPLUS ENROLLMENT FORM
PLAN YEAR 2018

Please complete this form if you wish to enroll in a Medical Spending Account and/or Dependent Care Spending Account or enroll in or change a Health Savings Account.

Please review the IMPORTANT information on the back of this form. Submit your completed form to your benefits administrator. Please complete with a black or blue pen.

Complete Section A to enroll in or change a Health Savings Account. Additional forms will be required to establish your HSA. Refer to your Tax-Favored Accounts Guide for more information. If you would also like to enroll in a limited-use Medical Spending Account for eligible dental and vision expenses, complete Section B. To enroll in a Medical Spending Account, complete Section C. To enroll in a Dependent Care Spending Account, complete Section D. In Box #1, indicate the dollar amount you elect to contribute for the upcoming plan year. In Box #2, indicate the number of regular payroll checks you will receive during the upcoming plan year. In Box #3, indicate the reduction amount per paycheck. (Note: If Box #2 times Box #3 does not equal Box #1 exactly, the amount in Box #1 may be changed slightly by WageWorks, due to rounding.)

A Health Savings Account (additional forms are required)

- NEW ACCOUNT
- CONTRIBUTION AMOUNT CHANGE

Select which type of Share Plus Plan Savings Plan coverage you have:
- Individual Family Maximum: $3,510
- Individual Family Maximum: $6,930
- Over 55 (additional $1,000)

Box #1: 2018 Plan Year Total Amount (January 1, 2018 - December 31, 2018)

Box #2: Number of Regular Paychecks

Box #3: Reduction per Regular Paycheck

B Limited-Use Medical Spending Account

- NEW ENROLLMENT
- RE-ENROLLMENT

Revenue reimbursement for eligible dental and vision expenses incurred by you, your family members or both. The maximum allowable contribution is $2,500 annually.

Box #1: 2018 Plan Year Total Amount (January 1, 2018 - December 31, 2018)

Box #2: Number of Regular Paychecks

Box #3: Reduction per Regular Paycheck

Medical Spending Account

- NEW ENROLLMENT
- RE-ENROLLMENT

Revenue reimbursement for eligible medical expenses incurred by you, your family members or both. The maximum allowable contribution is $3,510 annually.

Box #1: 2018 Plan Year Total Amount (January 1, 2018 - December 31, 2018)

Box #2: Number of Regular Paychecks

Box #3: Reduction per Regular Paycheck

Box #4: Employee Maximum

Box #5: Employer Maximum

D Dependent Care Spending Account (for child/adult daycare)

- NEW ENROLLMENT
- RE-ENROLLMENT

Revenue reimbursement for eligible daycare expenses incurred by you, your family members or both. The maximum allowable contribution is $5,000 annually.

Box #1: 2018 Plan Year Total Amount (January 1, 2018 - December 31, 2018)

Box #2: Number of Regular Paychecks

Box #3: Reduction per Regular Paycheck

Employee Maximum

Manager Maximum

For MoneyPlus eligibility purposes, identify the employer or insurer for the accounts in which the employee or insurer are enrolled. If the employee has enrolled in an HSA, identify the employer or insurer for the HSA. If the employee is also enrolled in the State Health Plus Spending Plan, and if applicable, has correctly accounted for the employer contribution.

Employee Benefits Administrator Signature

Please read reverse side before signing this form below.

Employee Signature

Date:

Administrator Signature

Employee Benefits Administrator Signature

Effective Date

Employee

Payroll Frequency

Group Number

MUSC

HE016

ADMINISTRATOR USE ONLY

DATE ENTRY

DEPARTMENT

SUBMITTED

REQUIRED

NOTED

3134-SC-ENV-FRM (201701)
TRICARE Supplement

• Employees eligible for TRICARE may choose to enroll in the TRICARE Supplement sponsored by the American Military Retirees Association (AMRA).
• The TRICARE Supplement Plan is secondary coverage to TRICARE. It pays the subscriber’s share of covered medical expenses under the TRICARE Prime (in-network), Extra and Standard options. Eligible participants have almost 100 percent coverage.
• Eligible individuals must be registered with the Defense Enrollment Eligibility Reporting System (DEERS) and must not be eligible for Medicare. If a dependent’s military ID card has expired or if information such as mailing address has changed, call DEERS at 800-538-9552.
• PEBA will need a copy of the subscriber’s TRICARE ID card or Military ID.
• Complete the NOE and select TRICARE supplement on the form.
# 2018 Comparison of Health Plan Benefits for MUSC Employees

<table>
<thead>
<tr>
<th>Availability</th>
<th>MUSC Network, approved pediatricians, National Allergy &amp; Asthma, and Doctors Care</th>
<th>Outside MUSC Network - Standard State Health Plan approved providers</th>
<th>Not in MUSC network and not a standard State Health Plan approved provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier A</td>
<td>Tier B</td>
<td>Tier C</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$850</td>
<td>$445</td>
<td>$580</td>
</tr>
<tr>
<td>Single</td>
<td>$775</td>
<td>$390</td>
<td>$580</td>
</tr>
<tr>
<td>Family</td>
<td>$2,000</td>
<td>$1,100</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Coinsurance</strong></th>
<th>Plan pays 80%, you pay 20%</th>
<th>Standard State Health Plan</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
<td>Plan pays 80%</td>
<td>Plan pays 0%</td>
</tr>
<tr>
<td>and coinsurance</td>
<td></td>
<td>You pay 20%</td>
<td>You pay 40%</td>
</tr>
</tbody>
</table>

| **Coinsurance Maximum** | Single | $2,000 | $1,800 |
|                        | Family | $4,000 | $2,000 |

Addn't copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.

<table>
<thead>
<tr>
<th><strong>Physicians Office Visits</strong></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible &amp; coinsurance do not apply</td>
<td>$445 annual deductible first, $12 copay, then coinsurance</td>
<td>Plan pays 0%</td>
</tr>
<tr>
<td>$25 - Rapid Access Clinic &amp; Primary Care Physician copay</td>
<td></td>
<td>You pay 20%</td>
</tr>
<tr>
<td>$45 - Specialist Physician copay</td>
<td></td>
<td>(FPCM) you pay 30%</td>
</tr>
<tr>
<td>$50 - copay for AGA approved preventive visits &amp; annual well-woman exam</td>
<td></td>
<td>You pay 40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outpatient</strong></th>
<th>$94 copay, deductible &amp; coinsurance.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Hospitalization</strong></th>
<th>Deductible and 20% coinsurance for physician visit, but no copay for inpatient hospital services.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Urgent/Emergency Care</strong></th>
<th>Urgent: $75 copay at Doctors Care ER: $159 copay, plus deductible &amp; 20% coinsurance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Prescription Drugs</strong></th>
<th>MUSC Retail Pharmacies</th>
<th>Participating pharmacies only (up to a 31 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (generic lowest cost alternative): $6</td>
<td>Tier 1 (generic lowest cost alternative): $9</td>
<td></td>
</tr>
<tr>
<td>Tier 2 (brand-higher cost alternative): $15</td>
<td>Tier 2 (brand-higher cost alternative): $33</td>
<td></td>
</tr>
<tr>
<td>Tier 3 (brand-highest cost alternative): $60</td>
<td>Tier 3 (brand-highest cost alternative): $45</td>
<td></td>
</tr>
</tbody>
</table>

90 day supply: Tier 1 (Generic): $65  Tier 2 (Preferred brand): $65  Tier 3 (Non-preferred brand): $140
Copay maximum: $2,500

Mail order (up to a 90 day supply): Tier 1 (Generic): $22  Tier 2 (Preferred brand): $29  Tier 3 (Non-preferred brand): $158
Copay maximum: $1,200

---

Please refer to the website [https://www.musc.edu/medcenter/MUSCHealthPlan/index.html](https://www.musc.edu/medcenter/MUSCHealthPlan/index.html) to ensure that you are viewing the latest version of this chart.

1. Refer to your 2018 Insurance Benefits Guide for information on how this plan coordinates with Medicare.
2. Subscribers who use tobacco or cover dependents who use tobacco will pay a tobacco surcharge: $40 monthly surcharge for subscriber-only coverage, $60 monthly for other levels of coverage.
3. If more than one family member is covered, no family member will receive benefits, other than preventive, until the $7,200.00 annual family deductible is met.
Basic Dental

Class I - Preventive Services
• 100% of Allowable Charges

Class II - Basic Services
• 80% of Allowable Charges with $25 deductible

Class III - Prosthodontics
• 50% of Allowable Charges after $25 deductible

Class IV – Orthodontics
• 50% of Allowable Charges after $25 deductible
• $1000 Lifetime Benefit (dependents under age 19)

•The yearly maximum for each dependent is $1,000.
•Allowable Charge - The maximum amount paid for a covered service.
Dental Plus

• Same coverage as carried on Basic Dental Plan
• Raises the allowable charge and is a supplemental plan to the Basic Dental Plan
• Annual maximum benefit is $2,000 per dependent
• **NO** additional orthodontia benefits
• **Employee must pay the basic premium in addition to the plus premium**
• Basic Dental and Plus coverage can only be added or dropped in odd numbered years (excluding new hire enrollment).
<table>
<thead>
<tr>
<th>Service (Fee)</th>
<th>Basic Plan</th>
<th>Dental Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventative &amp; Diagnostic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning ($77)</td>
<td>$30.10</td>
<td>$77.00</td>
</tr>
<tr>
<td>PANO X-ray ($96)</td>
<td>$42.10</td>
<td>$96.00</td>
</tr>
<tr>
<td>Bitewing X-ray ($55)</td>
<td>$19.30</td>
<td>$55.00</td>
</tr>
<tr>
<td>Comprehensive Exam ($72)</td>
<td>$19.30</td>
<td>$72.00</td>
</tr>
<tr>
<td><strong>Total ($300):</strong></td>
<td>$110.80</td>
<td>$300.00</td>
</tr>
<tr>
<td><strong>Basic Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Filling ($166)</td>
<td>$27.12</td>
<td>$103.20</td>
</tr>
<tr>
<td><strong>Major Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Porcelain Crown ($1099)</td>
<td>$195.50</td>
<td>$487.50</td>
</tr>
</tbody>
</table>

Examples provided by MUSC Dental Faculty Practice.
Life Insurance

Basic Life Insurance

• Free with enrollment in any State health plan
• $3,000 coverage

Optional Term Life Insurance

• As a new hire, an employee may select up to 3 times their current salary, without providing medical evidence
• Employee may select up to $500,000 if medical evidence is approved within 31 days of hire date
• Premiums based on coverage and age
• Accidental Death and Dismemberment Benefits
• Repatriation Benefit
# Dependent Life Insurance

## Dependent Child(ren)
- $15,000 – no medical evidence needed
- Premium is $1.26 for any number of children

## Spouse
Premium is based on amount of coverage and spouse’s age

### With Employee Coverage
- $10,000 or $20,000 - with no medical evidence needed
- May increase up to 50% of employee’s coverage or $100,000 - if medical evidence is approved

### Without Employee Coverage
- Only $10,000 or $20,000
Basic Long Term Disability

Free with enrollment in any health insurance plan

• Monthly benefits
  • 62.5% of base salary
  • Maximum monthly benefit is $800 per month (may be insufficient for annual salaries over $15,000)
• 90 day waiting period
• Benefits are coordinated with other group benefits - Sick Leave, Annual Leave, Retirement, Social Security, Workers’ Compensation, etc.
• Pre-existing conditions will not be covered for 12 months from date of coverage.
Supplemental Long Term Disability

- Premium based on salary and age.
- 90 or 180 day waiting period
- Monthly benefits
  - 65% of base salary up to $147,692/year.
  - Maximum monthly benefit is $8,000 per month.
  - Minimum monthly benefit is $100 per month.
- Benefits are coordinated with other group benefits – Sick Leave, Long Term Disability, Retirement, Social Security, Workers’ Compensation, etc.
- Pre-existing conditions will not be covered for 12 months from date of coverage.

**Clinical Providers are not eligible for benefits as they are covered by MUSC Physicians disability insurance.**
Short Term Disability

• *Short term disability not provided by the state Insurance Program*
• AFLAC/ American Public Life provides short term disability to new hires; no medical evidence needed
• Premiums are available for payroll deduction
Vision Care Discount Program

- Available without enrolling in the Vision plan; no premiums.
- The program provides discounts for:
  - Routine, comprehensive eye exams; and
  - Eyewear except for disposable contacts.
- You cannot use this program and State Vision Plan benefits at the same time; plus, you do not file claims.
- $60 flat exam fee and 20% discount off frames and lenses.
- Ask your provider if they are a participant before scheduling your appointment.
- More information can be found on page 100 of the Insurance Benefits Guide in the path below:
# State Vision Plan

www.eyemedvisioncare.com

<table>
<thead>
<tr>
<th>Vision care services</th>
<th>In-network member cost</th>
<th>Out-of-network reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with dilation as necessary</td>
<td>$10 copay</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Retinal imaging</td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 copay, $150 allowance, 20% off balance over $150</td>
<td>Up to $75</td>
</tr>
<tr>
<td><strong>Standard plastic lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>$10 copay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Standard progressive lens</td>
<td>$35 copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Premium progressive lens¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$55</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$65</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$80</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$35 copay, 80% of charge less $120 allowance</td>
<td>Up to $55</td>
</tr>
</tbody>
</table>

1. Premium progressive lens tiers vary by product and are subject to change.
# State Vision Plan

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

<table>
<thead>
<tr>
<th>Vision care services</th>
<th>In-network member cost</th>
<th>Out-of-network reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact lens fit and follow-up</strong></td>
<td>Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.</td>
<td></td>
</tr>
<tr>
<td>Standard contact lens fit &amp; follow-up</td>
<td>$0 copay, paid in full and two follow-up visits</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Premium contact lens fit &amp; follow-up</td>
<td>$0 copay, 10% off retail price, then apply $55 allowance</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Contact lenses</strong></td>
<td>Contact lens allowance includes materials only</td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 copay, $130 allowance, 15% off balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 copay, $130 allowance; plus balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>$0 copay, paid in full</td>
<td>Up to $200</td>
</tr>
<tr>
<td><strong>Laser vision correction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LASIK or PRK from U.S. laser network</td>
<td>15% off the retail price or 5% off the promotional price</td>
<td></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination</td>
<td>Once every year</td>
<td></td>
</tr>
<tr>
<td>Lenses or contact lenses</td>
<td>Once every year</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>Once every year</td>
<td></td>
</tr>
</tbody>
</table>
Year Round Allowable Changes

• The following changes are allowed anytime during the year **with medical evidence of good health**:
  • Add/Increase Dependent Spouse Life Insurance
  • Add/Increase Supplemental Long Term Disability
  • Increase Optional Life with medical evidence-if NOT enrolled in the Pre-tax Premium feature

• The following changes are allowed anytime during the year:
  • Add dependent life insurance for child(ren)-no medical evidence required
  • Drop Dependent Life, Supplemental Long Term Disability
  • Change beneficiaries
Insurance Enrollment Periods

**OCTOBER 1\textsuperscript{st} – OCTOBER 31\textsuperscript{st}**

Changes made during October will be effective January 1\textsuperscript{st} of the following year

**OPEN ENROLLMENT - every year**
- Add/drop health and/or vision coverage for yourself or dependents
- Enroll/re-enroll in MoneyPlu$ Dependent Care, and/or Medical Spending Accounts for the following year
- Increase Optional Life with medical evidence (if enrolled in the Pre-tax Premium feature)
- Any special changes allowed for the year

**OPEN ENROLLMENT - odd numbered years**
- All of the above mentioned changes
- Add/drop dental for yourself or dependents
- Add/drop Dental Basic and or Dental Plus
  - Note, you must have Dental Basic in order to have Dental Plus coverage
Changes to Employee Benefits
(Must be made within 30 Days)

**Initial Changes** (Within 30 days of your hire date)
- Add/Drop health, dental, or vision coverage for yourself or dependents
- Add/Drop Optional and Dependent Life and Supplemental Long Term Disability

**Qualifying Event Changes** (30 Days from Date of Event)
- Marriage
- Separation/Divorce
- Birth/Adoption
- Death
- Employment/Insurance Change of Dependent
Reminders

• Please remember to select a retirement plan or choose non-membership (if applicable) once you receive the email from PEBA Retirement.

• Insurance cards will be issued within 7-10 days of your Benefits Administrator keying your benefits into the PEBA Insurance website and mailing the documents to PEBA.

• Basic dental cards are available here but are not required for care.

• Online resources:
  • MUSC University Benefits: http://academicdepartments.musc.edu/hr/university/benefits/index.htm
  • http://peba.sc.gov/
  • https://mybenefits.sc.gov
CHECKOUT

Please organize the following items for the Benefits Counselors to review:

- Retirement Information Sheet
- Wageworks MoneyPlu$ Enrollment Form (if applicable)
- Dependent Documentation Form
- Dependent Documentation (if applicable)
- Tobacco Certification Form
- Insurance Enrollment (NOE) Form