Benefits

- Retirement
- Insurance
Dee Crawford, Benefits & Records Manager
Patrice Gordon, Benefits Administrator (A-G)
Lisa Beattie, Benefits Administrator (H-O)
Rachel Gittens, Benefits Administrator (P-Z)
Benefits Fax and Email

792-4674, crawfodi@musc.edu
792-9679, gordonp@musc.edu
792-5922, beattie@musc.edu
792-6392, gittens@musc.edu
792-9533, benefits@musc.edu
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
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, 2016</td>
<td>8.66 %</td>
</tr>
<tr>
<td>PORS July 1, 2016</td>
<td>9.24%</td>
</tr>
<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
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 CREF
- 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 within 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!
Retirement Plan: Enrollment

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-qbE1lOsVY(QeImPTx8(rADhkNQuX29)Rc

http://localhost/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbE1lOsVY(QeImPTx8(rADhkNQuX29)Rc

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

Update if necessary

About You
- FIRST NAME: TEST
- LAST NAME: ENROLLMENT
- DATE OF BIRTH: 01/01/1965
- GENDER: Male

Contact Information
- STREET: 101 MAIN ST
- CITY: COLUMBIA
- STATE: SOUTH CAROLINA
- ZIP CODE: 29201
- PHONE NUMBER: (803) 123-4567
- EMAIL ADDRESS: TESTENROLLMENT@SC.GOV

About Your Position
- Employer: Test Employer 1
- Position Title: MANAGER
- Hire Date: 06/01/2015

Select Plan
- Elect a Retirement Plan Option
  - South Carolina Retirement System (SCRS)
  - Non-Membership
  - State Optional Retirement Program (State ORP)

Member Enrollment

Name: TEST ENROLLMENT
Date of Birth: 01/01/1965
Gender: Male
Address: 101 MAIN ST COLUMBIA, SC 29201
Email: TESTENROLLMENT@SC.GOV
Phone: (803) 123-4567

Employer: Test Employer 1
Position Title: MANAGER
Hire Date: 06/01/2015

Retirement Plan: South Carolina Retirement System (SCRS)

Disclaimer
I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PERS receives from me a properly executed beneficiary form.

Signature: [Signature]
Date: [Date]

Your part of the enrollment is complete.
The information you have submitted has been sent to your employer. Your employer will review this information and complete the enrollment process for you.
Retirement Open Enrollment

• January 1\textsuperscript{st} - March 1\textsuperscript{st} each year
• May switch ORP vendors each year
• If currently enrolled in ORP, may irrevocably elect to switch to SCRS; if by March 1\textsuperscript{st} 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.

SC Deferred Compensation Program
Empower Retirement Services

<table>
<thead>
<tr>
<th>Traditional 457 (Pre-tax)</th>
<th>Roth 457 (Post-tax)</th>
<th>Traditional 401(k) (Pre-tax)</th>
<th>Roth 401(k) (Post-tax)</th>
</tr>
</thead>
</table>

$18,000 limit*

Tax Sheltered Annuity Plans

403(b) (Pre-tax)

$18,000 limit*

*Addtl $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.
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* premiums before taxes
- ($0.28 monthly administration fee)
  - *Pre-tax premiums up to $50,000 in optional life coverage

**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
- All funds at calendar year-end are forfeited

**Medical Spending Account** (Eligible Immediately)
- Allocate pre-tax funds to pay for you/family’s eligible medical, dental, vision & prescription expenses ($2,600 maximum)
- $3.14 monthly administration fee
- All remaining funds not used by March 15th of the following year are forfeited
MONEYPLUS ENROLLMENT FORM
PLAN YEAR 2017

You must complete this form if you wish to start a tax-free Medical Spending and/or
Dependent Care Spending Account or to enroll in or change a Health Savings Account.

Please use the W 4 E N Roll form attached to the bottom of this form. Submit your completed form to your Benefits Administrator. Please sign this form in the lower right hand corner.

Complete Section A to enroll or to change a Health Savings Account. (Additional forms will be required to establish your HSA. Refer to your Tax-Deferred Accounts Guide for more information.) If you are not enrolled 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 F, indicate the dollar amount you elect to contribute for the upcoming plan year. In Box G, indicate the number of regular payroll checks you will receive during the upcoming plan year. In Box H, indicate the reduction amount per paycheck. (Note: If Box H exceeds Box G, the amount in Box H may be decreased slightly by WageWorks, due to rounding.)

IF YOU ENROLL IN A HEALTH SAVINGS ACCOUNT SECTIONALY, YOU CAN ENTER IN A MEDICAL SPENDING ACCOUNT SECTIONALY, BUT NOT BOTH IN A LIMITED-USE MEDICAL SPENDING ACCOUNT SECTIONALY.

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<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Health Savings Account (Additional forms are required.)</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Limited-Use Medical Spending Account</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Medical Spending Account</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Dependent Care Spending Account (for child/child day care)</td>
</tr>
</tbody>
</table>

---

**Employee Signature:**

**Date:**

**Employer/Benefits Administrator:**

**Date:**

**Administrator Use Only**

**Employee:**

**MUSC:**

2031 (05/16)
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

• 31 days from date of hire to make changes to your insurance elections

**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/insurancebenefitsguide.pdf](http://www.peba.sc.gov/assets/insurancebenefitsguide.pdf)
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.
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.
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)
Documentation Required for Dependents

In an effort to control costs, PEBA will audit subscribers who cover dependents to ensure that only eligible dependents are insured.

According to experts, 4 to 8% of the dependents covered under an employer-sponsored plan are ineligible for coverage. Based on these estimates, if only 4% of dependents are ineligible, it will save our self-insured plan more than $19 million a year!
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](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 12/05/16 CC
Tobacco Surcharge

Effective January 1, 2010, the SC Budget and Control Board approved a monthly surcharge be added to the health insurance premiums of tobacco users. The MUSC Health Plan is self-insured. All premiums are placed in a fund and used to pay claims. Illnesses caused and contributed to by tobacco use increase costs to the plan.

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, or 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 since 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.
ACTIVE EMPLOYEE NOTICE OF ELECTION (NOE)
SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY
INSURANCE BENEFITS

26. List yourself and any other persons to be covered who are eligible for Part A and/or Part B of Medicare.

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicare #</th>
<th>Eligible Due To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Age Disability Renal Disease</td>
</tr>
</tbody>
</table>

21. HEALTH PLAN (Reduce or select only one plan and one level of coverage)

<table>
<thead>
<tr>
<th>PLAN</th>
<th>MUSC Refuse TRICARE Supplement</th>
</tr>
</thead>
</table>

22. STATE DENTAL PLAN (Select One)

<table>
<thead>
<tr>
<th>Select One</th>
<th>Employee/Spoouse</th>
<th>Employee/Spouse/Children</th>
<th>Family</th>
</tr>
</thead>
</table>

23. DENTAL PLUS (Select One)

<table>
<thead>
<tr>
<th>Select One</th>
<th>Employee/Spoouse</th>
<th>Employee/Spouse/Children</th>
<th>Family</th>
</tr>
</thead>
</table>

24. DEPENDENT LIFE - Children (Select One)

<table>
<thead>
<tr>
<th>Select One</th>
<th>Coverage Level</th>
<th>Refuse</th>
</tr>
</thead>
</table>

25. DEPENDENT LIFE - Spouse (Select One)

<table>
<thead>
<tr>
<th>Select One</th>
<th>Refuse</th>
</tr>
</thead>
</table>

26. OPTIONAL LIFE (Select One)

<table>
<thead>
<tr>
<th>Select One</th>
<th>Refuse</th>
</tr>
</thead>
</table>

27. SUPPLEMENTAL LTD (Select One)

<table>
<thead>
<tr>
<th>Select One</th>
<th>Refuse</th>
</tr>
</thead>
</table>

28. VISION CARE (Select One)

<table>
<thead>
<tr>
<th>Select One</th>
<th>Refuse</th>
</tr>
</thead>
</table>

29. DEPENDENT SS# | Last Name | First Name | Relationship | Date of Birth | M.D. YYYY | Primary or Contingent |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. Always list spouse. List eligible children to be covered. If they are not listed, they will not be covered. For a child age 19-24 to be eligible for Dependent Life/Optional Life coverage, your child must be eligible according to the requirements on the reverse of this NOE.

31. CERTIFICATION: I hereby certify that the other personal information and personal information is correct, and I have read the cover letter and acknowledged the terms and conditions. I understand that failure to provide all required information and documentation will result in the denial of any claim or benefit.

32. Signature Date

[Signature]

benefits administrator signature

MUSC
Insurance Guidelines

• 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.

• Employees on a J1 VISA are encouraged to enroll in the MUSC Health Plan which meets the requirement of the VISA if they are not currently enrolled in a Health Plan.

• The Consolidated Omnibus Budget Reconciliation Act of 1985 (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
<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>MUSC Health Plan</th>
<th>Outside MUSC Network – Standard State Health Plan approved provider</th>
<th>Not in MUSC Network and not a Standard State Health Plan approved provider</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>$76.48</td>
<td>Employee</td>
<td>$10.66</td>
<td></td>
</tr>
<tr>
<td><strong>Employee/Spouse</strong></td>
<td>$253.56</td>
<td>Employee/Spouse</td>
<td>$52.48</td>
<td></td>
</tr>
<tr>
<td><strong>Employee/Children</strong></td>
<td>$143.90</td>
<td>Employee/children</td>
<td>$12.72</td>
<td></td>
</tr>
<tr>
<td><strong>Full Family</strong></td>
<td>$306.56</td>
<td>Full Family</td>
<td>$21.54</td>
<td></td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Post</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic + Plus = Total Premium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Availability</th>
<th>MUSC Network, approved pediatrics, National Allergy &amp; Asthma, and Doctors Care</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>Tier A</td>
<td>Tier B</td>
<td>Tier C</td>
<td></td>
</tr>
<tr>
<td><strong>Single Family</strong></td>
<td>$395</td>
<td>$445</td>
<td>$590</td>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$778</td>
<td>$990</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Plan pays 80%, you pay 20%
- Deductible and coinsurance not applicable for physicians' visits, certain outpatient services, and hospital facility charges associated with an inpatient hospital stay. PT, OT, S speech therapy are subject to deductible and coinsurance.

<table>
<thead>
<tr>
<th><strong>Coinsurance Maximum</strong></th>
<th>MUSC Network: $2,000</th>
<th>Outside MUSC Network – Standard State Health Plan approved provider: $5,240</th>
<th>Not in MUSC Network and not a Standard State Health Plan approved provider: $5,060</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single Family</strong></td>
<td>$4,000</td>
<td>$10,500 (excludes deductible)</td>
<td>$10,150 (excludes deductible)</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$8,000</td>
<td>$21,000 (excludes deductible)</td>
<td>$20,300 (excludes deductible)</td>
</tr>
</tbody>
</table>

- Add'l 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>Annual deductible &amp; coinsurance do not apply</th>
<th>$445 annual deductible 1st. $12 copay, then coinsurance.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$25 Rapid Access Clinic &amp; Primary Care Physician copay</td>
<td>Copay waived if service performed at a Patient Centered Medical Home (PCMH) in.Network Plan pays 80% You pay 20% (if PCMH, you pay 10%) Out-of-Network Plan pays 60% You pay 40%</td>
</tr>
<tr>
<td></td>
<td>$45 Specialist Physician copay</td>
<td>Copay waived if service performed at a Patient Centered Medical Home (PCMH) in.Network Plan pays 80% You pay 20% (if PCMH, you pay 10%) Out-of-Network Plan pays 60% You pay 40%</td>
</tr>
<tr>
<td></td>
<td>$50 copay for ACA approved preventive visits &amp; annual well-woman exam</td>
<td></td>
</tr>
</tbody>
</table>

- Maximum annual chiropractic payments - $2,000

<table>
<thead>
<tr>
<th><strong>Outpatient</strong></th>
<th>Medical surgical outpatient, $75 for radiology &amp; $250 for Pathology.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitalization</strong></td>
<td>Deductible and 30% coinsurance for physician tests, but no copay for inpatient hospital services.</td>
</tr>
<tr>
<td><strong>Urgent/Emergency Care</strong></td>
<td>$75 copay at Doctors Office; ER: $159 copay, plus deductible &amp; 20% coinsurance</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Tier 1 (generic-lowest cost alternative): $5</td>
</tr>
<tr>
<td></td>
<td>Tier 2 (brand-higher cost alternative): $50</td>
</tr>
<tr>
<td></td>
<td>Tier 3 (brand-higher cost alternative): $250</td>
</tr>
</tbody>
</table>

- Mail order (up to a 90-day supply) Tier 1 (Generic): $22 Tier 2 (Preferred brand): $95 Tier 3 (Non-preferred brand): $150 Copay maximum: $2,560

### How to calculate SLTD monthly premium
1. Select floating decimal (F) on calculator
2. Divide gross annual salary by 12 to determine monthly salary
3. Multiply monthly salary by rate factor from table
4. Drop digits to right of two decimal places; do not round
5. If number is even, this is the monthly premium
6. If number is odd, add .01 to determine monthly premium

### Supplemental long term disability

<table>
<thead>
<tr>
<th>Age</th>
<th>90-day</th>
<th>180-day</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 31</td>
<td>0.00056</td>
<td>0.00045</td>
</tr>
<tr>
<td>31-40</td>
<td>0.00078</td>
<td>0.00060</td>
</tr>
<tr>
<td>41-50</td>
<td>0.00154</td>
<td>0.00117</td>
</tr>
<tr>
<td>51-60</td>
<td>0.00311</td>
<td>0.00239</td>
</tr>
<tr>
<td>61-65</td>
<td>0.00374</td>
<td>0.00287</td>
</tr>
<tr>
<td>&gt; 65</td>
<td>0.00457</td>
<td>0.00351</td>
</tr>
</tbody>
</table>

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.

- Refer to your 2016 insurance benefits guide for information on how this plan coordinates with Medicare.
- 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.
- 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
• 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 Plan v. Dental Plus Plan

## Examples provided by MUSC Dental Faculty Practice

<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>$46.90</td>
</tr>
<tr>
<td>PANO X-ray ($96)</td>
<td>$42.10</td>
<td>$53.90</td>
</tr>
<tr>
<td>Bitewing X-ray ($55)</td>
<td>$19.30</td>
<td>$35.70</td>
</tr>
<tr>
<td>Comprehensive Exam ($72)</td>
<td>$19.30</td>
<td>$52.70</td>
</tr>
<tr>
<td><strong>Total ($300):</strong></td>
<td>$110.80</td>
<td>$189.20</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>$138.88</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>$903.50</td>
</tr>
</tbody>
</table>

Insurance Pays | Patient Pays | Insurance Pays | Patient Pays
--- | --- | --- | ---
--- | --- | --- | ---
$30.10 | $46.90 | $77.00 | $0.00
$42.10 | $53.90 | $96.00 | $0.00
$19.30 | $35.70 | $55.00 | $0.00
$19.30 | $52.70 | $72.00 | $0.00
$110.80 | $189.20 | $300.00 | $0.00
$27.12 | $138.88 | $103.20 | $62.80
$195.50 | $903.50 | $487.50 | $611.50
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 $1.10 for any number of children

**Spouse**

**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
- Premium is based on amount of coverage and employee’s age
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 Plan (Insight Plan A)

- The State Vision Plan's benefits package allows you to use your in-network vision benefits online at Glasses.com and ContactsDirect, in addition to thousands of independent providers and top optical retailers, with a valid prescription from your eye doctor. To use your benefits online, to find a provider, or to find a detailed description of your vision benefits visit www.eyemedvisioncare.com.
## State Vision Plan

### Vision Care Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam With Dilation as Necessary</strong></td>
<td>$10 Copay</td>
<td>Up to $35</td>
</tr>
<tr>
<td><strong>Contact Lens Fit and Follow-Up</strong></td>
<td>$0 Copay, paid in full fit and two follow up visits</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Standard 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>Premium Contact Lens Fit &amp; Follow-Up</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retinal Imaging</strong></td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$0 Copay, $150 Allowance, 20% off balance over $150</td>
<td>Up to $70</td>
</tr>
</tbody>
</table>

**Contact Lenses** *(Contact lens allowance includes materials only)*

<table>
<thead>
<tr>
<th>Type</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**Laser Vision Correction**

- LASIK or PRK from U.S. Laser Network
  - 15% off the retail price or 5% off the promotional price
  - N/A

**Additional Pairs Discount**

- Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.

**Frequency**

- Examination: Once every year
- Lenses or Contact Lenses: Once every year
- Frame: Once every two years

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www.eyemedvisioncare.com
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 1st – OCTOBER 31st**

Changes made during October will be effective January 1st 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 Plus
Changes to Employee Benefits (Must be made within 31 Days)

Initial Changes
(Within 31 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
(31 Days from Date of Event)
• Marriage
• Separation/Divorce
• Birth/Adoption
• Death
• Employment/Insurance Change of Dependent
CHECKOUT

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

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