

## IT'S TIME TO MAKE CHOICES FOR 2014

Open enrollment is here! Read this newsletter to learn about your insurance options for 2014 and what changes you can make during open enrollment, Oct. 1-31, 2013.

Any changes you make during open enrollment will go into effect Jan. 1, 2014.

By January, you will receive your 2014 *Insurance Benefits Guide*, detailing all the programs offered through PEBA Insurance Benefits.



## CHANGES AHEAD FOR RETIREMENT PLANS

Criteria for disability retirement have changed for South Carolina Retirement System (SCRS) and Police Officers Retirement System (PORS) members. **Page 10**

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## SHP Copays and Deductibles Will Increase in 2014

On July 17, 2013, the South Carolina Public Employee Benefit Authority Board of Directors voted to increase copayments and annual deductibles for the State Health Plan (SHP) by 20 percent.

**NEW!**

Pending final approval by the Budget and Control Board, these changes will take effect for the **Standard Plan** beginning Jan. 1, 2014:

- The annual deductible will be \$420 for single coverage, \$840 for family coverage

### **State Health Plan premiums**

for active employees are not expected to increase in 2014.

Premiums for **Dental Plus** and the **State Vision Plan** will increase. See page 5 for premiums.

- The copayment for a physician office visit will be \$12
- The copayment for emergency room services will be \$150

**See SHP on page 3**

## Enrollment Options Quick Guide

During open enrollment, you can make these changes to your benefits:

- **Health:** You may enroll in, change or drop health plans for yourself and/or your eligible family members.
- **Dental:** You may enroll in or drop State Dental Plan or Dental Plus coverage for yourself and/or your eligible family members.
- **Vision:** You may enroll in or drop vision coverage for yourself and/or your eligible family members.
- **Optional Life:** You may enroll in, increase, decrease or cancel your Optional Life Insurance coverage. See page 8 for more information.
- **Dependent Life:** You **cannot** enroll your spouse in Dependent Life-Spouse coverage without medical evidence of good health. You **can** enroll your eligible child in Dependent Life-Child coverage. If your eligible family members are already enrolled in Dependent Life coverage, you may decrease or cancel that coverage.
- **MoneyPlus:** You may enroll or re-enroll in MoneyPlus accounts. See page 9 for more information.



Be sure to read "Open Enrollment Options for Active Employees" on page 2 for details about available plans and changes.

# Open Enrollment Options for Active Employees

Open enrollment is Oct. 1-31, 2013. Any changes you make will be effective Jan. 1, 2014. **If you are satisfied and would like to stay in the same health plan for 2014, you do not have to do anything. You will be re-enrolled automatically for 2014, and your coverage will continue.**

## Please note:

- There will no longer be **pre-existing condition limitations** on health plans offered by PEBA Insurance Benefits.
- Beginning Jan. 1, 2014, dependent children younger than 26 will be eligible for health, dental and vision coverage on their parents' insurance **even if they are eligible for other employer-sponsored health coverage, including coverage through an employer participating in PEBA Insurance Benefits.**
- If you are enrolling a new dependent, you have to provide **documentation verifying his eligibility** to your benefits administrator.



## Health Insurance

If you want to change plans for 2014, review the comparison chart on pages 6-7. More in-depth information on these plans may be found in your 2013 *Insurance Benefits Guide* (IBG).

**You and your eligible family members may enroll in or change to:**

- *State Health Plan Savings Plan* (You may be eligible to open a Health Savings Account for 2014. Read page 11 to learn more.)
- *State Health Plan Standard Plan*
- *BlueChoice HealthPlan HMO* (**Read page 3 for important information about this plan.**)
- *AMRA TRICARE Supplement Plan* (This plan is available to eligible members of the military community. Read page 5 to learn more.)

The chart on page 5 shows the 2014 premiums. A brief comparison chart of the health plans is on pages 6-7. For details on these plans, read your IBG. **Be sure to consider differences in deductibles and copayments when switching health plans.**

If you have specific questions about any of the plans, contact information is on page 11 of this newsletter.

**You may also drop health insurance for yourself and/or your covered family members.**

## Dental Insurance

**You may enroll in or drop State Dental Plan and Dental Plus insurance for yourself and/or your eligible family members.**

See page 8 for more information on the State Dental Plan and Dental Plus.

## State Vision Plan

**You may enroll in or drop** vision coverage for yourself and/or your eligible family members. See page 9 for more information about the State Vision Plan.

## Life Insurance

See page 8 for your Life Insurance options for 2014.

## Supplemental Long Term Disability (SLTD) Insurance

**With medical evidence of good health,** active employees may apply to enroll in coverage throughout the year.

SLTD rates will increase in 2014. Please see page 7 for more information.

## MoneyPlus

To participate in MoneyPlus accounts in 2014, you must enroll or re-enroll in the MoneyPlus Medical Spending or Dependent Care Spending accounts during October enrollment. If you enroll in the Savings Plan during October, you may be eligible to enroll in a Health Savings Account for 2014.

Please see page 9 for information about eligibility and enrollment in MoneyPlus.



# BlueChoice HealthPlan HMO

## Pending for 2014

Details for BlueChoice HealthPlan HMO were not finalized at the time of publication of this newsletter.

Information about BlueChoice HealthPlan will be posted to the "News & Updates" page of the PEBA Insurance Benefits website, [www.eip.sc.gov](http://www.eip.sc.gov), by Oct. 1.

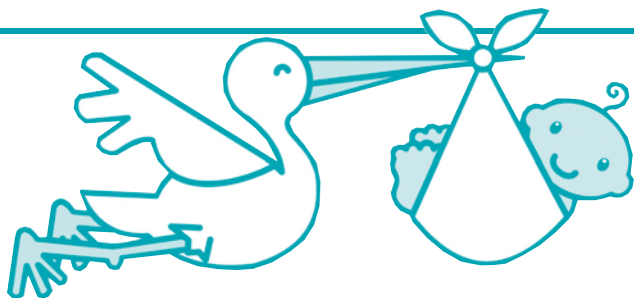


## Follow Up on Changes

Beginning Jan. 1, 2014, subscribers who made coverage changes in October should make sure their coverage is correct.

- Go to MyBenefits on the PEBA Insurance Benefits website, [www.eip.sc.gov](http://www.eip.sc.gov), and sign in. Then select "Review Benefits" from the drop-down list to check your 2014 benefits.
- After you receive your first or second paycheck in January, you should check to make sure the correct premiums are being deducted.

If you notice any discrepancies, you should immediately contact your benefits administrator.



## Attention Mothers-To-Be

If you are a mother-to-be enrolled in the State Health Plan, you must call Medi-Call within the first trimester to enroll in the Maternity Management Program or penalties will apply.

Medi-Call administers PEBA Insurance Benefits' comprehensive maternity program, "Coming Attractions." You can call Medi-Call at 800-925-9724.

You also can notify Medi-Call of your pregnancy and enroll in "Coming Attractions" online. For more information, see page 55 of your 2013 *Insurance Benefits Guide*.

Helpful information about using your maternity benefits with PEBA Insurance Benefits coverage can be found in the Maternity Flyer under "Publications" on PEBA Insurance Benefits' website, [www.eip.sc.gov](http://www.eip.sc.gov).



## NURSE LINE

### Special Service is Offered to Savings Plan Members

Are you concerned about your baby's temperature? Does a cold seem to be lingering too long?

Members covered by the **Savings Plan** can get quick, personal answers to these and other questions from a registered nurse by calling the Nurse Line. This special service is offered 24 hours a day, seven days a week. By helping you decide whether a problem is minor or serious enough to require immediate attention from a physician, these health care professionals may save you time and money.

The Nurse Line number is on the front of the self-care handbook all Savings Plan subscribers receive. Members may wish to store the number in their cell phones so it will always be immediately available.



## SHP From page 1

- The copayment for outpatient facility services will be \$90
- The coinsurance maximum for network services will be \$2,400 for single coverage, \$4,800 for family coverage
- The coinsurance maximum for out-of-network services will be \$4,800 for single coverage, \$9,600 for family coverage
- Prescription drug copayments will be \$9 for Tier 1, \$36 for Tier 2 and \$60 for Tier 3.
- Prescription drug copayments for mail order will be \$22 for Tier 1, \$90 for Tier 2 and \$150 for Tier 3.

Beginning Jan. 1, 2014, these changes will take effect for the **Savings Plan**:

- The annual deductible will be \$3,600 for single coverage, \$7,200 for family coverage
- The coinsurance maximum for network services will be \$2,400 for single coverage, \$4,800 for family coverage
- The coinsurance maximum for out-of-network services will be \$4,800 for single coverage, \$9,600 for family coverage.





# MyBenefits is the Quick and Easy Way to Enroll

During open enrollment (**Oct. 1-31, 2013**), subscribers can change their coverage anywhere they have Internet access using MyBenefits, the online enrollment system from PEBA Insurance Benefits. Using MyBenefits saves a phone call or visit to your benefits office and ensures speedy transmission of your coverage changes.

About 20,000 subscribers used MyBenefits to make their enrollment changes last year.

**Check with your benefits administrator if you find you do not have access to MyBenefits.**

## Register for MyBenefits

First-time users must register. Visit PEBA Insurance Benefits' website, [www.eip.sc.gov](http://www.eip.sc.gov), and select "MyBenefits" from the left menu on the home page. From the "MyBenefits" information page, select "Click here to go to MyBenefits."

To register, you will need your Benefits Identification Number (BIN), which can be found by clicking "Get my BIN" at the bottom right of the MyBenefits home page and following the instructions. Your BIN will appear at the top of the MyBenefits home page.

Once you have your BIN, you can click "Register" at the bottom left of the MyBenefits homepage. You must type the letters and/or numbers exactly as they appear in the box on the security screen.

Then, enter your personal information and create a password. The password must be eight characters long and include at least one number and one special character (! : # \$ % \* [ ] { } @). You will need to choose and answer four security questions, then MyBenefits will create a registration confirmation page that includes all of this information.

## How to Use MyBenefits

After you register, log in by entering your BIN, the last four digits of your Social Security number (SSN) and your password on the bottom right side of the screen under "Already Registered." This will take you to the main menu. The question, "What would you like to do?" appears. You can begin to make your coverage changes by selecting "Open Enrollment."

## Open Enrollment — Changing Your Insurance Coverage

When you select "Open Enrollment" from the menu, your current coverage, along with the premiums, will be shown at the top of the page. Under "Make Coverage Changes," you will see options available to you during open enrollment and their premiums. *(If you are an*



## Important Reminders

- If you enroll a dependent for the first time, be sure to submit legible photocopies of eligibility documentation to your benefits administrator.
- To see the benefits you have now, be sure to print your statement from MyBenefits.
- You can also use MyBenefits year-round to review your benefits, update your contact information and change your beneficiaries.

## Can't Remember Your Password?

If you can't remember your MyBenefits password, simply click on "Forgot/Reset Password" on the MyBenefits home page. You will be asked to answer one of the four security questions you chose when you set up your account.

If you can't remember the answer to your security questions, on the third incorrect attempt, your account will be reset and you may then register as a new user.

*employee of a local subdivision, contact your benefits administrator for premiums.)*

After you have made changes, choose "Next." You will then see a summary page comparing your previous choices to those you have just entered. If you are satisfied with the changes, choose "Apply."

To authorize the changes, you must "sign" the authorization by entering the last four digits of your SSN. Then click on "Sign." **The transaction is not complete until it is electronically signed.** Print a copy of the Summary of Change (SOC) for your records.

If you change your mind about your selections before open enrollment ends, you can make your changes online anytime during the open enrollment period (Oct. 1-31, 2013). **No open enrollment changes can be made after 11:59 p.m. on Oct. 31, 2013.**



# TRICARE Supplement Will Be Offered in 2014

Members of the military community who are not eligible for Medicare may enroll in the American Military Retirees Association (AMRA) TRICARE Supplement Plan during October. Coverage will start Jan. 1, 2014.

TRICARE consists of TRICARE Prime, a health maintenance organization; TRICARE Extra, a preferred provider organization; and TRICARE Standard, a fee-for-service plan. The TRICARE Supplement Plan pays almost 100 percent of the employee's share of covered medical expenses. It is administered by Association & Society Insurance Corp. (ASI).

There is no employer contribution toward the monthly premiums. However, premiums may be paid through the MoneyPlus Pretax Group Insurance Premium Feature.

Individuals must be registered with the Defense Enrollment Eligibility Reporting System (DEERS) to enroll in the TRICARE Supplement Plan. To confirm eligibility with DEERS, call 800-538-9552. A subscriber must drop his State Health Plan or HMO coverage.

The TRICARE Supplement Plan is available to:

- **Eligible employees, retirees and spouses who are under age 65 and not enrolled in Medicare**
  - Military retirees receiving retired, retainer or equivalent pay
  - Spouse/surviving spouse of a military retiree
  - Retired reservists between the ages of 60 and 65 and spouses/surviving spouses of retired reservists
  - Retired reservists younger than 60 and enrolled in TRICARE Retired Reserve (TRR) ("Gray Area" retirees) and spouses/surviving spouses of retired reservists enrolled in TRR.
- **Eligible dependent children**
  - Unmarried dependent children up to age 21, or, if the child is a full-time student, up to age 23. Documentation that a child, age 21-22, is a full-time student must be provided to TRICARE.
  - Incapacitated dependents are covered after age 21 or 23, if the child is dependent on the member for primary support and maintenance and continues TRICARE eligibility. Proof of continued inca-



## Plan Features

- No deductibles, coinsurance or out-of-pocket expenses for covered services
- Subscribers may choose any TRICARE-authorized provider, including network, non-network, participating and nonparticipating providers.
- Portability—A subscriber may take the coverage with him if he leaves his job by paying premiums directly to ASI.
- Reimbursement of prescription drug copayments.

capacity and dependency is required. Documentation must be provided to TRICARE.

- Adult dependent children who are younger than 26 and who are enrolled in TRICARE Young Adult (TYA). The child must send a copy of his TYA Enrollment ID card to ASI.

## Please note:

- The individual must be a member of AMRA to enroll in the TRICARE Supplement Plan.
- There are limited exceptions to the Age 65 Eligibility Rule. Please contact ASI for more information.
- The TRICARE Supplement Plan is not available to COBRA subscribers.
- Basic long term disability insurance and basic life insurance through PEBA Insurance Benefits are not available to TRICARE Supplement Plan subscribers.

For more information about the TRICARE Supplement Plan, contact ASI at 866-637-9911 or email at [custsvc@asicorporation.com](mailto:custsvc@asicorporation.com) or log on to [www.asicorporation.com/SC](http://www.asicorporation.com/SC).



## 2014 Active Employee Monthly Premiums<sup>1</sup>

PENDING FINAL APPROVAL BY THE S.C. BUDGET AND CONTROL BOARD  
DURING ITS SEPTEMBER 2013 MEETING

Tobacco users will pay a  
\$40- or \$60-per-month surcharge  
in addition to health premiums

|                   | Savings  | Standard | BlueChoice HealthPlan <sup>2</sup> | TRICARE Supplement <sup>3</sup> | Dental  | Dental Plus <sup>4</sup> | State Vision Plan |
|-------------------|----------|----------|------------------------------------|---------------------------------|---------|--------------------------|-------------------|
| Employee          | \$ 9.70  | \$ 97.68 | TBD                                | \$ 62.50                        | \$ 0.00 | \$24.58                  | \$ 7.94           |
| Employee/spouse   | \$ 77.40 | \$253.36 | TBD                                | \$121.50                        | \$ 7.64 | \$49.66                  | \$15.88           |
| Employee/children | \$ 20.48 | \$143.86 | TBD                                | \$121.50                        | \$13.72 | \$57.26                  | \$16.86           |
| Full family       | \$113.00 | \$306.56 | TBD                                | \$162.50                        | \$21.34 | \$74.22                  | \$24.82           |

<sup>1</sup> Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup> Premiums for BlueChoice HealthPlan HMO were not finalized at the time of publication of this newsletter.

<sup>3</sup> The tobacco-use surcharge does not apply to TRICARE Supplement subscribers.

<sup>4</sup> If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

## Comparison of Health Plan Benefits Offered for

This chart is for comparison purposes only. For more information on these plans, please refer to your 2013

| Plan   | SHP Savings Plan  |  | SHP Standard Plan <sup>2</sup>   |  |
|--|---|--|--|--|
| Availability   | Coverage worldwide  |  | Coverage worldwide   |  |
| Active Employee Monthly Premiums<br><br>Subscriber Only<br>Subscriber/Spouse<br>Subscriber/Children<br>Full Family | Tobacco users will pay a \$40- or \$60-per-month surcharge <i>in addition to their health plan</i>  |  |  |  |
|  | \$ 9.70   |  | \$ 97.68   |  |
|  | \$ 77.40  |  | \$253.36   |  |
|  | \$ 20.48  |  | \$143.86   |  |
|  | \$113.00  |  | \$306.56   |  |
|  | Please note that premiums for optional employer groups, such as local subdivisions, may vary. <u>To verify</u>  |  |  |  |
| Annual Deductible<br>Single<br>Family  | (no copayments)<br>\$3,600<br>\$7,200 <sup>4</sup>  |  | \$420<br>\$840   |  |
| Coinsurance  | In-network<br>Plan pays 80%<br>You pay 20%  | Out-of-network<br>Plan pays 60%<br>You pay 40% | In-network<br>Plan pays 80%<br>You pay 20%   | Out-of-network<br>Plan pays 60%<br>You pay 40%             |
| Coinsurance Maximum<br>Single<br>Family  | \$2,400<br>\$4,800<br>(excludes deductible)   | \$4,800<br>\$9,600<br>(excludes deductible)    | \$2,400<br>\$4,800<br>(excludes deductible and copayments)   | \$4,800<br>\$9,600<br>(excludes deductible and copayments) |
| Physicians Office Visits   | Chiropractic payments limited to \$500 a year, per person   |  | Chiropractic payments limited to \$2,000 a year, per person  |  |
|  | No copayments   |  | \$12 copayment, then:  |  |
|  | In-network<br>Plan pays 80%<br>You pay 20%  | Out-of-network<br>Plan pays 60%<br>You pay 40% | In-network<br>Plan pays 80%<br>You pay 20%   | Out-of-network<br>Plan pays 60%<br>You pay 40%             |
| Hospitalization/<br>Emergency Care   | No copayments   |  | Outpatient facility services: \$90 copayment<br>Emergency care: \$150 copayment<br>then:   |  |
|  |   |  | In-network<br>Plan pays 80%<br>You pay 20%   | Out-of-network<br>Plan pays 60%<br>You pay 40%             |
| Prescription Drugs   | Participating pharmacies and mail order only: You pay the State Health Plan's allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20% in coinsurance. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount. |  | Participating pharmacies only (up to 31-day supply):<br>\$9 Tier 1 (generic-lowest cost alternative),<br>\$36 Tier 2 (brand-higher cost alternative),<br>\$60 Tier 3 (brand-highest cost alternative)<br>Mail order (up to 90-day supply):<br>\$22 Tier 1, \$90 Tier 2, \$150 Tier 3<br>Copay maximum: \$2,500 |  |

<sup>1</sup> Premiums for subscribers of optional employer groups (such as cities, counties and other local subdivisions) may increase, decrease or remain the same. If you are a subscriber of an experience-rated group, your benefits office will announce next year's rates.

<sup>2</sup> Refer to your 2013 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.

<sup>3</sup> BlueChoice HealthPlan HMO is not available to subscribers and/or their dependents whose primary coverage is Medicare.

<sup>4</sup> If more than one family member is covered, no family member will receive benefits, other than preventive, until the \$7,200 annual family deductible is met.

<sup>5</sup> State Health Plan and BlueChoice subscribers who use tobacco or cover dependents who use tobacco will pay a \$40-per-month surcharge for the SHP Standard Plan and a \$60 for other levels of coverage.

2014<sup>1</sup>

## Insurance Benefits Guide.

BlueChoice HealthPlan  
HMO<sup>3</sup>Health premium.<sup>5</sup>

For your rates, contact your benefits office.

Details for BlueChoice HealthPlan HMO were not finalized at the time of publication of this newsletter.

Information about BlueChoice HealthPlan will be posted to the "News & Updates" page of the PEBA Insurance Benefits website, [www.eip.sc.gov](http://www.eip.sc.gov), by Oct. 1.

the same, based on the group's rating. If you

tible is met.

subscriber-only coverage. The surcharge is

## What Will You Pay?

### Explanation of Coinsurance, Copayments and Deductibles

When making decisions about benefits, subscribers may wish to consider the out-of-pocket payments that they will make **in addition to their premiums**. Different plans require copayments, coinsurance or deductibles that must be paid by subscribers when they use their benefits.

**Copayments** are fees that must be paid at each visit to a health, dental or vision provider and when buying prescription drugs. These fees can vary by the type of provider that the subscriber sees and by the services that he receives. Subscribers are responsible for paying copayments, even after they have met the annual deductible for the plan year. Copayments cannot be applied to the annual deductible or coinsurance maximum.

**Coinsurance** requires the subscriber to pay a percentage of the covered cost of his health care, while the insurance plan pays the rest. Coinsurance applies after the subscriber has met his annual deductible. Coinsurance payments are subject to a maximum for the plan year. After the subscriber has reached the coinsurance maximum, the insurance plan pays 100 percent of the covered expenses for the rest of the year. The subscriber will still be responsible for **copayments**.

An **annual deductible** is the amount a subscriber must pay before the plan will pay any benefits.

For specific information about how the plan you are considering handles copayments, coinsurance and deductibles, see your 2013 *Insurance Benefits Guide*.



## SLTD Premiums Will Increase

Supplemental Long Term Disability (SLTD) premiums will increase on Jan. 1, 2014.

**NEW!**

Plans one and two have different benefit waiting periods, the length of time you must be determined to have been disabled before benefits will be paid. Plan one is 90 days, and Plan two is 180 days.

To determine your monthly premium, multiply your premium factor for your age and the plan you select by your monthly earnings.

**For example:** If you are age 38, earn \$3,000 a month and select Plan two, your premium will be \$2.02 per month. ( $\$3,000 \times .00067 = \$2.01$ , but the premium is rounded up \$0.01 because it must be an even amount.)

You can enroll in the SLTD program within 31 days of the date you are hired. You can also apply to enroll year round by submitting medical evidence of good health, which must be approved by Standard Insurance Company.



### 2014 SLTD Rate Factors

| Age, as of the preceding Jan. 1 | 90-day waiting period | 180-day waiting period |
|---------------------------------|-----------------------|------------------------|
| Under age 31                    | .00063                | .00050                 |
| 31 through 40                   | .00088                | .00067                 |
| 41 through 50                   | .00175                | .00133                 |
| 51 through 60                   | .00352                | .00270                 |
| 61 through 65                   | .00423                | .00325                 |
| 66 and older                    | .00517                | .00397                 |



## Life Insurance Options for 2014

Here are changes you may make to your Optional Life and Dependent Life coverage during open enrollment:

### Optional Life Insurance

**You may enroll in, increase, decrease or cancel your Optional Life Insurance coverage.**

- Employees who are not enrolled in Optional Life at the time of open enrollment can enroll for up to \$50,000 of Optional Life coverage, in \$10,000 increments, without medical evidence of good health.
- Employees who are currently enrolled in Optional Life at the time of open enrollment can increase coverage, in \$10,000 increments, up to \$50,000, without medical evidence of good health.
- The maximum amount of Optional Life coverage is \$500,000.

**Coverage changes will go into effect Jan. 1, 2014.**

### Dependent Life Insurance

**You can decrease or cancel your Dependent Life-Spouse (DLS) coverage. You *cannot* enroll your spouse in DLS coverage without medical evidence of good health.** You can increase coverage throughout the year **with medical evidence of good health.** To do so, see your benefits administrator.

**You may enroll in or drop Dependent Life-Child (DLC) coverage** for any eligible children throughout the year.



## MetLife Offers Free Will Prep, Estate Resolution Services

MetLife offers several benefits to Optional Life subscribers *at no additional cost*. These benefits include a **Will Preparation Service** for employees and their spouses and **Estate Resolution Services** for the beneficiaries and estate representative of covered employees.

To have a will prepared, the subscriber and/or his spouse may meet with a local Hyatt Legal Plans network attorney. The attorney will prepare or update the subscriber's and/or spouse's will. If he uses an attorney who is not part of the network, he will be reimbursed according to a fee schedule.

For estate representatives, MetLife Estate Resolution Services<sup>SM</sup> provides a Hyatt Legal Plans network attorney to help the estate representative with the paperwork associated with distribution of assets after a death. This includes preparing documents and appearing in court to help transfer assets; transferring non-probate assets, such as joint bank accounts; and assisting with tax preparation. In addition, any beneficiary of the life insurance is entitled to telephone or office advice concerning the employee's estate.

Interested subscribers should contact Hyatt Legal Plans at 800-821-6400 for more information. **Subscribers should say they are covered under the State of South Carolina or Group No. 143046.**



## Happy With Your Dental Coverage?

Good dental hygiene is important to your overall health. To help with your dental expenses, PEBA Insurance Benefits offers the **State Dental Plan** and **Dental Plus**.

During open enrollment of odd-numbered years, you can add or drop these plans for yourself and your dependents. **Once you enroll in the State Dental Plan or Dental Plus, you are locked into that coverage for two years, until the next open enrollment period in an odd-numbered year (October 2015) or until you become eligible to change your coverage due to a special eligibility situation.**

**Dental Plus premiums will increase in 2014. See page 5 for premiums.**

If you're thinking about enrolling in the State Dental Plan and Dental Plus, please consider:

- You must be enrolled in the State Dental Plan to participate in Dental Plus.
- You must cover the same family members under both plans.
- Dental Plus covers the same services as the State Dental Plan (excluding orthodontia), except that the allowed amount is higher. This means a subscriber enrolled in both plans will pay less toward these types of treatment: diagnostic and preventive, basic and prosthodontics.





# Realize Tax Savings With MoneyPlus Programs

For details on the MoneyPlus programs, read the *Tax-Favored Accounts Guide*. It is available through your benefits administrator and online at [www.eip.sc.gov](http://www.eip.sc.gov) under "Publications." **Note:** Fringe Benefits Management Company, a Division of WageWorks, is now known as **WageWorks**.

## Pretax Group Insurance Premium Feature

This feature allows you to pay premiums for health, vision, dental and Optional Life (for coverage up to \$50,000) *before taxes are taken from your paycheck*.

- Once enrolled in the pretax premium feature, you do not need to re-enroll each year.

## Flexible Spending Accounts

**You must enroll or re-enroll in a Dependent Care Spending Account (DCSA) and/or a Medical Spending**

### 2014 Contribution Limits

|                                 |   |
|---------------------------------|---|
| Medical Spending Account        | \$2,500   |
| Dependent Care Spending Account | \$2,500 (married, filing separately);<br>\$5,000 (single, head of household or married, filing jointly) |
| Health Savings Account          | \$3,300 single/\$6,550 family<br>\$1,000 catch-up for ages 55 and older                                 |

### 2014 Fees

|  |                  |
|--|------------------|
| Pretax Group Insurance Premium Feature                                   | \$0.28 per month |
| Dependent Care Spending Account  | \$3.14 per month |
| Medical Spending Accounts (full and limited-use)                         | \$3.14 per month |
| myFBMC Card® Visa® Card (for full MSAs)                                  | \$10 per year    |
| Health Savings Account (fee charged by WageWorks)                        | \$1.50 per month |
| Health Savings Account (fee charged by Wells Fargo)                      | \$2 per month    |
| <i>This fee is waived for accounts with balances of \$2,500 or more.</i> |                  |

**Account (MSA) or a limited-use MSA to participate in 2014.** If you have an MSA and are re-enrolling or are adding a DCSA, you can enroll online at [www.myFBMC.com](http://www.myFBMC.com). DCSA subscribers can also re-enroll online.

Otherwise, you must submit a MoneyPlus enrollment form through your benefits administrator (BA). Go to the PEBA Insurance Benefits

website and choose "Forms." It is listed under MoneyPlus. Your BA can also provide the form.

- To participate in an MSA or a limited-use MSA, you must be an active employee and, by Jan. 1, 2014, have worked full-time for one year for an employer participating in PEBA Insurance Benefits programs.

**See MONEYPLUS on page 11**

## See the Advantages of the State Vision Plan

Regular eye exams do more than measure eyesight. They can help diagnose and monitor eye diseases and other health problems, such as diabetes and high blood pressure, in their earliest, most-treatable stage. Anyone eligible for health and dental insurance through PEBA Insurance Benefits is eligible for State Vision Plan coverage.

This affordable program offers coverage for eye exams, eyeglasses and contact lenses. A comprehensive description of the State Vision Plan begins on page 109 of your 2013 *Insurance Benefits Guide*.

**State Vision Plan premiums will increase in 2014.** See page 5 for premiums.



### What the Plan Covers

- A comprehensive eye exam once a year for a \$10 copayment
- A yearly \$130 allowance for contact lenses, or standard plastic eyeglass lenses yearly for a \$10 copayment
- A \$140 allowance for frames once every two years.

**Savings continue even after members have used their benefits.**

The program offers:

- 40 percent off additional complete pairs of eyeglasses and prescription sunglasses after the benefit has been used
- 15 percent off conventional (*not disposable*) contact lenses after the benefit has been used.

With the State Vision Plan, you may use any vision care provider you choose.

However, your benefits will be greater if you go to a provider who is part of EyeMed's network.



## PEBA RETIREMENT BENEFITS

### Recent and Upcoming Changes to Plans

Act 278 of 2012 made numerous changes to the public employee retirement plans administered by PEBA, most of which were effective either July 1, 2012, or Jan. 2, 2013. However, Act 278 also provided for new disability eligibility standards for members of the South Carolina Retirement System (SCRS) that will take effect Jan. 1, 2014. Additionally, Act 69 of 2013 changed the disability retirement process for members of the Police Officers Retirement System (PORS).

#### SCRS Disability Retirement Changes

For retirement applications received by PEBA **before** Jan. 1, 2014, there are no changes to the current eligibility requirements. If you are an SCRS member whose disability retirement application is received by PEBA **after** Dec. 31, 2013, you may be approved for disability retirement benefits from SCRS only if you have first been approved for disability benefits from the federal Social Security Administration, which generally requires an incapacity to perform any gainful occupation.

You must provide a copy of your Social Security Award letter to PEBA before your disability retirement claim can be evaluated. Your SCRS disability annuity will be based on your actual credited service as of the date of your retirement.

**Because your SCRS disability retirement application must be filed within 90 days of when you are in service with a covered employer, you should not wait to submit your disability retirement application to PEBA until your Social Security disability claim has been decided.**

#### PORS Disability Retirement Changes

Eligibility standards for PORS disability remain unchanged if you are a PORS member whose disability retirement application is received by PEBA **before June 13, 2013**, both upon initial review of the application and upon a continuing disability review. If your PORS disability retirement application is received by PEBA **on or after June 13, 2013**, it is subject to reviews by PEBA's disability determination provider and PEBA's medical board. This applies to both initial reviews and continuing disability reviews. PEBA's medical board will have the final decision on all reviews.

If your PORS disability retirement application is received by PEBA **after Dec. 31, 2013**, the calculation of your PORS disability annuity will be based on the number of projected years of service credit you would have completed had you remained in service until reaching age 55 or attaining 25 years of service credit, whichever is less.



#### Important Reminders

##### Break in Service Requirement – SCRS and PORS

Return-to-work rules for SCRS and PORS members changed Jan. 2, 2013. To return to work after you retire, you must first have a complete, bona fide severance or termination of employment. After 30 days of retirement, you may be hired by an employer covered by one of the retirement systems administered by PEBA. If you return to covered employment sooner than 30 consecutive calendar days after retirement, your monthly annuity will be suspended while you remain employed by a covered employer. For Class Two SCRS members, the Teacher and Employee Retention Incentive (TERI) program participation period counts toward the 30-day break requirement.

##### Earnings Limitation from Covered Employment – SCRS or PORS Service Retiree

If you retire before you reach age 62 (SCRS) or age 57 (PORS) and return to covered employment, you will be subject to a \$10,000-per-year earnings limitation. This means you can earn up to \$10,000 per year from covered employment and continue to receive your retirement annuity. If you continue covered employment and earn more than \$10,000 in a calendar year, your monthly annuity will be suspended for the remainder of that year. The \$10,000 earnings limitation applies regardless of your age when you return to covered employment.

**The \$10,000 earnings limitation from covered employment does not apply to you if you retired before Jan. 2, 2013, or if you retire after age 62 (SCRS) or age 57 (PORS).** In addition, the limitation does not apply to you if you are a retired member who receives compensation for service as an elected official, service as an appointee of the Governor with confirmation by the South Carolina Senate, or service by appointment or election by the General Assembly.



**MONEYPLUS From page 9**

- Full MSA subscribers may sign up for the **myFBMC Card® Visa® Card**. Check the box on the enrollment form to use the card in 2014.

**Health Savings Account**

**You must be covered by the Savings Plan or another high-deductible health plan to be eligible for a Health Savings Account (HSA).** You cannot be covered by Medicare or any other non-high-deductible health plan, and you cannot be claimed as a dependent on another person's tax return. A MoneyPlus Medical Spending Account (MSA) — even a spouse's MSA — is considered other health insurance.

If you enroll in an HSA, you may contribute to a limited-use MSA, which can be used for dental and vision expenses.

- **If you enrolled in an HSA in 2013, you do not need to re-enroll for 2014 if you remain eligible.** You may change the amount you contribute monthly. **To start, stop or change your contributions,** complete a MoneyPlus enrollment form and enter the new amount (\$0 to stop contributions) on the form. Return the form to your benefits administrator.
- If you enroll in the Savings Plan in October, your enrollment will go into effect Jan. 1. As of that date, you will be eligible to contribute to an HSA. You can enroll in the MoneyPlus HSA in October and begin contributing to your new HSA Jan. 1, 2014, if your MSA has a \$0 balance on Dec. 31, 2013. Otherwise, you must wait until April 1, 2014, to contribute to your HSA.

**CONTACT INFORMATION**
**Association & Society Insurance Corp. (ASI)**  
*(TRICARE Supplement Plan)*

- Customer Service: 800-638-2610, option 1
- Web: [www.asicorporation.com](http://www.asicorporation.com)

**BlueChoice HealthPlan HMO**

- Member Services Phone: 803-786-8476 (Greater Columbia area); 800-868-2528 (toll-free outside the Columbia area)
- Web: [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)

**BlueCross BlueShield of South Carolina**  
*(State Health Plan)*

- **Health** - Customer Service Phone: 803-736-1576 (Greater Columbia area); 800-868-2520 (toll-free outside Columbia area)
- **Medi-Call:** 803-699-3337 (Greater Columbia area); 800-925-9724 (toll-free outside the Columbia area)
- **BlueCard Program Phone:** 800-810-BLUE (2583)
- Web: [www.StateSC.SouthCarolinaBlues.com](http://www.StateSC.SouthCarolinaBlues.com)

*(SHP Behavioral Health)*

- **Mental Health and Substance Abuse** - Customer Service Phone: 803-736-1576 (Greater Columbia area); 800-868-2520 (toll-free outside the Columbia area)
- Mental Health Precertification/ Case Management: 800-868-1032
- Mental Health Fax: 866-714-6456
- **Tobacco Cessation:** 866-784-8454
- Web: [www.companionbenefitalternatives.com](http://www.companionbenefitalternatives.com)

*(State Dental Plan and Dental Plus)*

- **Dental** - Customer Service Phone: 803-264-7323 (Greater Columbia area); 888-214-6230 (toll-free outside the Columbia area)
- Dental Fax: 803-264-7739
- Web: [www.StateSC.SouthCarolinaBlues.com](http://www.StateSC.SouthCarolinaBlues.com)


**S.C. Public Employee Benefit Authority — Insurance Benefits**

- Contact your Benefits Administrator for enrollment assistance.

**EyeMed Vision Care**  
*(State Vision Plan)*

- Customer Care Center Phone: 877-735-9314
- Web: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

**WageWorks**  
*(MoneyPlus)*

- Customer Care Center Phone: 800-342-8017
- Claims Fax: 888-800-5217
- Web: [www.myFBMC.com](http://www.myFBMC.com)

**MetLife (Life Insurance)**

- Customer Service Phone: 800-638-6420, prompt 2
- Customer Service Fax: 570-558-8645
- Statement of Health Phone: 800-638-6420, prompt 1
- Statement of Health Fax: 859-225-7909
- Web: [www.metlife.com](http://www.metlife.com)

**Standard Insurance Company**  
*(Long Term Disability)*

- Customer Service Phone: 800-628-9696
- Fax: 800-437-0961
- Medical Evidence of Good Health Phone: 800-843-7979
- Web: [www.standard.com](http://www.standard.com)



## Have You Moved? Let Us Know!

**It is up to you to make sure your address is up-to-date with PEBA Insurance Benefits so you will receive explanations of benefits, letters and other important information about your insurance.**

If you recently moved or if you plan to move soon, use PEBA Insurance Benefits' online enrollment system, MyBenefits, to change your address in our system. MyBenefits will also notify your employer of your current address.



## ABOUT YOUR COVERAGE

Under the Patient Protection and Affordable Care Act, all group health plan and health insurance issuers offering group health coverage must provide their subscribers with a summary of benefits and coverage.

To comply with this requirement, PEBA Insurance Benefits will post the 2014 Summaries of Benefits and Coverage (SBCs) to its website at [www.eip.sc.gov/reform](http://www.eip.sc.gov/reform) by Oct. 1. You will be able to view and print the SBCs for the State Health Plan Standard and Savings plans and BlueChoice HealthPlan HMO.

All subscribers will receive the 2014 *Insurance Benefits Guide*, with complete plan information, by Jan. 1, 2014.

If you do not have access to the Internet, copies of the SBCs are available from your employer.

## Notification of Grandfathered Status Under PPACA

PEBA Insurance Benefits believes the plans it offers are "grandfathered health plans" under the Patient Protection and Affordable Care Act (PPACA). As a grandfathered plan, PEBA Insurance Benefits will be able to minimize the increase in State Health Plan and HMO premiums while it assesses the future financial impact of the act. As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that the plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in PPACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 803-734-0678 (Greater Columbia area) and 888-260-9430 (toll-free outside the Columbia area), or online at [www.eip.sc.gov](http://www.eip.sc.gov).

You may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).



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