

INSURANCE ADVANTAGE

October 2014 Active Employee Open Enrollment Edition — Not Available After Jan. 1, 2015

IT'S TIME TO MAKE CHOICES FOR 2015

Open enrollment is here! Read this newsletter to learn about your insurance options for 2015 and what changes you can make during open enrollment, Oct. 1-31, 2014.

Any changes you make during open enrollment will go into effect Jan. 1, 2015.

By January, you will receive your 2015 *Insurance Benefits Guide*, detailing all the programs offered through PEBA Insurance Benefits.

BLUECHOICE SUBSCRIBERS

BlueChoice HealthPlan HMO will not be offered in 2015. See page 3 for details.

LAW BROADENS ELIGIBILITY RULES

All employees who work at least 30 hours a week may now be eligible for health, dental and vision coverage. **Page 2**

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Standard Plan Copayments, Deductibles Will Increase

On Aug. 12, 2014, the South Carolina Budget and Control Board voted to increase copayments, annual deductibles and coinsurance maximums for the **State Health Plan (SHP) Standard Plan**.

NEW!

These changes will take effect for the Standard Plan on Jan. 1, 2015:

- The annual deductible will be \$450 for single coverage, \$900 for family coverage
- The copayment for a physician office visit will be \$13
- The copayment for emergency room services will be \$160
- The copayment for outpatient facility services will be \$97
- Prescription drug copayments will be \$39 for Tier 2 and \$65 for Tier 3. (Tier 1 copayment will remain \$9.)



State Health Plan premiums for active employees will not increase in 2015. See page 7 for the premiums chart.

- Prescription drug copayments for mail order will be \$98 for Tier 2 and \$163 for Tier 3. (Tier 1 copayment will remain \$22.)
- The coinsurance maximum for network services will be \$2,600 for single coverage, \$5,200 for family coverage
- The coinsurance maximum for out-of-network services will be \$5,200 for single coverage, \$10,400 for family coverage.

There will be no changes to the **SHP Savings Plan** in 2015.



Enrollment Options at a Glance

- **Health:** Enroll in, change or drop health plans for yourself and/or your eligible family members.
- **Vision:** Enroll in or drop vision coverage for yourself and/or your eligible family members.
- **Optional Life:** Enroll in, increase, decrease or cancel your Optional Life Insurance coverage. See page 10 for more information.
- **Dependent Life:** Enroll your eligible child in Dependent Life-Child coverage. See page 10 for more information.
- **MoneyPlus:** Enroll or re-enroll in MoneyPlus accounts. See page 10 for more information.

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

**NO CHANGES CAN BE MADE IN DENTAL
COVERAGE UNTIL OCTOBER 2015.**



Federal Law Expands Eligibility

Beginning Jan. 1, 2015, the Affordable Care Act requires certain employers to offer health coverage to all employees, including temporary employees, who work an average of 30 hours or more a week. Instead of offering coverage to these employees, employers have the option to pay a fee to the federal government.

If you are a **non-permanent full-time employee** or a **variable-hour employee**, your employer may offer you:

- State Health Plan (Savings Plan and Standard Plan)
- State Dental Plan
- Dental Plus
- State Vision Plan
- MoneyPlus Pretax Group Insurance Premium Feature
- Health Savings Account (for employees who enroll in the Savings Plan).

You **will not be eligible** for:

- Basic Life, Optional Life or Dependent Life insurance
- Basic or Supplemental Long Term Disability
- MoneyPlus Medical Spending Account, Limited-Use Medical Spending Account or Dependent Care Spending Account.

Contact your benefits office if you have questions about your eligibility.



Open Enrollment Options for Active Employees

Open enrollment is Oct. 1-31, 2014. Any changes you make will be effective Jan. 1, 2015. If you are satisfied with your current coverage, you do not have to do anything. You will be re-enrolled automatically for 2015, and your coverage will continue. (**Exception: BlueChoice HealthPlan HMO will not be offered in 2015. See page 4 for more details.**)



Health Insurance

If you want to change plans for 2015, review the comparison chart on page 6. More in-depth information on these plans may be found in your 2014 *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 2015. Read page 11 to learn more.)
- *State Health Plan Standard Plan*
- *AMRA TRICARE Supplement Plan* (This plan is available to eligible members of the military community. Read page 4 to learn more.)

The chart on page 7 shows the 2015 premiums. A brief comparison chart of the health plans is on page 6. 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.

Please note:

- Documentation is required if you are enrolling a spouse or child in coverage for the first time.

See **ENROLLMENT** on page 3



Pharmacies that are part of the **Retail Maintenance Network** offer a 90-day supply of prescription drugs at mail-order prices. Find out which pharmacies offer this benefit at www.eip.sc.gov. Under "Online Directories," select "Retail Maintenance Network."

Do You Need Proof of Insurance?

Individuals often need proof of health insurance when they are traveling overseas, particularly if they are students or will be employed in another country. PEBA is glad to provide these letters.

Please ask for proof of insurance from PEBA as soon as you know it is needed. It may take up to 10 business days to respond to a request.

The request must be in writing and must specify what information should be provided. Requests can be made through the Contact Us link on the PEBA Insurance Benefits website or by sending a letter to: PEBA Insurance Benefits, P.O. Box 11661, Columbia, SC 29211-1661.



BlueChoice HealthPlan HMO Will No Longer Be Offered

BlueChoice HealthPlan HMO will not be offered in 2015. BlueChoice did not renew its contract with PEBA due to declining enrollment and increasing costs.

Subscribers who are enrolled in BlueChoice can choose another plan or drop health coverage during open enrollment. **BlueChoice subscribers who do not choose another health plan during open enrollment will automatically be enrolled in the State Health Plan Standard Plan.**



ENROLLMENT From page 2

Dental Insurance

Changes to dental coverage may only be made during open enrollment of odd-numbered years. **Your next opportunity to make changes in dental coverage is October 2015.**

State Vision Plan

You may enroll in or drop vision coverage for yourself and/or your eligible family members. Premiums were not determined in time for this newsletter.

Life Insurance

See page 10 for your Life Insurance options for 2015.

Supplemental Long Term Disability (SLTD) Insurance

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

MoneyPlus

To participate in MoneyPlus accounts in 2015, 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 2015.

Please see page 10 for more information about MoneyPlus.



Follow Up on Enrollment Changes

Beginning Jan. 1, 2015, 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, and sign in. Then select "Review Benefits" from the drop-down list to check your 2015 benefits.
- After you receive your paycheck in January, you should check to make sure the correct premiums are being deducted.



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



Thank You for Your Patience During PBM Transition

On Jan. 1, 2014, Catamaran replaced Express Scripts as the pharmacy benefit manager (PBM) for the State Health Plan. PEBA chose Catamaran because it provides the best value for the State Health Plan and its participants.

Catamaran's network of pharmacies is as broad as the Express Scripts network, and even more pharmacies now participate in the Retail Maintenance Network, in which you can get a 90-day supply of a drug for a mail-order copayment.

The contract with Catamaran was awarded late in

2013, which left little time for PEBA and Catamaran to fully implement such a large program. The benefits under Catamaran were supposed to be the same as those under Express Scripts, but technical issues caused a disruption in service for some members. We apologize for any inconvenience that occurred during the transition.

PEBA and Catamaran are committed to providing excellent service to employers and subscribers. Please let us know if you feel we are not meeting that standard. Thank you for your patience as this switch was made.



Are You Retired Military? Consider Enrolling in the TRICARE Supplement Plan

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, 2015.

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 Selman & Company/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** (see page 97 of your 2014 *Insurance Benefits Guide* for a full list of children who are eligible for this coverage).

Plan Features

- No deductibles, coinsurance or out-of-pocket expenses for covered services.
- Subscribers may choose any TRI-CARE-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 Selman & Company/ASI.
- Reimbursement of prescription drug copayments.



Please note:

- The individual must be a member of AMRA to enroll in the TRICARE Supplement Plan.
- 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 Selman & Company/ASI at 866-637-9911, send an email to memberservices@selmanco.com or log on to www.asicorporation.com/SC.



MyBenefits is the Quick and Easy Way to Enroll

During open enrollment (**Oct. 1-31, 2014**), subscribers can change their coverage anywhere they have Internet access by 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 33,000 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, 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 home page. 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. **Transactions requiring supporting documentation will not be approved until those documents are received.**

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, 2014). **No open enrollment changes can be made after 11:59 p.m. on Oct. 31, 2014.**



Comparison of Health Plan Benefits Offered for 2015¹

This chart is for comparison purposes only. For more information on these plans, please refer to your 2014 <i>Insurance Benefits Guide</i> .				
Plan	SHP Savings Plan		SHP Standard Plan ²	
Availability	Coverage worldwide		Coverage worldwide	
Active Employee Monthly Premiums	Tobacco users will pay a \$40- or \$60-per-month surcharge <i>in addition</i> to their health premium. ⁴			
	Subscriber Only		\$ 9.70	
	Subscriber/Spouse		\$ 77.40	
	Subscriber/Children		\$ 20.48	
	Full Family		\$113.00	
	Please note that premiums for optional employer groups, such as local subdivisions, may vary. <u>To verify your rates, contact your benefits office.</u>			
Annual Deductible	(no copayments)			
Single	\$3,600		\$450	
Family	\$7,200 ³		\$900	
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%
Coinsurance Maximum	\$2,400 \$4,800 (excludes deductible)	\$4,800 \$9,600 (excludes deductible)	\$2,600 \$5,200 (excludes deductible and copayments)	\$5,200 \$10,400 (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		\$13 copayment, then:	
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%
Hospitalization/ Emergency Care	No copayments		Outpatient facility services: \$97 copayment Emergency care: \$160 copayment then:	
			In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% 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 the coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount.		Participating pharmacies only (up to 31-day supply): \$9 Tier 1 (generic-lowest cost alternative), \$39 Tier 2 (brand-higher cost alternative), \$65 Tier 3 (brand-highest cost alternative) Mail order and Retail Maintenance Network pharmacies (up to 90-day supply): \$22 Tier 1, \$98 Tier 2, \$163 Tier 3 Copay maximum: \$2,500	

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

² Refer to your 2014 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.

³ 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.

⁴ State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40-per-month surcharge for subscriber-only coverage. The surcharge is \$60 for other levels of coverage.

FREE DRUGS

Did you know the State Health Plan offers qualifying members a way to get certain generic prescription drugs at a \$0 copay?

Learn more about the Wellness Incentive Program online. Visit StateSC.SouthCarolinaBlues.com and select "Wellness Incentive Program" under the "Health & Wellness" tab.



What Will You Pay?

Explanation of Coinsurance, Copayments and Deductibles

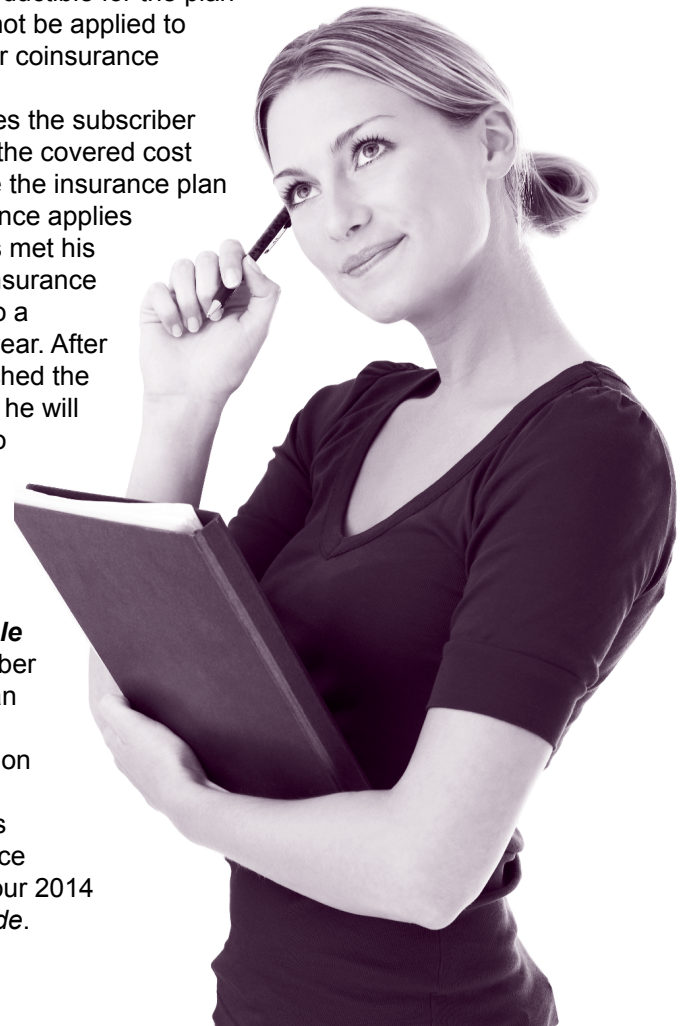
When making decisions about benefits, subscribers may wish to consider the out-of-pocket payments that they will make **in addition to their premiums**. Different plans require copayments, coinsurance or deductibles that must be paid by subscribers when they use their benefits.

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, he will no longer be required to pay coinsurance 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 2014 *Insurance Benefits Guide*.



2015 Active Employee Monthly Premiums¹

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

	Savings	Standard	TRICARE Supp ²	Dental	Dental Plus ³	Vision
Employee	\$ 9.70	\$ 97.68	\$ 62.50	\$ 0.00	\$24.58	\$ 7.00
Employee/spouse	\$ 77.40	\$253.36	\$121.50	\$ 7.64	\$49.66	\$14.00
Employee/children	\$ 20.48	\$143.86	\$121.50	\$13.72	\$57.26	\$14.98
Full family	\$113.00	\$306.56	\$162.50	\$21.34	\$74.22	\$21.98

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

² The tobacco-use surcharge does not apply to TRICARE Supplement subscribers.

³ If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

Ways to Reduce Your Health Care Costs

The best way to save money on health care costs is not to get sick. But even the most optimistic among us knows that isn't always possible. It would be wonderful if PEBA Insurance Benefits could offer you "easy" ways to avoid medical bills, but we'd be stretching the truth. However, here are some tips that may reduce your health care costs.



Choose your plan carefully.

There is a reason it's called the "Savings Plan." The monthly premium for an active employee is \$9.70 compared to \$97.68 for the Standard Plan. The deductibles are, of course, substantially higher, but members have more preventive benefits. Also, a subscriber is eligible for a Health Savings Account. In 2015, an individual subscriber can tuck away \$3,350 a year that can be used tax-free for eligible medical expenses. The TRICARE Supplement is an option for TRICARE-eligible employees and retirees who are not eligible for Medicare.



Drugs are a major expense for your health plan — and maybe for you.

Generic drugs may differ from brand-name drugs in size, color or shape, but they can provide the same medical benefits at a lower cost. When you get a prescription, you may wish to ask your doctor to mark it "substitution permitted." Members who have an ongoing prescription can save money by buying 90-day supplies from Catamaran Home Delivery, the State Health Plan's mail-order pharmacy, or local pharmacies that belong to the Retail Maintenance Network. Details are on pages 76-77 of the 2014 *Insurance Benefits Guide* (IBG).

Members with cardiovascular disease, congestive heart failure or diabetes can qualify for free generic drugs and diabetes testing supplies through the Wellness Incentive Program. For more information, call BlueCross BlueShield of S.C. (BSBSSC) at 800-868-2520 or go to StateSC.SouthCarolinaBlues.com and select "Wellness Incentive Program" under the "Health & Wellness" tab.



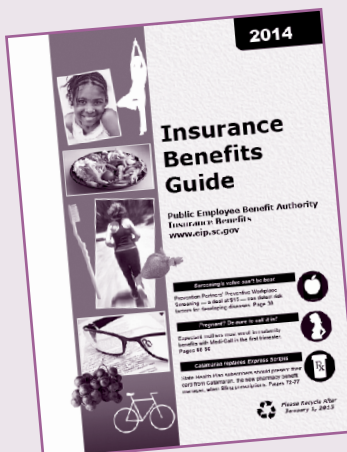
Use an emergency room only in an emergency.

In 2015, the Standard Plan copayment for an office visit will be \$13. The copayment will be \$160 for a visit to an emergency room. Many illnesses and injuries can be treated at an urgent care center or a walk-in clinic. They often have shorter waiting times and are open evenings and weekends. Don't wait until your daughter sprains her ankle on a Sunday afternoon when your doctor's office is closed. Go to the BCBSSC State Health Plan website, StateSC.SouthCarolinaBlues.com, and find an "ER Alternative" right now. Just select "Find a Provider" and then type your city under "Location" and "Urgent Care" under "Specialty."

Your Mom told you: Follow the rules.

The State Health Plan has them. A few minutes spent reviewing the *Insurance Benefits Guide* (IBG) before you get sick can save you money.

- Services from network providers cost less because these providers have agreed to accept the plan's allowed amount for covered benefits. In the U.S., prescription drugs are covered only at network pharmacies.
- You must receive approval from your plan before you receive some services. It's called "preauthorization," and it never hurts to call Medi-Call. The number is 800-925-9724. Some prescription drugs, and advanced radiology and mental health/substance abuse services must also be preauthorized.
- You and your doctor may think you need a particular treatment, but if it's on the list of exclusions, you pay for it, not the plan. The list begins on page 79 of the 2014 IBG.



See **TIPS** on page 9

TIPS From page 8**Take advantage of some freebies.**

Your health plan does offer some extra benefits. Among them:

- The BlueCross Weight Management Program and Healthy Weight for Kids and Teens can help members deal with one of the most challenging health issues. For more information, call 855-838-5897. PEBA's Prevention Partners offers weight loss information and free workshops at worksites. Go to PEBA Insurance Benefits website, www.eip.sc.gov, and select Prevention Partners, then "Weight Management."
- The Quit for Life® Program can help members age 13 and older stop using tobacco. Free nicotine replacement products are available for participants age 18 and older.
- It may not be as comfortable as a therapist's couch or as fast as a pill, but Beating the Blues™, an online therapy program, can be effective treatment for stress, depression and anxiety. For more information, go to www.companionbenefitalternatives.com and select "Beating the Blues," which is at the top of the screen.



A Preventive Workplace Screening isn't free, but at \$15, it's cheap. You have to fast and get weighed, but it does measure cholesterol levels, blood pressure, triglyceride levels, kidney function and red and white blood cells. A screening is easy to organize and most convenient when it is offered at work. Regional screenings, however, are available. Go to the PEBA Insurance Benefits website and select "Prevention Partners."

Here's one final tip: Exercise!

Even walking just 30 minutes a day can make a difference in your mental and physical health, help you sleep better, improve your self-confidence, sharpen your memory – the list goes on. It's been called "the best medicine money can't buy."



Stay Connected With PEBA

The South Carolina Public Employee Benefit Authority (PEBA) is continuously looking for the most cost-effective and efficient ways to deliver our services to you. That's why our primary means of communicating general information and updates to you are through the agency's news feed and social media sites.

PEBA's News Feed

The agency's news feed will provide you with the latest information and updates regarding your insurance and/or retirement benefits automatically. You will receive emails in your inbox periodically that provide an overview of the latest news and, in some cases, include links to important details that are located on our websites. Subscribing to the news feed is easy.



Simply go to www.retirement.sc.gov and select "News" at the top of the page. Next, enter your email address in the box and click "Subscribe." You will receive a confirmation email from Google's Feedburner (<http://feedburner.google.com>). You will need to open this email and click on the link provided to activate your subscription. Once you have clicked on the activation link, the Feedburner window shown below will appear to confirm activation of your news feed subscription.

This is a free service. PEBA will not collect or use any information from you through this news feed.



Email Subscription Confirmed!

A message will be delivered to **Your email address goes here** if the publisher has produced new content on that day. No new content, no email for you.

PEBA's Facebook and Twitter Pages

In addition to the news feed, PEBA's primary means of communicating general information and updates about your insurance and/or retirement benefits will include the agency's Facebook and Twitter pages.

We strongly encourage you to "like" PEBA on Facebook (www.facebook.com/SCPEBA) and "follow" PEBA on Twitter (www.twitter.com/scpeba).



Life Insurance Options for 2015



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

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 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, 2015.

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.



Save on Taxes 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 under "Publications."

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

2015 Contribution Limits

Medical Spending Account	\$2,500
Dependent Care Spending Account	\$2,500 (married, filing separately); \$5,000 (single, head of household or married, filing jointly)
Health Savings Account	\$3,350 single/\$6,650 family \$1,000 catch-up for ages 55 and older

2015 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 MSAs)	\$10 per year
Health Savings Account (fee charged by WageWorks)	\$1.50 per month
Health Savings Account (fee charged by Wells Fargo)	\$1.75 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 2015. If you have an MSA and are re-enrolling or you are adding a DCSA, you can enroll online at 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.

See MONEYPLUS on page 11

MONEYPLUS From page 10

- To participate in an MSA or a limited-use MSA, you must be an active employee and, by Jan. 1, 2015, have worked full-time for one year for an employer participating in PEBA Insurance Benefits programs.
- MSA and limited-use MSA subscribers may sign up for the **myFBMC Card® Visa® Card**. Check the box on the enrollment form to use the card in 2015.

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 2014, you do not need to re-enroll for 2015 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, 2015. 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, 2015, if your MSA has a \$0 balance on Dec. 31, 2014. Otherwise, you must wait until April 1, 2015, to contribute to your HSA.

**CONTACT INFORMATION**
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: 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: 803-714-6456
- **Tobacco Cessation:** 866-784-8454
- Web: 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: StateSC.SouthCarolinaBlues.com

Catamaran
(State Health Plan Prescription Drug Program)

- Customer Service Phone: 855-901-7322
- *(State Health Plan Medicare Prescription Drug Program)*
- Customer Service Phone: 855-902-7322
- Web: www.myCatamaranRx.com

EyeMed Vision Care
(State Vision Plan)

- Customer Care Center Phone: 877-735-9314
- Web: www.eyemedvisioncare.com

Selman & Company/ASI
(TRICARE Supplement Plan)

- Customer Service: 866-637-9911
- Web: www.asicorporation.com/SC

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/mybenefits/southcarolina

WageWorks
(MoneyPlus)

- Customer Care Center Phone: 800-342-8017
- Claims Fax: 888-800-5217
- Web: www.myFBMC.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 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 2015 Summaries of Benefits and Coverage (SBCs) to its website at 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.

All subscribers will receive the 2015 *Insurance Benefits Guide*, with complete plan information, by Jan. 1, 2015.

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

Notification of Grandfathered Status Under the ACA

PEBA Insurance Benefits believes the plans it offers are "grandfathered health plans" under the Affordable Care Act (ACA). As a grandfathered plan, PEBA Insurance Benefits will be able to minimize the increase in State Health Plan premiums while it assesses the future financial impact of the act. As permitted by the ACA, 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 the ACA 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 the ACA, 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.

You may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.



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