

FALL 2015 benefits ADVANTAGE

It's time to make choices for 2016

The 2015 edition of *Benefits Advantage* details your insurance options for 2016, and outlines what changes you can make during this open enrollment period, October 1-31, 2015.

Be sure to refer to your 2015 *Insurance Benefits Guide* (IBG) for comprehensive descriptions of all the insurance programs offered through the South Carolina Public Employee Benefit Authority (PEBA).

Reminders

- If you are enrolled in the coverage of your choice, you do not have to do anything.
- Any changes that you make during open enrollment will be effective January 1, 2016.
- By January, you will receive your 2016 *Insurance Benefits Guide*, which includes explanations of benefits, premiums and contact information for all insurance programs offered through PEBA.

What's inside

MyBenefits.	2	2016 premiums.	9
Open enrollment options	4	Patient-Centered Medical Homes	13
PEBA Perks	6	Get connected.	18
Benefits comparison	8		

SHP premiums remain the same, benefits enhanced

Funded subscriber premiums for the State Health Plan (SHP) Savings Plan, Standard Plan and Medicare Supplemental Plan will not increase in 2016. The employer premiums for the three plans will increase by 4.5 percent.

Other changes in the SHP effective January 1, 2016, include:

- The Standard Plan's \$12 office visit copayment will be waived for care received at a BlueCross BlueShield of South Carolina-affiliated Patient-Centered Medical Home (PCMH). The Savings Plan and Standard Plan coinsurance will be 10 percent, rather than 20 percent, for care at a PCMH. For more information, see Page 13.

Continued on Page 3

Make open enrollment easy—use MyBenefits

MyBenefits is the quickest and easiest way for subscribers to make changes

MyBenefits, PEBA's online insurance enrollment system, allows subscribers to change their coverage anywhere they have Internet access. Using MyBenefits saves a phone call or visit to your benefits office and ensures speedy transmission of your coverage changes.

Changing your insurance coverage during open enrollment

After logging in at MyBenefits.sc.gov, select "Open Enrollment" from the menu to view your current coverage, along with premiums. Under "Make Coverage Changes," you will see options available to you during open enrollment and the respective premiums. If you are an employee or former employee of a local subdivision, contact your former benefits administrator for premiums.

Simply select the changes you want and choose "Next." You will then see a summary page comparing your current coverage to those you have just entered. If you are satisfied with the changes, choose "Apply."

To finalize your changes, you must submit authorization by entering the last four digits of your Social Security number and clicking "Sign." Your changes are not complete until you've submitted your electronic signature. We recommend you 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 log back in to MyBenefits to make additional changes. But remember, open enrollment changes cannot be made after 11:59 p.m. on October 31, 2015.

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, you can print your statement from MyBenefits.
- Use MyBenefits year-round to review your benefits and update your contact information.

Register for MyBenefits in 3 easy steps

1. Visit MyBenefits.sc.gov.
2. Get your Benefits Identification Number (BIN) by clicking "Get my BIN" at the bottom right of the MyBenefits page and following the instructions.
3. Click "Register" on the left of the MyBenefits page. Follow the instructions to 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 also need to choose four security questions.

Can't remember your password?

Click on "Forgot/Reset Password" on the MyBenefits page. You will be asked to answer one of the four security questions you chose when you created your account. After three incorrect attempts to answer the security question, your account will be reset and you need to register as a new user.

SHP Premiums

Continued from Page 1

- Contraceptives covered by the SHP will be provided at no cost to subscribers and covered spouses.

These preventive services will be provided to Savings Plan and Standard Plan members at no cost to the member at participating network providers:

- Colonoscopies, both diagnostic and routine, for members within the age ranges* recommended by the U.S. Preventive Services Task Force. This will include the consultation, prep kit, procedure and associated anesthesia.
- Adult vaccinations at the

intervals recommended by the Centers for Disease Control. For more information, contact your network physician or go to www.cdc.gov/vaccines/schedules and select "Adults (19 years and older)."

- Prescription drugs for smoking cessation, including Chantix and bupropion (generic Zyban).
- Diabetes education services offered by network providers.

Also, an employee is no longer required to complete one year of PEBA-covered service by January 1 to be eligible to establish a MoneyPlus Medical Spending Account. For more information about the MoneyPlus program, see Page 7.

*The recommended age ranges only apply to routine colonoscopies.

Free in '15 benefits to continue with PEBA Perks

In 2016, preventive screenings, No-Pay Copay (generic drugs for some chronic conditions at no cost to members), the shingles vaccine benefit and the flu vaccine benefit will continue to be offered at no cost to eligible SHP members through *PEBA Perks*.

Learn more about *PEBA Perks*, the value-based benefits offered in 2016 at no cost to members, on Page 6.

The Standard offers SLTD open enrollment

Employees who are actively at work on October 1, 2015, may enroll in Supplemental Long Term Disability (SLTD) insurance for a 90-day or a 180-day benefit waiting period without providing evidence of insurability. Those who already have SLTD coverage can change their benefit waiting period. New coverage or a change in the benefit waiting period will be effective January 1, 2016.

The pre-existing condition provision applies. It is explained on Pages 142-143 of the 2015 *Insurance Benefits Guide* (IBG).

PEBA's Long Term Disability plan is administered by Standard Insurance Company (The Standard). It is designed to give financial assistance to employees who become disabled, as defined by the plan, and are unable to work for an extended period of time.

Basic Long Term Disability insurance is provided at no charge to employees enrolled in the State Health Plan or TRICARE Supplement Plan. SLTD provides additional financial protection.

The premium rate factors below take effect January 1, 2016, for members who are newly enrolled in SLTD and

Continued on Page 12

Age on preceding January 1	90-day waiting period	180-day waiting period
Under 31	.00056	.00045
31-40	.00078	.00060
41-50	.00154	.00117
51-60	.00311	.00239
61-65	.00374	.00287
66 and older	.00457	.00351

What you can do during the 2015 open enrollment

Open enrollment is October 1-31, 2015. Any coverage changes that you make will be effective January 1, 2016. If you are satisfied with your current coverage, you do not have to do anything. You will be re-enrolled automatically for 2016, and your coverage will continue.

Health

- Change from one health plan to another:
 - State Health Plan Savings Plan
 - State Health Plan Standard Plan
 - GEA TRICARE Supplement Plan (available to eligible members of the military community)
- Enroll yourself or any eligible dependents in health coverage
- Retirees and their dependents who are eligible for Medicare may enroll in or change from the Medicare Supplemental Plan
- Drop health coverage for yourself or any dependents

Do you need documentation?

If you are enrolling a family member for the first time, documentation is required. Find the information and documents you need for each family member in the 2015 *Insurance Benefits Guide*.

If you change to the Savings Plan during October, the change will go into effect January 1, 2016. As of that date, you will be eligible to contribute to a Health Savings Account (HSA) if you are not

covered by other health insurance, including Medicare, and if you cannot be claimed as a dependent on another person's income tax return.

The HSA contribution limits for 2016 are \$3,350 for

single coverage and \$6,750 for family coverage. Subscribers age 55 and older can contribute an additional \$1,000 catch-up amount. You can enroll in an HSA through Wells Fargo or any other institution that offers an HSA.

If you are considering changing health plans for 2016, be sure to review the health plan comparison chart on Page 8, paying close attention to the differences in deductibles and copayments. Premiums are available on Pages 9-12.

Dental

Enroll in or drop State Dental Plan or enroll in or drop Dental Plus coverage for yourself and your eligible family members. See Pages 9-12 for premiums. Dental Plus premiums will be announced at a later date.

State Vision Plan

Enroll in or drop vision coverage for yourself and/or your eligible family members. See Pages 9-12 for premiums.

Life insurance

- Active employees may enroll in or increase Optional Life up to \$50,000 without evidence of insurability.
- Active employees may also enroll their spouse and dependent children. See Page 7 for more information.

Long term disability insurance

Standard Insurance Company is offering enrollment in Supplemental Long Term Disability insurance without evidence of insurability to employees who are actively at work on October 1, 2015. For more information, see Page 3.

[Continued on Page 5](#)

PEBA expands insurance eligibility

The South Carolina Public Employee Benefit Authority (PEBA) is pleased to announce that beginning January 1, 2016, all employees who are eligible for health coverage (State Health Plan Savings and Standard Plans) will be offered the following benefits previously only offered to full-time permanent employees:

- State Dental Plan and Dental Plus
- State Vision Plan
- Basic Life Insurance (for employees enrolled in the State Health Plan or TRICARE Supplement)
- Optional and Dependent Life insurance
- Basic Long Term Disability insurance (for employees enrolled in the State Health Plan or TRICARE Supplement)
- Supplemental Long Term Disability insurance
- MoneyPlus Pretax Group Insurance Premium feature (see exceptions on Page 16)
- MoneyPlus Medical Spending Account, Limited-use Medical Spending Account and Dependent Care Spending Account
- Health Savings Account (for employees enrolled in the Savings Plan)

Please note: If an employee who is now enrolled in health insurance does not choose a beneficiary for his Basic Life Insurance, the beneficiary will automatically become his estate.

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

Open Enrollment Changes

Continued from Page 4

MoneyPlus

Active employees should enroll or re-enroll in the MoneyPlus Medical Spending or Dependent Care Spending accounts during October enrollment to participate in 2016. If you enroll in the Savings Plan during October, you may be eligible to enroll in a Health Savings Account for 2016. Please see Page 7 for more information about MoneyPlus.

How to make your changes

- Make changes in your coverage online using MyBenefits. See Page 2 for details.
- A printable *Notice of Election* form is online at www.eip.sc.gov. Click on "Forms." Give your completed form to your benefits administrator.

Retirees who worked for a state agency, public school district or higher education institution, PEBA is your benefits administrator. Retirees who worked for a county, municipality or other local subdivision, the former employer is your benefits administrator.

Follow up on your changes

If you make coverage changes during open enrollment, make sure your coverage is correct and the right premiums are being deducted.

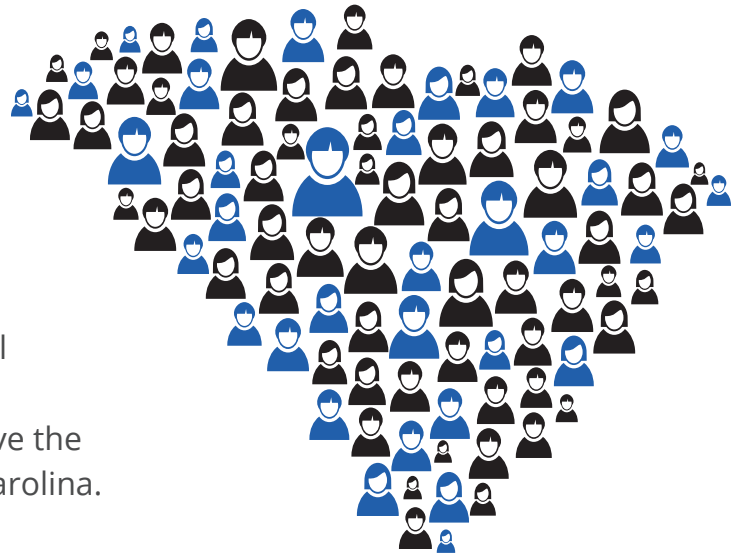
In January, after you receive your first paycheck, go to MyBenefits at MyBenefits.sc.gov. Sign in and select "Review Benefits" from the drop-down list to see your 2016 benefits.

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



For details about PEBA Perks,
visit www.PEBAPERKS.com.

South Carolina public employees help make the Palmetto State a better place — and PEBA helps make life better for public employees. In 2016, we are boosting several key preventive health benefits. It's always better to address a health issue early, before it becomes a health crisis. We hope you'll take action, especially since these programs are available at no cost to you. The goal is to improve the state of your health — and the state of South Carolina.



Value-based benefits at no cost to you*

Diabetes education: Living with diabetes can be challenging. Learn ways to manage the disease through a consultation with a health professional.

Preventive screening: By getting screened for health risks — with a blood pressure check, cholesterol check and other assessments — you might identify potential health problems. Screenings are worth more than \$300 and can be done right at your workplace or at a nearby screening location.

Colonoscopy: This procedure can find and remove colon growths before they develop into cancer. This benefit covers not only the colonoscopy, but also the associated services for members.

Adult vaccinations: Vaccines save lives and improve the quality of life by preventing serious infectious diseases and their consequences. Following recommendations from the Centers for Disease

Control (CDC), this benefit covers 13 vaccines for adults, such as shingles, pneumonia and HPV.

Flu vaccine: Health providers encourage virtually everyone to receive the flu vaccine. It helps protect you from influenza, or lessen your symptoms if you do contract the flu.

No-Pay Copay: Receive a year's worth of free generic drugs for high blood pressure, high cholesterol, congestive heart failure or diabetes. Many diabetic supplies are also covered at network pharmacies.

Tobacco cessation: Tobacco use is the number one preventable cause of death and disease in the United States. A Quit for Life® health coach can help you make a plan and guide you through the steps to becoming tobacco-free. Medications for tobacco cessation are available at no cost to you.

*These value-based benefits are available at no cost to members at a participating provider.

Employees may enroll in or increase Optional Life without evidence of insurability

Buying life insurance may seem to be an overwhelming task, but PEBA and Minnesota Life Insurance Company, a Securian Financial Group affiliate, are making it easier. During this year's open enrollment an employee may enroll in or increase his Optional Life and Accidental Death and Dismemberment (AD&D) insurance by \$50,000 under "guaranteed issue" without answering

any health questions. This election may be made through MyBenefits.

Age	Rate per \$1,000/month
Under 35	\$0.052
35-39	\$0.068
40-44	\$0.076
45-49	\$0.108
50-54	\$0.170
55-59	\$0.296
60-64	\$0.548
65-69	\$1.160
70-74	\$2.002
75-79	\$3.256
80 and over	\$5.442

Rates increase with age and are subject to change.

If you would like to enroll in Optional Life and AD&D insurance for more than \$50,000, or if you would like to increase your Optional Life coverage by more than \$50,000, you will be required to provide proof of good health on an *Evidence of Insurability* form for the amount over \$50,000. Regardless of the outcome of the approval process you are still guaranteed \$50,000.

There are also life insurance options for your spouse and dependent children. The maximum amount of Dependent Life-Spouse and AD&D insurance is up to 50 percent of the subscriber's Optional Life

coverage or \$100,000, whichever is less. An employee who is not covered by Optional Life may cover his spouse for \$10,000 or \$20,000. Any increase in coverage requires evidence of insurability. The benefit for Dependent Life-Child insurance is \$15,000. Eligible children may be added throughout the year without providing evidence of insurability.

The premiums for Optional Life and AD&D, as well as Dependent Life-Spouse and AD&D coverage are shown in the table above. The premium for Dependent Life-Child is \$1.10 per month for \$15,000 in coverage. One premium covers all children.

Example: An employee age 46 with \$150,000 in coverage will pay a monthly premium of \$16.20. This employee can increase his coverage to \$200,000 on a guarantee issue basis for a new monthly premium of \$21.60.

For help determining life insurance needs, visit Minnesota Life's insurance needs calculator at www.LifeBenefits.com/insuranceneeds.

Get more out of your paycheck with MoneyPlus

You can help maximize the money in your paycheck by participating in the MoneyPlus pre-tax flexible benefits program. All program features are available to active employees. If you are a retiree, the only program feature in which you can participate is the Health Savings Account, and you can participate only if you are enrolled in the State Health Plan Savings Plan and are not enrolled in Medicare.

You can save more money in 2016 because the program's Medical Spending Account and Limited-use Medical Spending Account debit cards will be provided without the \$10 fee paid in previous years. Also, effective January 1, 2016, the requirement to have one year of employment with an employer participating in PEBA insurance programs to participate in the Medical Spending Account or the Limited-use Medical Spending Account will be removed.

Ready to save yourself some money? Read on to find out which program features best fit your needs and get enrolled now. The program's money-saving features include:

[Continued on Page 16](#)

Health benefits offered for 2016¹

This chart is for comparison purposes only. For more information about these plans, refer to your 2015 Insurance Benefits Guide.

Plan ²	SHP Savings Plan		SHP Standard Plan ³		Medicare Supplemental Plan ³
	In-network	Out-of-network	In-network	Out-of-network	
Availability	Coverage worldwide		Coverage worldwide		<ul style="list-style-type: none"> Same as Medicare Available to retirees and covered dependents/survivors who are eligible for Medicare
Annual deductible	<ul style="list-style-type: none"> Single: \$3,600 Family: \$7,200⁴ 		<ul style="list-style-type: none"> Single: \$445 Family: \$890 		Pays Medicare Part A and Part B deductibles
Coinsurance⁵	<ul style="list-style-type: none"> Plan pays 80% You pay 20% 	<ul style="list-style-type: none"> Plan pays 60% You pay 40% 	<ul style="list-style-type: none"> Plan pays 80% You pay 20% 	<ul style="list-style-type: none"> Plan pays 60% You pay 40% 	Pays Part B coinsurance of 20%
Coinsurance maximum	<ul style="list-style-type: none"> Single \$2,400 Family \$4,800 Excludes deductible 	<ul style="list-style-type: none"> Single \$4,800 Family \$9,600 Excludes deductible 	<ul style="list-style-type: none"> Single \$2,600 Family \$5,200 Excludes deductible and copayments 	<ul style="list-style-type: none"> Single \$5,200 Family \$10,400 Excludes deductible and copayments 	None
Physicians office visits⁵	<ul style="list-style-type: none"> No copayment Plan pays 80% You pay 20% Chiropractic payments limited to \$500 a year, per person 	<ul style="list-style-type: none"> No copayment Plan pays 60% You pay 40% Chiropractic payments limited to \$500 a year, per person 	<ul style="list-style-type: none"> \$12 copayment Plan pays 80% You pay 20% Chiropractic payments limited to \$2,000 a year, per person 	<ul style="list-style-type: none"> \$12 copayment Plan pays 60% You pay 40% Chiropractic payments limited to \$2,000 a year, per person 	Pays Part B coinsurance of 20%
Hospitalization/emergency care	No copayments		<ul style="list-style-type: none"> Outpatient facility services: \$95 copayment Emergency care: \$159 copayment Plan pays 80% You pay 20% 	<ul style="list-style-type: none"> Outpatient facility services: \$95 copayment Emergency care: \$159 copayment Plan pays 60% You pay 40% 	For inpatient hospital stays, the Plan pays Medicare deductible; coinsurance for days 61-150; (Medicare benefits may end sooner if the member has previously used any of his 60 lifetime reserve days); 100% beyond 150 days (Medi-Call approval required)
Prescription drugs	Participating pharmacies and mail order: 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.		<ul style="list-style-type: none"> Participating pharmacies only (up to 31-day supply) <ul style="list-style-type: none"> Tier 1 (generic-lowest cost alternative): \$9 Tier 2 (brand-higher cost alternative): \$38 Tier 3 (brand-highest cost alternative): \$63 Mail order and retail maintenance network pharmacies (up to 90-day supply) <ul style="list-style-type: none"> Tier 1: \$22 Tier 2: \$95 Tier 3: \$158 Copay maximum: \$2,500 		<ul style="list-style-type: none"> Participating pharmacies only (up to 31-day supply) <ul style="list-style-type: none"> Tier 1 (generic-lowest cost alternative): \$9 Tier 2 (brand-higher cost alternative): \$38 Tier 3 (brand-highest cost alternative): \$63 Mail order and retail maintenance network pharmacies (up to 90-day supply) <ul style="list-style-type: none"> Tier 1: \$22 Tier 2: \$95 Tier 3: \$158 Copay maximum: \$2,500

Footnotes listed on Page 12

2016 monthly premiums for active employees¹

Plan	Savings Plan	Standard Plan	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Employee	\$9.70	\$97.68	\$62.50	\$0.00	TBA	\$7.00
Employee/spouse	\$77.40	\$253.36	\$121.50	\$7.64	TBA	\$14.00
Employee/children	\$20.48	\$143.86	\$121.50	\$13.72	TBA	\$14.98
Full family	\$113.00	\$306.56	\$162.50	\$21.34	TBA	\$21.98

Footnotes listed on Page 12

2016 monthly premiums for funded retirees¹

Retiree eligible for Medicare/spouse eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree	N/A	\$79.68	\$97.68	N/A	\$0.00	TBA	\$7.00
Retiree/spouse	N/A	\$217.36	\$253.36	N/A	\$7.64	TBA	\$14.00
Retiree/children	N/A	\$125.86	\$143.86	N/A	\$13.72	TBA	\$14.98
Full family	N/A	\$270.56	\$306.56	N/A	\$21.34	TBA	\$21.98

Retiree eligible for Medicare/spouse not eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree/spouse	N/A	\$235.36	\$253.36	N/A	\$7.64	TBA	\$14.00
Full family	N/A	\$281.54	\$299.54	N/A	\$21.34	TBA	\$21.98

Retiree not eligible for Medicare/spouse eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree/spouse	\$77.40	\$235.36	\$253.36	N/A	\$7.64	TBA	\$14.00
Full family	\$113.00	\$281.54	\$299.54	N/A	\$21.34	TBA	\$21.98

Retiree not eligible for Medicare/spouse not eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree	\$9.70	\$97.68	N/A	\$62.50	\$0	TBA	\$7.00
Retiree/spouse	\$77.40	\$253.36	N/A	\$121.50	\$7.64	TBA	\$14.00
Retiree/children	\$20.48	\$143.86	N/A	\$121.50	\$13.72	TBA	\$14.98
Full family	\$113.00	\$306.56	N/A	\$162.50	\$21.34	TBA	\$21.98

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree/children	\$20.48	\$143.86	\$161.86	N/A	\$13.72	TBA	\$14.98
Full family	\$113.00	\$306.56	\$324.56	N/A	\$21.34	TBA	\$21.98

Footnotes listed on Page 12

2016 monthly premiums for non-funded retirees¹

Retiree eligible for Medicare/spouse eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree	N/A	\$439.78	\$457.78	N/A	\$11.72	TBA	\$7.00
Retiree/spouse	N/A	\$930.62	\$966.62	N/A	\$19.36	TBA	\$14.00
Retiree/children	N/A	\$678.54	\$696.54	N/A	\$25.44	TBA	\$14.98
Full family	N/A	\$1,163.60	\$1,199.60	N/A	\$33.06	TBA	\$21.98

Retiree eligible for Medicare/spouse not eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree/spouse	N/A	\$948.62	\$966.62	N/A	\$19.36	TBA	\$14.00
Full family	N/A	\$1,174.58	\$1,192.58	N/A	\$33.06	TBA	\$21.98

Retiree not eligible for Medicare/spouse eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree/spouse	\$790.66	\$948.62	\$966.62	N/A	\$19.36	TBA	\$14.00
Full family	\$1,006.04	\$1,174.58	\$1,192.58	N/A	\$33.06	TBA	\$21.98

Retiree not eligible for Medicare/spouse not eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree	\$369.80	\$457.78	N/A	\$62.50	\$11.72	TBA	\$7.00
Retiree/spouse	\$790.66	\$966.62	N/A	\$121.50	\$19.36	TBA	\$14.00
Retiree/children	\$573.16	\$696.54	N/A	\$121.50	\$25.44	TBA	\$14.98
Full family	\$1,006.04	\$1,199.60	N/A	\$162.50	\$33.06	TBA	\$21.98

Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Retiree/children	\$573.16	\$696.54	\$714.54	N/A	\$25.44	TBA	\$14.98
Full family	\$1,006.04	\$1,199.60	\$1,217.60	N/A	\$33.06	TBA	\$21.98

Footnotes listed on Page 12

2016 monthly premiums for non-funded survivors¹

Spouse eligible for Medicare/children eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Spouse	N/A	\$439.78	\$457.78	N/A	\$11.72	TBA	\$7.00
Spouse/children	N/A	\$678.54	\$714.54	N/A	\$25.44	TBA	\$14.98
Children only	N/A	\$238.76	\$256.76 ⁸	N/A	\$13.72	TBA	\$7.98

Spouse eligible for Medicare/children not eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Spouse	N/A	\$439.78	\$457.78	N/A	\$11.72	TBA	\$7.00
Spouse/children	N/A	\$678.54	\$696.54	N/A	\$25.44	TBA	\$14.98
Children only	\$203.36	\$238.76	N/A	N/A	\$13.72	TBA	\$7.98

Spouse not eligible for Medicare/children eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Spouse	\$369.80	\$457.78	N/A	N/A	\$11.72	TBA	\$7.00
Spouse/children	\$573.16	\$696.54	\$714.54 ⁸	N/A	\$25.44	TBA	\$14.98
Children only	N/A	\$238.76	\$256.76 ⁸	N/A	\$13.72	TBA	\$7.98

Spouse not eligible for Medicare/children not eligible for Medicare

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	TRICARE Supp ²	Dental	Dental Plus ⁶	Vision
Spouse	\$369.80	\$457.78	N/A	\$62.50	\$11.72	TBA	\$7.00
Spouse/children	\$573.16	\$696.54	N/A	\$121.50	\$25.44	TBA	\$14.98
Children only	\$203.36	\$238.76	N/A	\$61.00	\$13.72	TBA	\$7.98

Footnotes listed on Page 12

2016 monthly premiums for COBRAs¹

18 and 36 months

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	Dental	Dental Plus ⁶	Vision
Subscriber	\$377.20	\$466.94	\$466.94	\$11.95	TBA	\$7.14
Subscriber/spouse	\$806.48	\$985.96	\$985.96	\$19.75	TBA	\$14.28
Subscriber/children	\$584.62	\$710.48	\$710.48	\$25.95	TBA	\$15.28
Full family	\$1,026.16	\$1,223.60	\$1,223.60	\$33.72	TBA	\$22.42
Children only	\$207.42	\$243.54	\$243.54	\$14.00	TBA	\$8.14

29 months

Plan	Savings Plan	Standard Plan	Medicare Supp ⁷	Dental	Dental Plus ⁶	Vision
Subscriber	\$554.70	\$686.68	\$686.68	\$11.95	TBA	\$7.14
Subscriber/spouse	\$1,186.00	\$1,449.94	\$1,449.94	\$19.75	TBA	\$14.28
Subscriber/children	\$859.74	\$1,044.82	\$1,044.82	\$25.95	TBA	\$15.28
Full family	\$1,509.06	\$1,799.40	\$1,799.40	\$33.72	TBA	\$22.42
Children only	\$305.04	\$358.14	\$358.14	\$14.00	TBA	\$8.14

Footnotes for comparison and premium charts on Pages 8-12:

¹Premiums for local subdivisions may vary. To verify your rates, contact your benefits office.

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

³Refer to your 2015 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.

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

⁵Standard Plan subscribers who receive care at a BlueCross BlueShield of South Carolina-affiliated PCMH provider will not be charged the \$12 copayment for a physician office visit. After Savings Plan and Standard Plan subscribers meet their deductible, they will pay 10 percent coinsurance, rather than 20 percent, for care at a PCMH. See Page 13 for details about a PCMH.

⁶If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You will pay the combined premiums for both plans. Dental Plus premiums will be announced at a later date.

⁷If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

⁸This premium applies only if one or more children are eligible for Medicare.

SLTD enrollment

Continued from Page 3

for those who are changing their benefit waiting period. To find out what your monthly SLTD premium would be, divide your gross yearly salary by 12 to determine your monthly salary. Then multiply your monthly earnings by the rate factor for your age for the waiting period you select.

Example

Mary is 38 years old, earns \$4,000 a month and

selected a 180-day waiting period. Her monthly premium is $\$4,000 \times .00060 = \2.40 .

You may enroll in or change your SLTD coverage by completing a *Notice of Election* form or through MyBenefits, PEBA's online enrollment system, at MyBenefits.sc.gov.

For more information about the program, see the Long Term Disability chapter in the 2015 *Insurance Benefits Guide*, talk with your benefits administrator or contact The Standard at 800.628.9696.

Attention retirees: do you qualify for Medicare?

Whether you qualify for Medicare because of age or a disability, here are some important tips to remember:

- If you or one of your dependents qualify for Medicare because of disability, you should submit a *Notice of Election* form to enroll in the Medicare Supplemental Plan within 31 days of Medicare eligibility. Be sure to submit a copy of your Medicare card with your form.
- When enrolling in Medicare, be sure to enroll in Part A and Part B. If you do not sign up for Part B, you will be required to pay the portion of your health care costs that Part B would have paid.

- PEBA automatically enrolls Medicare-eligible retirees and their Medicare-eligible dependents in the State Health Plan Medicare Prescription Drug Program. Most subscribers covered by the Medicare Supplemental Plan or the Standard Plan may be better served if they remain enrolled in this plan.

The benefits offered by the Standard Plan and Medicare Supplemental Plan vary, especially in how they coordinate with Medicare. To compare the plans and to determine which one best suits your needs, please refer to the Medicare chapter in your 2015 *Insurance Benefits Guide*.

PCMH: a good way to coordinate health care

The Patient-Centered Medical Home (PCMH) is a new concept for many State Health Plan members, but it is a way of providing health care that is becoming increasingly popular in South Carolina and across the nation.

In a PCMH, a patient has a health care team that is typically led by a doctor. It may include nurses, a nutritionist, health educators, pharmacists and behavioral health specialists. The team makes referrals to other providers as needed. Communication among the team members and with the patient is an important part of the medical practice.

The focus in a PCMH is on coordinating care and preventing illnesses rather than waiting until an illness occurs and then treating it. The team helps the patient improve his health by working with him to set goals and to make a plan to meet them. This approach may be particularly beneficial to members with chronic illnesses, such as diabetes and high blood pressure.

Typically, a PCMH offers same-day appointments whether the patient is sick or needs routine care. It may have extended hours, and team members may communicate online with patients.

To encourage members to receive care at a BlueCross BlueShield of South Carolina-affiliated PCMH, the State Health Plan, beginning January 1, 2016, will not charge Standard Plan members the \$12 copayment for a physician office visit. After Savings Plan and Standard Plan subscribers meet their deductible, they will pay 10 percent coinsurance, rather than 20 percent, for care at a PCMH.

PCMHs are available in many South Carolina counties. To find a list and to learn more about PCMHs, go to statesc.southcarolinablues.com and select "Coverage Information" and then "Medical."

2016 insurance vendor contact information

BlueCross BlueShield of South Carolina

- Customer Service: 803.736.1576 or 800.868.2520
- Medi-Call: 803.699.3337 or 800.925.9724
- BlueCard Program: 800.810.BLUE (2583)
- StateSC.SouthCarolinaBlues.com

SHP Behavioral Health

- Mental Health and Substance Abuse Customer Service: 803.736.1576 or 800.868.2520
- Mental Health Precertification/Case Management: 800.868.1032
- Mental Health fax: 803.714.6456
- Tobacco cessation: 866.784.8454
- www.CompanionBenefitAlternatives.com

State Dental Plan

- Contact information will be announced at a later date.

Express Scripts

- Prescription Drug Program Customer Service: 855.612.3128*
- Medicare Prescription Drug Program Customer Service: 855.612.3128*
- www.Express-Scripts.com

*The customer service phone line will not be available until October 1, 2015.

EyeMed

- Customer Care Center: 877.735.9314
- www.eyemed.com

Minnesota Life Insurance Company

Basic Life, Optional Life, Dependent Life

- Customer Service: 866.486.5298
- Fax: 651.665.4827
- Evidence of insurability: 800.872.2214

Selman & Company

TRICARE Supplement Plan

- Customer Service: 866.637.9911, Opt. 1
- www.selmantricareresource.com/SC

The Standard Insurance Company

Long Term Disability

- Customer Service: 800.628.9696
- Fax: 800.437.0961
- Medical evidence of good health: 800.843.7979
- www.standard.com/mybenefits/southcarolina

WageWorks

MoneyPlus

- Customer Care Center: 800.342.8017
- Claims fax: 888.800.5217
- www.myFBMC.com

SCRS, PORS members have longer to make adjustments when marital status changes

Effective June 1, 2015, a retired member of the South Carolina Retirement System or Police Officers Retirement System now has up to five years after a change in marital status (death of spouse, marriage, divorce) to select a new payment option or designate a new survivorship beneficiary. Previously, a change in the form of the member's monthly retirement payment had to be selected within one year of the qualifying event.

Notification of grandfathered status under the ACA

PEBA offers “grandfathered health plans” under the Affordable Care Act (ACA). As a grandfathered plan, PEBA 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, such as 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 PEBA at 803.737.6800, 888.260.9430 or online at www.eip.sc.gov.

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

You will receive a new form to file your 2015 taxes

The Affordable Care Act requires you submit a form with your income taxes showing you had “minimum essential” coverage. *Form 1095* provides information about your health plan, including coverage that was available and which individuals were covered. To meet this requirement, your employer will send you a *Form 1095* by January 31, 2016. The statements will also be sent to the Internal Revenue Service.

Retirees, survivors and COBRA subscribers

If you and your dependents were enrolled in health coverage and at least one of you was not eligible for Medicare, your former employer will send you a *Form 1095* by January 31, 2016.

If you and your dependents were eligible for Medicare all of 2015, you will not receive a *Form 1095* from your former employer. Because Medicare, your primary health coverage, is a government-sponsored program, Medicare will file the statement for you.

Changes in your subscriber type

If you were eligible for benefits as an active employee for part of the year and were enrolled part of the year as a retiree, survivor

or COBRA subscriber and were not Medicare eligible, all of your coverage may be reported to you on one *Form 1095*. The statement will include your coverage as an active employee and as a retiree, survivor or COBRA subscriber. The form shows you had “minimum essential” coverage, as required by the Affordable Care Act. You should not receive two statements from the same employer.

In some instances, you may receive two statements. If your coverage as an active employee, retiree, survivor or COBRA subscriber were from two different employers, you may receive two *Form 1095s*. One will include your active coverage information. The other will include your retiree, survivor or COBRA coverage information.

Take advantage of PEBA's online resources

MyBenefits

MyBenefits.sc.gov
Insurance enrollment system

Member Access

retirement.sc.gov
Retirement transactions system

Members can use benefit to order contacts online

Is your contact lens supply running low? You're in luck! State Vision Plan members can now purchase contact lenses online and apply their in-network benefit at ContactsDirect, completing the transaction online, from start to finish.

All you need is your valid contact lens prescription within the last 12 months and your vision insurance information. Once the prescription is verified, 98.6 percent of orders are in stock and ship the same day.

Visit www.contactsdirect.com today to utilize this new in-network benefit.

For members who still prefer to visit their eye doctor in person to purchase contact lenses, nothing has changed. Members whose prescriptions are more than one year old will need an updated prescription to make an online or in-person purchase using their benefit.

MoneyPlus

[Continued from Page 7](#)

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

Ex-spouse coverage is not eligible for pre-tax premiums. Therefore, effective January 1, 2016, an employee covering an ex-spouse on any benefit will not be eligible for pretax treatment of premiums. This does not affect the member's eligibility to participate in a Medical Spending Account or Dependent Care Spending Account.

Flexible spending accounts

To initiate or continue participation

in 2016 in the Dependent Care Spending Account and/or the Medical Spending Account or the Limited-use Medical Spending Account, you need to enroll or re-enroll, which you may do online at www.myFBMC.com. You may submit a paper MoneyPlus enrollment form in lieu of online enrollment by going through your benefits administrator.

New participants in the Medical Spending Account or Limited-use Medical Spending Account will automatically receive the myFBMC Card® Visa® card for 2016.

In 2016, the Dependent Care Spending Account will be capped at \$1,500 for highly compensated employees. The \$1,500 cap is subject to adjustment if PEBA's Dependent Care Spending Account does not meet the Average Benefits Test. The test is designed to make sure highly compensated employees don't receive a benefit

that is out of proportion with the benefit received by other employees. For 2016, the Internal Revenue Code defines a "highly compensated employee" as someone who earned \$120,000 or more in calendar year 2015.

Health Savings Account

The Health Savings Account is only available if you are covered by the State Health Plan Savings Plan or another high-deductible health plan. It is not available to you if you are covered by Medicare or any other non-high-deductible health plan, or if you can be claimed as a dependent on another person's tax return. A MoneyPlus Medical Spending Account—even a spouse's medical spending account—is considered other health insurance. If you enroll in the Health Savings Account, you

[Continued on Page 17](#)

may contribute to a Limited-use Medical Spending Account, which can be used for dental and vision expenses.

If you enrolled in the Health Savings Account in 2015 and are still eligible to participate in one, you do not need to re-enroll for 2016. To start, stop or change the amount you contribute monthly, simply 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 Health Savings Plan in October, your enrollment will go into effect January 1, 2016. As of that date, you will be eligible to contribute to a Health Savings Account. You can enroll in the MoneyPlus Health Savings Account in October and begin contributing January 1, 2016, if your Medical Spending Account has a \$0 balance on December 31, 2015. Otherwise, you must wait until April 1, 2016, to contribute to your Health Savings Account.

For more details on any of the MoneyPlus program's features, read the *Tax-Favored Accounts Guide*, available through your benefits administrator and online at www.eip.sc.gov on the "Publications" page.

2016 fees per month

Pretax Group Insurance Premium feature	\$0.28
Dependent Care Spending Account	\$3.14
Medical Spending Accounts (full and limited-use)	\$3.14
Health Savings Account (WageWorks fee)	\$1.50
Health Savings Account (Wells Fargo fee)²	\$1.75

²This fee is waived for accounts with balances of \$2,500 or more.

2016 contribution limits

Medical Spending Account
\$2,550
Dependent Care Spending Account¹
• \$2,500 (married, filing separately)
• \$5,000 (single, head of household or married, filing jointly)
Health Savings Account
• \$3,350 (single)
• \$6,750 (family)
• \$1,000 catch-up for age 55 and older

¹In 2016, the Dependent Care Spending Account will be capped at \$1,500 for highly compensated employees.

Don't wait to get 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.

Please ask for proof of insurance from PEBA as soon as you know it is needed as it may take up to 10 business days to process. Requests must be in writing and specify what information should be provided.

Requests can be made through the "Contact Us" link at www.eip.sc.gov or by mailing a letter to:

S.C. PEBA
Insurance Benefits
202 Arbor Lake Drive
Columbia, SC 29223

Get connected with PEBA

PEBA is always looking for the most cost-effective and efficient ways to deliver our services to you. Therefore, one of our primary means of communicating general information and updates to you is through the agency's news feed and social media pages.

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. Visit www.retirement.sc.gov to subscribe.

Social media



Stay informed about important updates related to your insurance and/or retirement benefits, and get access to other resources via PEBA's social media pages.



Search for "SCPEBA" on Facebook and Twitter.

Gateway to wellness

BCBSSC's website provides resources for SHP members

The State Health Plan website, StateSC.SouthCarolinaBlues.com, is powered by BlueCross BlueShield of South Carolina and was developed with you in mind. The user-friendly features were designed to point you toward ways to get and stay healthy.

You will find explanations about coverage and resources, as well as information on reducing risks and managing medical and dental conditions. Other information includes:

- PEBA Perks, value-based benefits offered at no cost to you
- Patient-Centered Medical Homes
- Health Management programs
- Member resources

My Health Toolkit—information at your fingertips

My Health Toolkit is your secure, online health care home, helping you manage all aspects of your health care.

- Complete a health assessment
- Learn more about your coverage
- Access your personal health record
- Manage prescriptions
- Check medical claims
- Control your health care financial accounts
- Find a doctor or hospital
- Replace your membership card
- Estimate costs ahead of time
- Research specific health issues



And, My Health Toolkit is mobile! Visit My Health Toolkit through your smartphone and access tools you can use on the go. Signing up is easy. Visit StateSC.SouthCarolinaBlues.com today.

Rate this newsletter

Please let us know how we're doing by responding to the items below, clipping this survey from the newsletter and returning to: S.C. PEBA, Attn: Communications, 202 Arbor Lake Drive, Columbia, SC 29223. Thank you!

Rate the content/usefulness of this newsletter.

☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

Rate the readability of this newsletter.

☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

Rate the appearance of this newsletter.

☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

Comments

What will you pay?

Explanation of annual deductibles, copayments and coinsurance

When making decisions about benefits, you may consider your out-of-pocket expenses in addition to your monthly premiums. Different plans require coinsurance, copayments or deductibles that you must pay when using your benefits.

Annual deductible

An annual deductible is the amount you must pay before the insurance plan will pay any benefits for your health care.

For specific information about how the plan you are considering handles copayments, coinsurance and deductibles, see Page 8.

Copayment

Copayments are fees that must be paid at each visit to a health, dental or vision provider and when buying

prescription drugs. These charges can vary by the type of provider you visit and by the services you receive. You are responsible for paying copayments, even after you have met your annual deductible for the plan year. Copayments do not count toward your annual deductible or coinsurance maximum.

Coinsurance

Coinsurance requires you pay a percentage of the covered cost of your health care after you have met your annual deductible. The insurance plan pays the balance of your health care. Your coinsurance payments are subject to a maximum for the plan year—January 1 through December 31. After you have reached your coinsurance maximum, you will no longer be required to pay coinsurance for the remainder of the plan year. However, you will still be responsible for copayments.



202 Arbor Lake Drive
Columbia, SC 29223

Have you moved? Let us know!

If you have recently moved or if you plan to move soon, be sure to use MyBenefits, to change your address in our system.

It is particularly important that you keep your address up-to-date to ensure that you receive explanations of benefits and other information, including *Form 1095*. You will receive *Form 1095* by January 31 which you will need to file your 2015 federal income tax return. The form shows you have “minimum essential” health insurance coverage, as required by the Affordable Care Act.

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 will post the 2016 Summaries of Benefits and Coverage (SBCs) to its website at www.eip.sc.gov/reform by October 1, 2015. You will be able to view and print the SBCs for the State Health Plan Standard and Savings plans.

All subscribers will receive the 2016 *Insurance Benefits Guide*, with complete plan information, by January 1, 2016.

If you do not have access to the Internet, copies of the SBCs are available from your employer. Retirees, COBRA and survivors who do not have access to the Internet can request a paper copy at no charge by calling PEBA at 803.737.6800 or 888.260.9430.

Free flu shot offered

As part of the *Free in '15* wellness initiative, members covered by the State Health Plan can receive a flu shot at no cost when they go to a participating network pharmacy. If a member is vaccinated at a network doctor's office, the charge for the flu vaccine and the administration fee will be covered, but any associated office visit charges will be processed according to regular plan rules.

South Carolina's flu season generally runs from October to March, so September or October is the best time to get the shot. If you have questions about whether the vaccine is right for you, talk with your doctor.