

PEBA Frequently Asked Questions

1. What Benefits Are Available to Me Under PEBA's State Health Plan?

Health insurance, to include prescription drugs, mental health/substance use, dental insurance, vision care, life insurance, Long Term Disability Insurance, and MoneyPlus (Medical Spending, Dependent Care Spending, and Health Savings Accounts)

2. Does PEBA Offer Any Benefits at No Cost to Employees?

Yes – employees enrolled in PEBA's State Health Plan are also eligible for PEBA's value-based benefits at no cost called PEBA Perks: With healthcare enrollment, there is no cost for preventive screenings flu vaccine, adult vaccinations, well child benefits, colorectal cancer screenings, cervical cancer screenings, no-pay-copay, mammography, diabetes education, tobacco cessation, and breast pump.

3. How Should I Enroll in PEBA Benefits?

PEBA (State employees' health plan provider) has a cool, user friendly system, called MyBenefits, that allows subscribers to access, view, make changes, upload supporting documents, and approve transactions. Transactions are approved in real time for Institute's Business Administrator's review and approval. If employee is not already enrolled in MyBenefits, or if employee did not receive a PEBA enrollment link, click [here](#) for instructions on setting up a new MyBenefits Account and click [here](#) to register and enroll.

4. Are Part Time Employees Entitled to PEBA State Health Plan Benefits?

Employees who are not classified as teachers must work at least 30 hours per week for benefits eligibility. Part time teachers must work at least 15 hours per week, but fewer than 30 hours per week. Type benefits employee will receive depend on category of hours a teacher work – Category 1 = 15 to 19 hours per week; category 2 = 20-24 hours per week and category 3 = 25 to 29 hours per week.

5. What Information Can Employees Get and What Changes Can Employees Make in MyBenefits?

Employees can get their benefits identification number (BIN), update contact information, review benefits, print a summary of their coverage, change beneficiaries, approve or make certain changes as a result of a special eligibility situation, enroll in benefits upon hire and during open enrollment, and upload supporting documentation.

6. What Documentation Should I Submit When Enrolling in PEBA Health Insurance?

The type documentation submitted depends on type coverage selected and family level. Once enrolled, the PEBA system will let employees know if documentation is required and what type such as marriage license, long form birth certificate, 1st page of most recent tax return, loss/gain of coverage letter, divorce decree, and/or court orders.

7. How Do I Obtain Vital Records (Marriage License, Birth Certificate, etc.) from DHEC?

In-Person

Average processing time is 30-45 minutes.

Same day service is a goal of Vital Records; most requests can be processed the same day. For services that require additional processing time such as paternity affidavits, corrections and amendments; please arrive early to ensure adequate time to process your request. Same day service is not guaranteed for requests such as paternity affidavits, adoption processing, corrections and amendments.

You will need to provide:

- A completed application form
- A \$12 non-refundable standard searching fee
- \$3 for each additional copy
- A valid government, school or employer issued photo ID.

Where to Go:

- DHEC State Vital Records Office, Columbia - Issues long form birth certificates; initiates and completes corrections.
 - Office Hours: 8:30 a.m. - 5:00 p.m.
 - Telephone: (803) 898-3630
 - Address: 2600 Bull St., Columbia, SC 29201
 - Regional Offices may be a better option and closer to you. A list of Regional Offices is located at: <https://www.scdhec.gov/VitalRecords/vital-records-office-locationsv>

8. When Is My Insurance Effective Given My First Scheduled Workday?

If the employee's first scheduled workday is the first calendar day of the month, coverage begins that day (on the first of the month). If the employee's first scheduled workday is the first working day of the month which is not a weekend day or holiday, but not on the first calendar day of the month, then the employee may choose when coverage begins – the first day of that month or the first day of the following month. If the employee's first scheduled workday is after the first calendar day and after the first working day of the month which is not a weekend day or observed holiday, then coverage will begin the first day of the following month.

9. How Should Premiums Be Calculated When A Special Eligibility Change Is Effective on A Date Other Than The 1st Of the Month?

When a special eligibility change occurs on effective dates other than the first of the month, for dates on or before the 15th of each month, charge the difference between what the premiums were and what they will be. If the change happens on the 16th and after, keep premium as is and charge the new rate on the 1st of the following month.

10. Do I Still Have to Enroll in PEBA's Online System, if I Refuse Benefits Coverage?

Yes -employees who do not want to enroll in benefits must still create a PEBA profile and refuse all benefits. PEBA will send an enrollment link to the email address provided on the PCS/PEBA New Hire Information Form.

11. How Do I Refuse PEBA Insurance Coverage Within 31 Days of Hire?

Employees can refuse insurance coverage by clicking on the PEBA link sent and by following prompts in MyBenefits. If PEBA enrollment link was not received, please click [here](#) for instructions on setting up a new MyBenefits Account and click [here](#) to register and enroll.

12. How Do I Refuse PEBA Insurance Coverage if it has been Over 31 Days Since Hire Date?

Employee must complete a Notice of Election (NOE) form. On page 1, complete everything in blocks 1 – 19, then in the blocks for coverage, check each "Refuse" box, then initial and date at the bottom. On page 2, if married, must list spouse's information in the block for Dependents, starting with the SSN in the 2nd column, followed by everything else on that line, then sign and date that page. Both pages need to be scanned and returned to Institute Benefits Administrator via the FormStacks Documentation Submission Form

13. When is PEBA's Open Enrollment and When Are Open Enrollment Changes Effective?

Open enrollment is from October 1st through October 31st of each year and is effective the first day of the following year.

14. What Should Be Done, If I Did Not Enroll in or Refuse Benefits in PEBA's System Prior to PEBA's Open Enrollment Period?

Because the PEBA system will show that the employee never enrolled in benefits within 31 days of hire, employee will need to complete two Active Notices of Elections (NOE). The first one should either show that the employee refused all benefits as of their hire date, if he/she didn't want benefits at the time "or" if employee does want retroactive benefits, the NOE will need to show his/her elections with an effective date applicable to date of hire. The second NOE should reflect employees' open enrollment elections. ***Coverage is not guaranteed since the enrollment window was missed. The Institute Benefits Administrator will have to send PEBA a request for review. If coverage is approved, benefits and premiums will be retroactive to when coverage should have been effective.***

15. Does the Charter Institute at Erskine Benefits Administrator Handle School Employees' Retirement Enrollment and Questions?

No, enrollment and questions should be directed to the Schools HR Coordinator and/or Leader. Employees may also contact PEBA Customer Service directly at 803-737-6800.

16. Can an Employee Transferring from Another School or Business with the State Health Plan Make Changes to His or Her benefits?

No changes can be made unless a qualifying change in status has occurred - the employee must be enrolled in the same coverage he/she had previously. Employee should make any mailing address email address or telephone number changes as necessary. Beneficiaries may also be updated.

17. What Is the Difference Between a Medical Spending Account (MSA) and a Health Savings Account (HSA)?

MSA changes work with the Standard Health Plan and changes can be made during open enrollment and certain special eligibility situations. HSA contributions work with the Savings Plan and can be started and stopped through the year.

18. What Are the Benefits and Purpose of the MoneyPlus Pre-Tax Feature?

MoneyPlus pre-tax feature doesn't have a fee and if selected, employee benefits are deducted from pay before income is taxed; therefore, lowering your taxable income.

19. What Are the Timelines Allowed for Adding MoneyPlus Spending Accounts (Medical, Dependent Care, Health Savings)?

Medical Spending Accounts and Dependent Care Spending Accounts may be started at any time for new employees. Current employees must enroll during Open Enrollment with an effective date of January 1st of the following year. Health Savings Accounts are only for employees with the Savings Plan health coverage and may be opened at any time.

20. When Can I Enroll in Optional Life Insurance?

Current Employees not enrolled in PEBA's MoneyPlus pretax feature may enroll in optional life and increase coverage throughout the year with evidence of insurability or without evidence of insurability due to a special eligibility situation. In this case, he/she may add up to \$50,000 in increments of \$10,000 as a new hire. If not a new hire, he/she may increase coverage up to an additional \$50,000, not to exceed maximum amount.

Employees who are enrolled in PEBA's MoneyPlus pretax feature may enroll in Optional Life and increase coverage only during special eligibility or during open enrollment. Eligible spouses may be added throughout the year with evidence of insurability which must be approved by MetLife. Dependent children may be added without evidence of insurability.

21. Can a Current Employee Apply for or Apply to Increase Optional Life Insurance Coverage Up to \$500,000 During Open Enrollment?

If employees want to take advantage of applying for or increasing their life insurance during open enrollment, then the PEBA- MetLife Supplemental Life Insurance form must be submitted to MetLife by October 31 of each year and the Notice of Election (NOE) should be submitted to Institute's Benefits Administrator by October 31 of each year by following the process below:

- Complete a PEBA- MetLife Supplemental Life Insurance Form. Any "yes" answers for employee will then require completion of a full Statement of Health form.
- Complete MetLife Statement of Health form, if answered "yes" to any Supplemental Life Insurance Form questions or seeking spousal coverage
- Submit MetLife Supplemental Life Insurance and MetLife Statement of Health form, if required, via submission Instructions at the bottom of MetLife's Supplemental form by October 31 of each year
- Complete Notice of Election (NOE) form and submit to Institute Benefits Administrator no later than October 31 of each year. Sections to complete are:
 - Page 1 – Enrollee Info - blocks 1 – 19
 - Page 1 – Coverage – blocks 24 and/or 25, if applying for or increasing coverage for yourself and/or your spouse
 - Page 2 – Beneficiaries – block 30
 - Page 2 – Dependents – block 31
 - Page 2 – sign and date form

22. Can Employees Increase Their Optional Life Insurance By Submitting Paperwork to the Institute's Benefits Administrator?

Benefits Administrators cannot make life insurance adjustment for employees. Optional Life Insurance Increases must be approved by MetLife before PEBA will accept a change in coverage.

23. Are Common Law Marriages in South Carolina Still Valid for Spousal Coverage?

The South Carolina Supreme Court recently ruled to prospectively abolish common law marriage, effective July 24, 2019. Common law marriage was defined as longtime couples who publicly held themselves out to be married but did not have a marriage license. The ruling means that, beginning July 24, 2019, citizens can no longer enter a common law marriage in South Carolina. *Existing common law marriages remain valid and have not been impacted. Beginning July 24, 2019, a subscriber cannot cover his spouse unless he is married and has a marriage license on file.*

As a result of this ruling, the *Common Law Marriage Affidavit* is no longer available on PEBA's website. A subscriber whose common-law spouse was covered by PEBA-administered insurance benefits prior to July 24, 2019, and for whom an affidavit is on file with PEBA, is not impacted by this ruling. If you have any questions, please call our Customer Contact Center at 803.737.6800 or 888.260.9430.

24. When Should Benefits Be Terminated After an Employee's Last Day Worked?

Benefits should be terminated the 1st of the month following the last day worked.

25. How Can an Employee Convert Their Life Insurance After Termination?

PEBA sends an eligibility file bi-weekly to MetLife. MetLife uses this file to mail a conversion packet to terminated employees or a conversion/continuation packet to retirees. MetLife will mail packets via U.S. mail three to five business days after they receive the file.

Conversion packet for terminated employees - The packet includes a cover letter and conversion notice. The cover letter includes instructions for each option. The notice will be pre-populated with the employee's coverage information.

Continuation/conversion packet for retirees - The packet includes a cover letter, continuation election form and conversion notice. The cover letter includes instructions for each option. The conversion notice will be pre-populated with the employee's coverage information.

Terminated employees can call MetLife at 877.275.6387 if they do not receive their packet. Retirees can call MetLife at 888.507.3767 if they do not receive their packet.

26. What Should Be Done If My Dependent Child Who is Currently on My PEBA's Health Insurance Becomes Entitled to PEBA's Health Insurance?

The dependent child may continue coverage as a dependent child until their 26th birthday or enroll in coverage as an active employee. If employee chooses to remain enrolled as a dependent child, he/she may not enroll in any benefits as an employee, including SLTD and Optional Life. If the dependent child chooses to enroll in his/her own coverage, he/she must be dropped from employee's insurance with an effective date that begins the first of the month after gaining coverage or the first of the month, if coverage is gained on the first of the month. NOTE: Dependent spouses must enroll in their own coverage and be dropped from their previous PEBA coverage if they become entitled to PEBA's benefits.

27. Is Loss of Insurance Coverage Considered a Special Eligibility Situation to Enroll Spouse and/or Family?

Yes - After confirming loss of coverage with Institute's Benefits Administrator, employee should receive a link to enroll online via MyBenefits, if employees' information is already in PEBA's system or by following process outline in item 6 above, if employee's information is not on PEBA system. In the action section of the NOE, select New/Hire Election in the first box, write in "Dependent's Loss of State Health Coverage" on the line beside Other (specify), and put the date he/she lost coverage in the Date of Change Event box. Complete the rest of form as noted on the Instructions page, if needed.

28. What Documentation is Required to Increase Life Insurance Amount or Decrease SLTD from 180 to 90 Days?

You may only increase optional life insurance coverage with evidence of insurability by completing and submitting a MetLife Statement of Health form and you may only enroll in or decrease a SLTD plan from 180 to 90 days by completing and submitting a Medical History Statement for Long Term Disability. Contact the Institute Benefits Administrator for these forms.