

# CHARLESTON COUNTY GOVERNMENT



2025-  
2026

# CHARLESTON COUNTY EMPLOYMENT BENEFITS

#WEARECHARLESTONCOUNTY

# COUNTY ADMINISTRATOR, BILL TUTEN WELCOMES YOU!

We are excited and pleased to welcome you to Charleston County Government. Each and every employee is vital to serving the needs of Charleston County citizens and the public. You are now a part of a community of incredible individuals, and we look forward to all you can bring in helping us achieve our goals. Welcome, and thank you in advance for your service and dedication to Charleston County.



## MISSION

To promote and protect the quality of life for everyone in Charleston County by providing services of value to the community while preserving the unique natural, cultural, and historical identity of the Lowcountry.



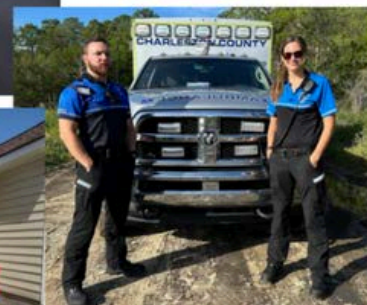
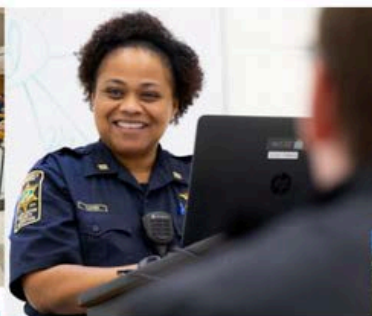
## VISION

Charleston County Government aims to be extraordinary, recognizes that our values are integral to successfully accomplishing our mission, and strives to uphold those values in every decision.



## VALUES

- Accountability
- Adaptability
- Communication
- Diversity
- Excellence
- Safety
- Trust







# Charleston County Government

Charleston County Government promotes and protects the quality of life in the County by delivering services of value to our community. From recycling to managing deeds, collecting taxes, upgrading infrastructure, public safety, and a vast court system, the County strives to embody excellent customer service, trust and commitment to this community. We work as a team to provide effective government services in a diverse environment and to ensure the safety of the citizens we serve. As an employer we do our best to take care of our employees, so you can focus on what you do best to serve the County.

## Human Resources Mission Statement

To lead and strengthen a work atmosphere where all employees have the opportunity to be their best in service to the county's mission.

## Equal Employment Opportunity (EEO)/ Affirmative Action

Charleston County is an equal opportunity/affirmative action employer. The County is committed to assuring equal employment opportunity to all persons regardless of race, color, sex, religion, national origin, sexual orientation, age, veteran status, marital status, disability, genetic information, and/or gender identity. In addition, women affected by pregnancy, childbirth, or related medical conditions, including, but not limited to, lactation, must be treated the same for all employment related purposes, including receipt of benefits under fringe benefit programs.



The County recognizes that diversity and inclusion are prominent factors that can maximize the success of our workplace. The success of this goal lies in adherence to this EEO and Affirmative Action policy by all employees.

The County has made a commitment to comply with the intent and spirit of the law. This policy complies with statutory requirements, including:

- Title VII of the Civil Rights Act of 1964 and as amended, 1991
- The Equal Employment Opportunity Act of 1972
- The Equal Pay Act
- The Age Discrimination in Employment Act
- The Rehabilitation Act of 1973
- The Vietnam Era Veterans Readjustment Act of 1974
- The Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008
- The Genetic Information Nondiscrimination Act of 2008
- Executive Order 13672
- SC Pregnancy Accommodations Act of 2018

The County will continue to implement any and all present and future laws, statutes, and executive orders.

# CITIZENS OF CHARLESTON COUNTY

## Charleston County Council



- CH**  
 Chair  
 Herbert Siss
- VC**  
 Vice-Chair  
 Jerry Costa Bonnyatt
- C**  
 Councilmember  
 Jon Boykin
- C**  
 Councilmember  
 Teddie Poyer
- C**  
 Councilmember  
 Henry Darby
- C**  
 Councilmember  
 Larry Kobrowsky

**Appointed Officials**

Elections/Voter Registration – Isaac Carner  
 Library Board – Director Angela Craig  
 Chief Magistrate – Judge Richard Singleton-Brown  
 Master-in-Equity – Judge Mikkel Scarborough  
 Public Defender – Cameron Blazer  
 Veterans Affairs – David J. Leblanc, Sr.

**Elected Officials**

Auditor – Peter Teddlenburg  
 Clerk of Court – Julie Armstrong  
 Coroner – Bobbi Jo O’Neal  
 Probate Court – Judge Irvin Condon  
 Register of Deeds – Karen Hollings  
 Sheriff – Kristin Graziano  
 Solicitor – Scarlett Wilson  
 Treasurer – Mary Trinkler

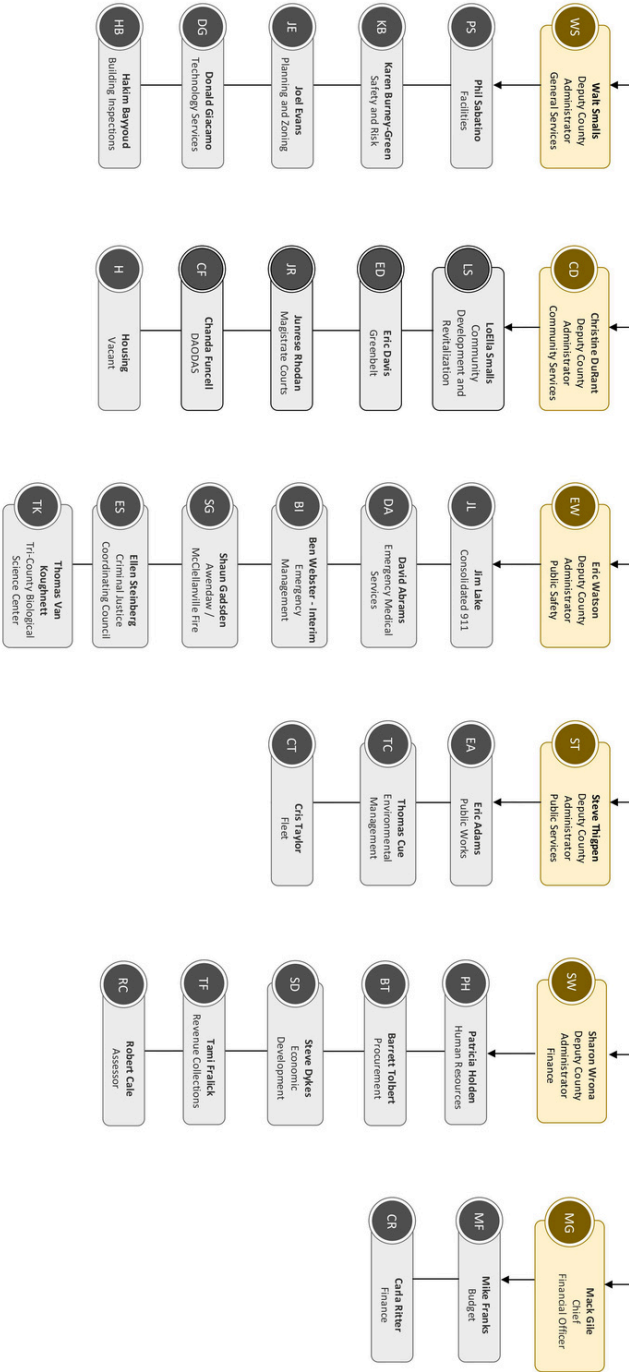
**BUDGET OVERSIGHT**

Fire Districts  
 Parks & Recreation Commission  
 Public Service Districts  
 Trident Technical College

- NH**  
 Natalie Hamm  
 County Attorney
- RS**  
 Robert Stewart  
 Internal Auditor
- BT**  
 Bill Tuten  
 County Administrator
- KS**  
 Kristen Salsbury  
 Clerk of Council

**Administrative Services of  
 Amenity Operations**

Shawn Smetana - Ombudsman  
 Chloe Field - Public Information  
 John Williams - Capital Projects





# Charleston County Departments & Offices



**Administrator's Office**  
**Assessor's Office**  
**Auditor's Office**  
**Awendaw Fire Department**  
**Board of Assessment Appeals**  
**Board of Election and Voter Registration**  
**Budget Department**  
**Building Inspections**  
**Capital Projects**  
**Clerk of Court**  
**Community Development**  
**Community Revitalization & Affordable Housing**  
**Consolidated 9-1-1 Center**  
**Coroner's Office**  
**County Council**  
**Charleston Center (DAODAS)**  
**Delinquent Tax**  
**Economic Development**  
**Emergency Management**  
**Emergency Medical Services**  
**Environmental Management**  
**Facilities**  
**Family Court**  
**Finance**  
**Fleet Operations**  
**Greenbelt**  
**Health Department & Clinics (DHEC)**  
**Human Resources**  
**Internal Auditor**

**Internal Services**  
**Legal Department**  
**Legislative Delegation**  
**Library**  
**Magistrates & Summary Courts**  
**Mail Center - Public Services Building**  
**Master-In-Equity**  
**Office Services**  
**Parking Operations**  
**Parts Warehouse**  
**Probate Court**  
**Procurement**  
**Public Defender's Office**  
**Public Information Office**  
**Public Safety**  
**Public Works**  
**Radio and Telecommunications**  
**Records Management**  
**Register of Deeds**  
**Revenue Collections**  
**Safety & Risk Management**  
**Security Guards**  
**Service Centers**  
**Sheriff's Office**  
**Sheriff - Detention Center**  
**Solicitor's Office**  
**Technology Services**  
**Treasurer's Office**  
**Veterans Affairs**  
**Zoning / Planning**



## EXCEPTIONAL BENEFITS & A REWARDING CAREER

Charleston County Government is committed to supporting our employees with competitive benefits that enhance your health, financial security, and professional growth.

### Core Benefits – Your Foundation for Success

- ✓ Health, Dental, & Vision Insurance Plans
- ✓ State & Police Retirement Plans (SCRS & PORS)
- ✓ Life Insurance (Employee, Spouse, & Dependents)
- ✓ Longevity & Merit Pay Increases
- ✓ 14 Paid Holidays + Annual & Sick Leave
- ✓ Paid Maternity & Parental Leave
- ✓ Flexible Spending & Pre-Tax Insurance Options
- ✓ Tricare Supplemental Plan
- ✓ Employee Assistance & Behavioral Health Services
- ✓ Leadership Development & Training
- ✓ On-Site Fitness Centers & Well-Being Programs

### Supplemental Benefits – Customizing Your Experience

- ✓ 401(k) & 457 Deferred Compensation Plans
- ✓ Tuition Discounts at Partner Colleges
- ✓ Short & Long-Term Disability Insurance
- ✓ Exclusive Employee Discounts
- ✓ Uniforms Provided (Department-Specific)

**Charleston County Government is more than just a workplace—it’s a community dedicated to your success.**



**Apply online at:** [www.charlestoncounty.gov/employment](http://www.charlestoncounty.gov/employment)







# Annual Leave

Regular full-time employees will earn annual leave based upon the number of hours in their regular work schedule and years of service based on their current hire date. The following schedules reflect annual leave earned by number of days or shifts per year and hours per pay period:

## ANNUAL LEAVE SCHEDULE - EMPLOYEES WORKING 80 HOURS PER PAY PERIOD (8-hour days)

<u>Based on Current Hire Date</u> Regular full-time or part-time employment. (Increases become effective in the pay period following the date indicated)	DAYS EARNED PER YEAR	HOURS EARNED PER PAY PERIOD
From hire until end of 9 <sup>th</sup> year of service	15	4.62
After 9 years of Service	20	6.16
After 14 Years of Service	25	7.70

## ANNUAL LEAVE SCHEDULE - EMPLOYEES WORKING 75 HOURS PER PAY PERIOD (7.5-hour days) OR 76 HOURS PER PAY PERIOD (9.5-hour days)

<u>Based on Current Hire Date</u> Regular full-time or part-time employment. (Increases become effective in the pay period following the date indicated)	DAYS EARNED PER YEAR	HOURS EARNED PER PAY PERIOD
From hire until end of 9 <sup>th</sup> year of service	15	4.33
After 9 years of Service	20	5.77
After 14 Years of Service	25	7.21

## ANNUAL LEAVE SCHEDULE - EMPLOYEES WORKING 84 HOURS PER PAY PERIOD (12-hour shift)

<u>Based on Current Hire Date</u> Regular full-time or part-time employment. (Increases become effective in the pay period following the date indicated)	DAYS EARNED PER YEAR	HOURS EARNED PER PAY PERIOD
From hire until end of 9 <sup>th</sup> year of service	10.49	4.84
After 9 years of Service	14.00	6.46
After 14 Years of Service	17.49	8.07



**Medical and Sick Leave**

The County provides employees with sufficient paid leave to maintain a healthy work force through a generous accrual rate for both sick and annual leave, funding 100 percent of the premium for the State-sponsored Basic Long Term Disability insurance.

**Regular full-time employees will accrue sick leave based on their normal work schedule, as follows:**

<b>SICK LEAVE</b>		
<b>Employee Shift Hrs/Day</b>	<b>Old Hours Accrued/Pay Pd</b>	<b>Rounded New Hours Accrued/Pay Pd</b>
7.5 & 9.5	3.47	5.76975
8	3.7	6.15440
12	3.88	6.46212
12.25	3.97	6.59652
24 EMS	not in policy	9.48080
24 FIRE	5.17	8.59936

**Charleston County  
Mandatory Payroll Deductions as of July 2021**

<b>REQUIRED OF ALL EMPLOYEES</b>	<b>EMPLOYEE CONTRIBUTION</b>	<b>EMPLOYER CONTRIBUTION</b>
Federal Withholding Tax	% varies	with wages
State Withholding Tax	% varies	with wages
Federal Social Security	6.20%	6.20%
Federal Medicare	1.45%	1.45%
South Carolina Retirement	9.0%	15.56%
Police Officers Retirement	9.75%	18.24%

**Note: Many Benefits are applied/deducted pre-tax**

**Disclaimer:** The information in this packet is for general informational purposes only. Specific terms, conditions, and eligibility requirements for benefits and loan forgiveness are determined by the governing policies and are subject to change. For the most up-to-date details, please refer to official county guidelines or contact Human Resources.





# Longevity and Merit Pay Increases

## Longevity Increase

A Longevity Increase will be given to eligible regular employees upon attaining anniversary dates. Increases are based on the employee's longevity date and become effective the first day of the pay period following the adjusted longevity date for the years of service reflected in the following schedule:

### Key Anniversary

<u>Key Anniversary</u>	<u>Increase</u>
1, 2, 3, 4, 5, and 10 years of service	3%
15, 20, 25, 30, etc. in five year increments	3%

## Merit Increase

E. Effective December 30, 2022, employees will become eligible for Merit Pay increases upon their sixth year of employment based on their adjusted longevity date.

1. Payment of Merit Pay increases are dependent upon sufficient funding approved by County Council.
2. An employee will be eligible for a Merit Pay increase if he/she received a rating of at least "Meets Standards" on the annual performance appraisal for the prior evaluation period.
3. Merit Pay increases can be no more than the highest percentage amount set by County Council in each year's Budget Ordinance to be a part of the employee's present base salary, with specific percentage increases provided according to the following performance outcomes:
  - (a) Meets Standards
  - (b) Exceeds Standards
  - (c) Outstanding
4. Merit pay increase will be determined based on the fiscal year in which the adjusted longevity date occurs.
5. If a Merit Pay increase is warranted, the increase will become effective the first day of the pay period following the employee's adjusted longevity date.

# State Retirement Benefits



## Benefits

- Monthly retirement benefit is based on a formula (1.82 percent of average final compensation multiplied by years of service), not on your account balance at retirement.
- Current state law provides for an annual benefit adjustment of 1 percent of your annual benefit up to a maximum of \$500 per year.
- Monthly retirement benefit is payable until your death.
- Three payment options for monthly retirement benefits are available at retirement. Two of these options provide survivor protection.
- Service purchase options.
- Disability protection. Eligibility is tied to the receipt of disability benefits from the Social Security Administration.
- Incidental death benefit if provided by your employer.

## Benefit Requirements

As a condition of employment, all regular County employees are required to participate in the South Carolina Retirement System (SCRS) or the Police Officers Retirement System (PORS). Contributions are made by both the employee and the County. The percentage of required contribution is established by state law.

[See Mandatory Payroll Deductions table for more information](#)

## Voluntary Supplemental Retirement Savings Program

Active employees who participate in a PEBA-administered retirement plan may take advantage of PEBA's voluntary, supplemental retirement savings program – the South Carolina Deferred Compensation Program.

401(k) and 457(b) Plans

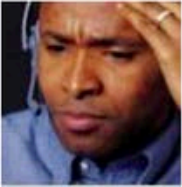


## Employee Assistance Program(EAP)

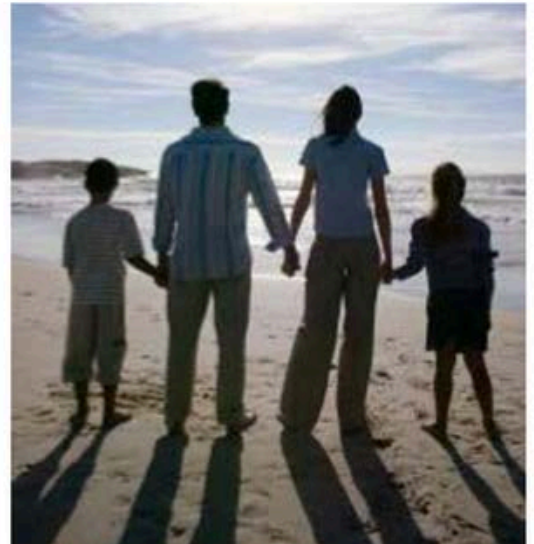
The County provides an Employee Assistance Program (EAP) to motivate employees to seek professional help for any work related or personal problems before they affect job performance, to refer employees to qualified treatment resources, and to retain valued employees as a result of continued or restored job performance.

Every day each of us deals with life's issues and problems. Most of the time we can manage these ups and downs on our own. However, these problems can sometimes become overwhelming and begin to affect our personal lives, our families and our work. When this happens, it's hard to know where to turn. The MUSC Employee Assistance Program is a free and confidential service to help employees and their families with a wide range of problems including:

- Relationship issues, divorce, parenting, family problems, and eldercare
- Drug and alcohol concerns
- Depression, anxiety and other mental health issues life balance and stress management
- Personal impact of financial or legal matters Workplace stress, problems with a co-worker or supervisor
- Grief
- Other health and wellness issues



Your employer values your well-being and the important role you play in the success of the company.



## South Carolina Loan Forgiveness Information

If you work full-time in a public service job, you may qualify for Public Service Loan Forgiveness.

**What is the Public Service Loan Forgiveness Program?** The PSLF Program is intended to encourage individuals to enter and continue to work full-time in public service jobs. Under this program, borrowers may qualify for forgiveness of the remaining balance of their Direct Loans after they have made 120 qualifying payments on those loans while employed full time by certain public service employers.

**What loans are eligible for forgiveness?** Only loans you received under the William D. Ford Federal Direct Loan (Direct Loan) Program are eligible for PSLF. If you have FFEL Program or Perkins Loan Program loans, you may consolidate them into a Direct Consolidation Loan to take advantage of PSLF.

Please view the Federal Student Aid website for more details.

<https://studentaid.ed.gov>

Federal Student Aid  
An OFFICE of the U.S. DEPARTMENT of EDUCATION

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**PEBA**<sup>SM</sup>  
SC Retirement Systems  
and State Health Plan

# Insurance Summary

**2025**

*Serving those who serve South Carolina*

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## 2025 Insurance vendors



# Welcome

There are certain times throughout the year when you may enroll in insurance coverage or make changes to your coverage. Review this summary to plan the 2025 health coverage and additional benefits that are best for you and your family.

## Eligibility

### Eligible employees generally are those who:

- Work full-time for and receive compensation from a state agency, a public higher education institution, a public school district, a participating public charter school or a participating optional employer, such as a participating county or municipal government; and
- Are hired into an insurance-eligible position.

Generally, an employee must work at least an average of 30 hours per week to be considered employed full time and eligible to participate in the insurance program.

## New hires

Your employer will initiate the enrollment process. You will need to provide a valid email address to your employer, then make your elections online by following the instructions in the email you receive from PEBA. For more details about the enrollment process, view the [Insurance Enrollment Guide for New Hires](#) flyer.

From the date you become eligible, you have 31 days to enroll in your health insurance and other available insurance benefits.

## Open enrollment | October 1-31, 2024



Open enrollment is October 1-31, 2024. During open enrollment, eligible employees may change their coverage for the following year. Review your current coverage in MyBenefits ([mybenefits.sc.gov](https://mybenefits.sc.gov)).

If you are satisfied with your coverage, you don't need to do anything. Your coverage will continue in 2025. Keep in mind, though, you must reenroll in MoneyPlus flexible spending accounts each year. **All open enrollment changes take effect January 1, 2025.**

### Follow these steps to learn about open enrollment and make changes:

- 1 Visit the open enrollment webpage, [peba.sc.gov/oe](https://peba.sc.gov/oe), to learn about the changes you can make.
- 2 Download your open enrollment worksheet at [peba.sc.gov/oe](https://peba.sc.gov/oe) to plan your coverage for 2025.
- 3 Log in to MyBenefits ([mybenefits.sc.gov](https://mybenefits.sc.gov)) to review your coverage and make changes during open enrollment, if necessary.



# Helpful terms

Insurance lingo can be confusing. But it's important to understand your benefits and how they work. Here are some terms you might need to know.

## Allowed amount

The maximum amount you may pay a network provider for a covered service. Network providers have agreed to accept the Plan's negotiated rates as their total fee.

## Benefits

The items or services covered by your insurance plan.

## Claim

A request for payment that you or your provider submits after you receive services.

## Coinsurance

This is a percentage of the cost of health care you pay after you meet your deductible. For example, say the State Health Plan's allowed amount for an office visit is \$115 and the member has met their deductible. After a Standard Plan member pays the \$15 copayment, their coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount, or \$80.

## Coinsurance maximum

The amount of coinsurance you are required to pay each year before you are no longer required to pay coinsurance.

## Copayment

The fixed amount you pay for a covered health care service or drug. Standard Plan members pay prescription drug copayments and copayments for office visits, emergency care and outpatient facility services. Savings Plan members do not pay copayments. Standard Plan members will continue to pay copayments even after meeting their deductible.

## Coverage review

A blanket term for the different types of processes the Plan uses to ensure the safe and effective use of prescription drugs and encourage the use of lower-cost alternatives, when possible.

## Deductible

The amount you pay for covered services before your health plan begins to pay.

## Dependent

An eligible child or spouse covered by your health plan.

## National Preferred Formulary

The formulary, or list of preferred drugs, used by Express Scripts.

## Negotiated rate

The maximum amount you may pay a network provider for a covered service. Network providers have agreed to accept the Plan's negotiated rates as their total fee. The negotiated rate is the same as the allowed amount.

## Network

A group of facilities, providers and suppliers under contract to provide care for people covered by a health, dental or vision plan.

## Out-of-pocket costs

These are your costs for expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services, plus all costs for services that aren't covered.

## Prior authorization

A decision that a service, prescription drug or piece of equipment is medically necessary. Certain services and medications require prior authorization before you receive them, except in an emergency. You may also hear this referred to as precertification or preauthorization.

## Premium

The amount you pay for insurance coverage.

## Provider

This can refer to the medical professional who delivers care or the location where you receive health care services.

# Your health plan options

Your insurance needs are as unique as you are. You might meet your deductible each year, or maybe you can't remember the last time you saw a doctor. No matter your situation, the State Health Plan gives you two options to cover your expenses: the Standard Plan or the Savings Plan.

The Standard Plan has higher premiums and lower deductibles. The Savings Plan has lower premiums and higher deductibles. Compare the two plans on Page 5.

The TRICARE Supplement Plan provides secondary coverage to TRICARE members of the military community who are not eligible for Medicare. For eligible employees, it provides an alternative to the State Health Plan. Learn more about the plans at [peba.sc.gov/health](https://peba.sc.gov/health).

## 2025 Monthly premiums

If you work for an optional employer, verify your rates with your benefits office.

	Standard Plan	Savings Plan	TRICARE Supplement
Employee	\$105.88	\$10.52	\$62.50
Employee/spouse	\$274.64	\$83.90	\$121.50
Employee/children	\$155.94	\$22.20	\$121.50
Full family	\$332.32	\$122.50	\$162.50

### How much will you spend out of pocket on medical care?

Include this amount on the worksheet on Page 14 to determine how much you should contribute to your Medical Spending Account (MSA).

Amount: \$ \_\_\_\_\_

### Tobacco-use premium

If you are a State Health Plan subscriber with single coverage, and you use tobacco or e-cigarettes, you will pay an additional \$40 monthly premium. If you have employee/spouse, employee/children or full family coverage, and you or anyone you cover uses tobacco or e-cigarettes, the additional monthly premium will be \$60. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one they cover uses tobacco or e-cigarettes, or covered individuals who use tobacco or e-cigarettes have completed the Plan's tobacco cessation program. The tobacco-use premium does not apply to TRICARE Supplement Plan subscribers.

## Comparison of health plans

	Standard Plan	Savings Plan
<b>Annual deductible</b>	You pay up to <b>\$515</b> per individual or <b>\$1,030</b> per family.	You pay up to <b>\$4,000</b> per individual or <b>\$8,000</b> per family. <sup>1</sup>
<b>Coinsurance<sup>2</sup></b> Maximum excludes copayments and deductible	In network, you pay <b>20%</b> up to <b>\$3,000</b> per individual or <b>\$6,000</b> per family.	In network, you pay <b>20%</b> up to <b>\$3,000</b> per individual or <b>\$6,000</b> per family.
<b>Physician's office visit<sup>3</sup></b>	You pay a <b>\$15</b> copayment, plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.
<b>Outpatient facility/emergency care<sup>4,5</sup></b>	You pay a <b>\$115</b> copayment (outpatient services) or <b>\$193</b> copayment (emergency care), plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.
<b>Inpatient hospitalization<sup>6</sup></b>	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.	You pay the <b>full allowed amount</b> until you meet your deductible. Then, you pay your coinsurance.
<b>Prescription drugs<sup>7</sup></b> 30-day supply/90-day supply <sup>8</sup> at a network pharmacy	Tier 1 (generic): <b>\$13/\$32</b> Tier 2 (preferred brand): <b>\$46/\$115</b> Tier 3 (non-preferred brand): <b>\$77/\$192</b>  You pay up to <b>\$3,000</b> in prescription drug copayments. Then, you pay nothing.	You pay the <b>full allowed amount</b> until you meet your annual deductible. Then, you pay your coinsurance. Drug costs are applied to your coinsurance maximum. When you reach the maximum, you pay nothing.
<b>Tax-favored accounts</b>	Medical Spending Account	Health Savings Account Limited-use Medical Spending Account

<sup>1</sup>If more than one family member is covered, no family member will receive benefits, other than preventive benefits, until the \$8,000 annual family deductible is met.

<sup>2</sup>Out of network, you will pay 40% coinsurance, and your coinsurance maximum is different. An out-of-network provider may bill you more than the State Health Plan's allowed amount. Learn more about out-of-network benefits at [peba.sc.gov/health](http://peba.sc.gov/health).

<sup>3</sup>The \$15 copayment is waived for routine mammograms, adult well visits, well woman visits and well child visits.

<sup>4</sup>The \$115 copayment for outpatient facility services is waived for dialysis services, partial hospitalizations, intensive outpatient services, electroconvulsive therapy and psychiatric medication management.

<sup>5</sup>The \$193 copayment for emergency care is waived if admitted.

<sup>6</sup>Inpatient hospitalization requires prior authorization for the State Health Plan to provide coverage.

<sup>7</sup>Prescription drugs are not covered at out-of-network pharmacies. Specialty medications are limited to a 30-day supply per fill.

<sup>8</sup>You will pay a lower copayment for a 90-day supply of prescription drugs at your local network pharmacy that participates in the Smart90 Network than if you purchased the medication one month at a time.



# Your dental plan options

New hires have two options for dental coverage. Dental Plus pays more and has higher premiums and lower out-of-pocket costs. Basic Dental pays less and has lower premiums and higher out-of-pocket costs. Changes to existing dental coverage can be made during open enrollment only in odd-numbered years. Learn more about the plans at [peba.sc.gov/dental](http://peba.sc.gov/dental).

## Dental Plus

Dental Plus has higher allowed amounts, which are the maximum amounts allowed by the plan for a covered service. Network providers cannot charge you for the difference in their cost and the allowed amount.

## Basic Dental

Basic Dental has lower allowed amounts, which are the maximum amounts allowed by the plan for a covered service. There is no network for Basic Dental; therefore, providers can charge you for the difference in their cost and the allowed amount.

## 2025 Monthly premiums

If you work for an optional employer, verify your rates with your benefits office.

	Dental Plus	Basic Dental
Employee	\$28.80	\$0.00
Employee/spouse	\$65.88	\$7.64
Employee/children	\$80.92	\$13.72
Full family	\$108.64	\$21.34

## How much will you spend out of pocket on dental care?

Include this amount on the worksheet on Page 14 to determine how much you should contribute to your Medical Spending Account (MSA).

Amount: \$ \_\_\_\_\_

## Comparison of dental plans

	Dental Plus	Basic Dental
<b>Diagnostic and preventive</b> Exams, cleanings, X-rays	You do not pay a deductible. The Plan will pay 100% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You do not pay a deductible. The Plan will pay 100% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.
<b>Basic</b> Fillings, oral surgery, root canals	You pay up to a <b>\$25 deductible per person</b> . <sup>1</sup> The Plan will pay 80% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You pay up to a <b>\$25 deductible per person</b> . <sup>1</sup> The Plan will pay 80% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.
<b>Prosthodontics</b> Crowns, bridges, dentures, implants	You pay up to a <b>\$25 deductible per person</b> . <sup>1</sup> The Plan will pay 50% of a <b>higher allowed amount</b> . In network, a provider <b>cannot charge you for the difference</b> in its cost and the allowed amount.	You pay up to a <b>\$25 deductible per person</b> . <sup>1</sup> The Plan will pay 50% of a <b>lower allowed amount</b> . A provider <b>can charge you for the difference</b> in its cost and the allowed amount.
<b>Orthodontics<sup>2</sup></b> Limited to covered children ages 18 and younger	You do not pay a deductible. There is a \$1,000 lifetime benefit for each covered child.	You do not pay a deductible. There is a \$1,000 lifetime benefit for each covered child.
<b>Maximum payment</b>	\$2,000 per person each year for diagnostic and preventive, basic and prosthodontics services.	\$1,000 per person each year for diagnostic and preventive, basic and prosthodontics services.

## Routine checkup example

Includes exam, four bitewing X-rays and adult cleaning

	Dental Plus (in network)	Dental Plus (out of network)	Basic Dental
Dentist's initial charge	\$235.00	\$235.00	\$235.00
Allowed amount <sup>3</sup>	\$145.00	\$180.00	\$75.00
Amount paid by the Plan (100%)	\$145.00	\$180.00	\$75.00
Your coinsurance (0%)	\$0.00	\$0.00	\$0.00
Difference between allowed amount and charge	\$90.00 Dentist writes this off	\$55.00	\$160.00
You pay	\$0.00	\$55.00 Difference in allowed amount and charge	\$160.00 Difference in allowed amount and charge

<sup>1</sup>If you have basic or prosthodontics services, you pay only one deductible. Deductible is limited to three per family per year.

<sup>2</sup>There is a \$1,000 maximum lifetime benefit for each covered child, regardless of plan or plan year.

<sup>3</sup>Allowed amounts can vary by network dentist and/or the physical location of the dentist.

# Your vision coverage

Good vision is crucial for work and play. It is also a significant part of your health. An annual eye exam can help detect serious illnesses. You can have an exam once a year and get either frames/lenses or contacts. Learn more about your vision coverage at [peba.sc.gov/vision](http://peba.sc.gov/vision).

## 2025 Monthly premiums

If you work for an optional employer, verify your rates with your benefits office.

State Vision Plan	
Employee	\$6.30
Employee/spouse	\$12.60
Employee/children	\$13.54
Full family	\$19.84

### How much will you spend out of pocket on vision care?

Include this amount on the worksheet on Page 14 to determine how much you should contribute to your Medical Spending Account (MSA).

Amount: \$ \_\_\_\_\_

## State Vision Plan at a glance

	In network, you pay:	Out of network, you receive:
Comprehensive exam with dilation, as necessary	A <b>\$10</b> copay.	Up to \$35.
Retinal imaging	Up to <b>\$39</b> .	No reimbursement.
Frames	A <b>\$0</b> copay and <b>80%</b> of balance over <b>\$150</b> allowance.	Up to \$75.
Standard plastic lenses	A <b>\$10</b> copay.	Up to \$55.
Standard progressive lenses	A <b>\$35</b> copay.	Up to \$55.
Premium progressive lenses	<b>\$35–\$80</b> for Tiers 1–3. For Tier 4, you pay copay and <b>80%</b> of cost less <b>\$120</b> allowance.	Up to \$55.
Standard contact lenses fit & follow-up	A <b>\$0</b> copay.	Up to \$40.
Premium contact lenses fit & follow-up	A <b>\$0</b> copay and receive 10% off retail price less <b>\$40</b> allowance.	Up to \$40.
Conventional contact lenses	A <b>\$0</b> copay and <b>85%</b> of balance over <b>\$130</b> allowance.	Up to \$104.
Disposable contact lenses	A <b>\$0</b> copay and balance over <b>\$130</b> allowance.	Up to \$104.



# Your life insurance coverage

You are automatically enrolled in Basic Life insurance at no cost if you enroll in health insurance. This policy provides \$3,000 in coverage.<sup>1</sup> You'll also receive a matching amount of Accidental Death and Dismemberment (AD&D) insurance. You may elect more coverage for yourself, spouse and/or children. Learn more about your life insurance options and value-added services at [peba.sc.gov/life-insurance](http://peba.sc.gov/life-insurance).

## 2025 Monthly premiums

### Optional Life and Dependent Life-Spouse

Your premiums are determined by your or your spouse's age as of the previous December 31 and the coverage amount. Rates shown are per \$10,000 of coverage. Remember to review your premium, even if you don't change your coverage levels. Your monthly premium will change when your age bracket changes, effective the following January 1.

Age	Rate	Age	Rate	Age	Rate
Under 35	\$0.40	50-54	\$1.44	70-74	\$24.22
35-39	\$0.50	55-59	\$2.84	75-79	\$37.50
40-44	\$0.60	60-64	\$6.00	80 and older	\$62.04
45-49	\$0.82	65-69	\$13.50		

### Dependent Life-Child

\$1.26 per month; you pay only one premium for all eligible children.

## Life insurance at a glance

	Coverage level	Coverage details
<b>Optional Life with AD&amp;D</b>	Elect in <b>\$10,000</b> increments up to a maximum of \$500,000.	<ul style="list-style-type: none"> <li>• Lesser of three times annual earnings or \$500,000 of coverage guaranteed within 31 days of initial eligibility.</li> <li>• Includes matching amount of AD&amp;D insurance.</li> <li>• Coverage reduces to 65% at age 70, to 42% at age 75, and to 31.7% at age 80 and beyond.</li> </ul>
<b>Dependent Life-Spouse with AD&amp;D</b> Your spouse cannot be eligible for PEBA-administered insurance benefits through their employer.	Elect in <b>\$10,000</b> increments up to a maximum of \$100,000 or 50% of your Optional Life amount, whichever is less.	<ul style="list-style-type: none"> <li>• If you are not enrolled in Optional Life, spouse coverages of \$10,000 or \$20,000 are available.</li> <li>• \$20,000 of coverage guaranteed within 31 days of initial eligibility.</li> <li>• Includes matching amount of AD&amp;D insurance.</li> </ul>
<b>Dependent Life-Child</b>	<b>\$15,000</b> per child.	<ul style="list-style-type: none"> <li>• Coverage guaranteed.</li> <li>• Children are eligible from live birth to ages 19 or 25 if a full-time student.</li> <li>• Child can be covered by only one parent under this Plan.</li> </ul>

<sup>1</sup>Reduces to \$1,500 for employees ages 70 and older.

# Your long term disability coverage

You are automatically enrolled in Basic Long Term Disability at no cost if you enroll in health insurance. The maximum benefit is \$800 per month. You may elect more coverage for added protection. Learn more about long term disability coverage at [peba.sc.gov/long-term-disability](https://peba.sc.gov/long-term-disability).

## 2025 Monthly premium factors

Multiply the premium factor for your age and plan selection by your monthly earnings to determine your monthly premium.

Age preceding January 1	90-day waiting period	180-day waiting period
Under 31	0.00065	0.00050
31-40	0.00089	0.00069
41-50	0.00176	0.00134
51-60	0.00355	0.00273
61-65	0.00427	0.00327
66 and older	0.00522	0.00401

## SLTD at a glance

The Supplemental Long Term Disability (SLTD) benefit provides:

- Competitive group rates;
- Survivor’s benefits for eligible dependents;
- Coverage for injury, physical disease, mental disorder or pregnancy;
- Return-to-work incentive;
- SLTD conversion insurance;
- Cost-of-living adjustment; and
- Lifetime security benefit.

### Benefit

<b>Benefit waiting period</b>	<b>90 or 180 days</b>
<b>Monthly SLTD benefit<sup>1</sup></b>	Up to <b>65%</b> of your predisability earnings, reduced by your deductible income
<b>Minimum benefit</b>	<b>\$100</b> per month
<b>Maximum benefit</b>	<b>\$8,000</b> per month

<sup>1</sup>Basic Long Term Disability and Supplemental Long Term Disability benefits are subject to federal and state income taxes. Check with your accountant or tax professional about your tax liability.

# Your MoneyPlus elections

MoneyPlus is a tax-favored accounts program that allows you to save money on eligible medical and dependent care costs. You fund the accounts with money deducted pretax from your paycheck. Learn more about your MoneyPlus options at [peba.sc.gov/moneyplus](https://peba.sc.gov/moneyplus).<sup>1</sup>

## Pretax Premium Feature

This feature allows you to pay insurance premiums before taxes for health (including the tobacco-use premium), vision, dental and up to \$50,000 of Optional Life coverage. You do not need to reenroll each year.

## Medical Spending Account

Your Standard Plan works great with a Medical Spending Account (MSA). Use your MSA to pay for eligible medical expenses, including copayments and coinsurance. As you have eligible expenses, you can use a debit card for your account or submit claims for reimbursement. You can carry over into 2026 up to \$640 in unused funds from your account. You forfeit funds over \$640 left in your account after the reimbursement deadline. You must reenroll each year.

## Limited-use Medical Spending Account

If you have a Health Savings Account (see Page 15), you can also use a Limited-use Medical Spending Account to pay for those expenses the Savings Plan does not cover, like dental and vision care. You can carry over into 2026 up to \$640 in unused funds from your account. You forfeit funds over \$640 left in your account after the reimbursement deadline. You must reenroll each year.

## Dependent Care Spending Account

You can use a Dependent Care Spending Account (DCSA) to pay for day care and other allowed costs for qualifying individuals so you and your spouse, if applicable, can work or look for work. Qualifying individuals are children younger than age 13 or a tax dependent of any age who is mentally or physically incapable of self-care. It cannot be used to pay for dependent medical care. You submit claims for reimbursement as you have eligible expenses. The funds can be used for expenses incurred January 1, 2025, through March 15, 2026. You forfeit funds left in your account after the reimbursement deadline. You must reenroll each year.

<sup>1</sup>Contributions made before taxes lower your taxable earned income. The lower your earned income, the higher the earned income tax credit. See IRS Publication 596 or talk to a tax professional for more information.

## Account features

	Plan	Funds available	Medical expenses	Dental, vision expenses	Child care expenses	Balance carries from year to year	Reenroll each year
<b>MSA</b>	Standard	January 1	✓	✓		Up to \$640	✓
<b>Limited-use MSA</b>	Savings	January 1		✓		Up to \$640	✓
<b>DCSA</b>	N/A	As deposited			✓		✓

## 2025 Monthly administrative fees

Account	Fee
Medical Spending Account	\$2.14
Limited-use Medical Spending Account	\$2.14
Dependent Care Spending Account	\$2.14

## 2025 Reimbursement deadlines

Account	Grace period	Deadline
Medical Spending Account	None	March 31, 2026
Limited-use Medical Spending Account	None	March 31, 2026
Dependent Care Spending Account	March 15, 2026	March 31, 2026

## 2025 Contribution limits<sup>2</sup>

Account	Limit
Medical Spending Account	\$3,200
Limited-use Medical Spending Account	\$3,200
Dependent Care Spending Account <sup>3</sup>	\$2,500 (married, filing separately) \$5,000 (single, head of household) \$5,000 (married, filing jointly)

<sup>2</sup>These are 2024 limits; contribution limits for 2025 will be released by the IRS at a later date.

<sup>3</sup>Contribution limit for highly compensated employees is \$1,600.

# MoneyPlus worksheet

Use the worksheet below to calculate the amount you want to contribute to an MSA or a DCSA. Be sure to include the amounts you listed on Pages 5, 7 and 9 in the worksheet. Be conservative in your planning. Remember, any unclaimed funds cannot be returned to you. You can, however, carry over up to \$640 of unused MSA funds into the 2026 plan year. You cannot carry over DCSA funds, and you cannot transfer funds between flexible spending accounts. Refer to Page 13 for annual contribution limits.

## Medical Spending Account

Estimate your eligible out-of-pocket medical expenses for the plan year.

Medical expenses	
Health insurance deductible	\$
Copayments and coinsurance	\$
Prescription drugs	\$
Dental care	\$
Vision care	\$
Travel costs for medical care	\$
Other eligible expenses	\$
<b>Annual contribution</b>	\$

## Dependent Care Spending Account

Estimate your eligible dependent care expenses for the plan year.

Child care expenses	
Day care services	\$
In-home care/au pair services	\$
Nursery/preschool	\$
After-school care	\$
Summer day camps	\$
Elder care expenses	
Day care center services	\$
In-home care services	\$
<b>Annual contribution</b>	\$



# Your Health Savings Account

State Health Plan Savings Plan members can contribute to a Health Savings Account, or HSA. An HSA helps you get the most out of your health plan by reducing your taxes while you save for future medical expenses. Learn more about HSAs at [peba.sc.gov/hsa](https://peba.sc.gov/hsa).

## Benefits of an HSA

An HSA is essential to help you prepare for your health expenses.

- **Pay for eligible health care items with your debit card.** Use your HSA debit card for transactions in store, online or at your doctor.
- **Make payments online.** Use the Online Bill Pay feature to pay your medical bills or reimburse yourself.
- **Carry over all funds from one year to the next.** You don't have to spend the funds in the year you deposit them.
- **Keep your account.** The money in your account belongs to you. If you leave your job or retire, you can take the account with you and continue to use it for qualified expenses.
- **There's no limit to how much you can save.** While there is an annual contribution limit, there's no limit to how much you can accumulate in your account.
- **Invest your savings.** You can invest your funds once your account balance reaches \$1,000 to earn investment income tax-free.

### Limited-use Medical Spending Account

If you have an HSA, you can also enroll in a Limited-use Medical Spending Account to pay for dental and vision care expenses. Doing so allows you to save your HSA funds for future medical expenses. Learn more on Page 12.

## 2025 Contribution limits

Your health coverage level determines your contribution limit.

Coverage level	Limit
Self only	\$4,300
Family	\$8,550
Catch-up for members ages 55 and older	\$1,000

## How to enroll

To contribute money pretax through payroll deduction, you must enroll in an HSA through [MyBenefits](#). HSA Central will automatically set up the bank account based on enrollment information from PEBA. You will receive a welcome email from HSA Central with instructions on how to fully open the account once it is set up.

## HSA limitations

- You cannot be covered by any other health plan that is not a high deductible health plan, including Medicare or TRICARE.
- No one else can claim you as a dependent on their income tax return.
- You cannot use your HSA funds to pay premiums.
- You have not received Veterans Administration (VA) benefits within the past three months.

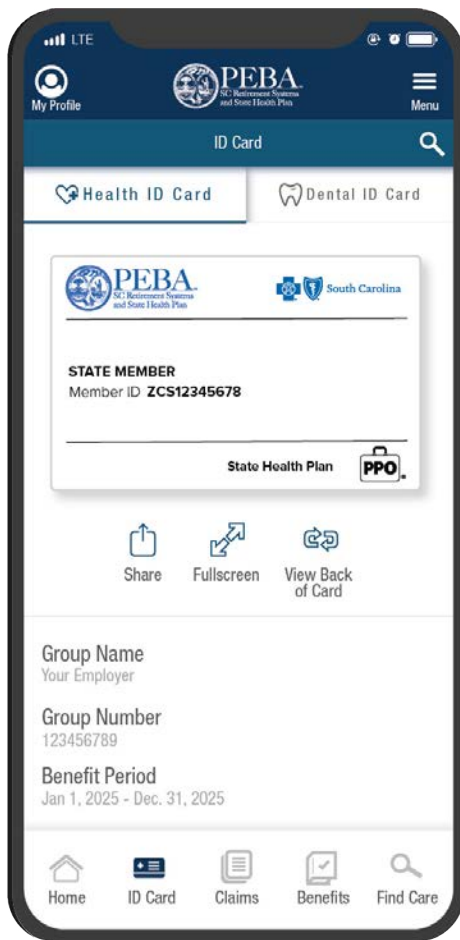
## 2025 Monthly fees from HSA Central

Type	Fee
Administrative fee	\$0.50
Paper statements	\$3.00

# You're covered with membership ID cards

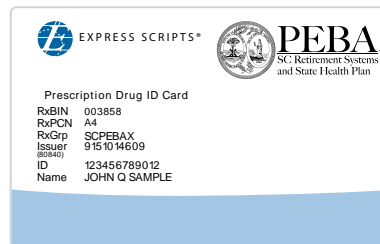
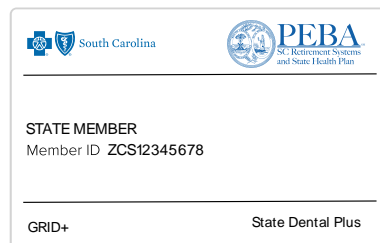
You receive insurance cards for health, prescription, Dental Plus and vision benefits. You can also access your digital identification cards from the BlueCross, Express Scripts and EyeMed apps. Only the subscriber's name will be on the cards, but all covered family members can use them.

Missing one of your insurance cards? Any one of them can be replaced using the contacts below. You will need your Benefits Identification Number (BIN). If you don't know your BIN, visit [mybenefits.sc.gov](https://mybenefits.sc.gov) and select "Get My BIN" in the lower right corner.



## State Health Plan

For help accessing or replacing your card, call BlueCross BlueShield of South Carolina at **800.868.2520** or log in to [My Health Toolkit](#)<sup>®</sup>.



## Dental Plus

For help accessing or replacing your card, call BlueCross at **888.214.6230** or log in to [My Health Toolkit](#).

There is no identification card for Basic Dental. If you have Basic Dental, your dentist can verify your eligibility with BlueCross.

## Prescription drug

For help accessing or replacing your card, call Express Scripts at **855.612.3128** or visit [www.Express-Scripts.com](https://www.Express-Scripts.com).

## Vision care

For help accessing or replacing your card, call EyeMed at **877.735.9314** or visit [www.EyeMed.com](https://www.EyeMed.com).

# Your benefits on the go

Did you know your phone can be your go-to resource for accessing your insurance benefits information? Mobile apps are available for your health, dental, prescription and vision benefits, as well as your MoneyPlus flexible spending accounts and Health Savings Account.



Search for My Health Toolkit

## BlueCross BlueShield of South Carolina

### Health and dental benefits

- Learn about your coverage.
- Complete coordination of benefits questionnaire (see Page 18).
- Check status of claims.
- Access your identification card.
- Find a provider.



Search for Express Scripts

## Express Scripts

### Prescription benefits

- Check if a drug requires prior authorization and compare drug prices.
- Locate a network pharmacy.
- Refill and renew mail order prescriptions.
- Access your identification card.



Search for EyeMed Members

## EyeMed

### Vision benefits

- Learn about your coverage.
- Search for network providers.
- Set eye exam and contact lens change reminders.
- Access your identification card.



Search for ASIFlex Self Service

## ASIFlex

### Flexible spending accounts

- Submit and view status of a claim.
- Submit documentation.
- View account details.
- Read secure account messages.



Search for HSA Central

## HSA Central

### Health Savings Accounts

- Make HSA transactions and view account activity.
- View and manage your contributions.
- Take photos of your receipts for tax purposes.
- Scan items to determine if they are eligible medical expenses.

## Health help in the palm of your hand

Text messages are a great way to keep up with kids, friends and appointments. Find out about benefits available at no cost. Get information about healthy lifestyle programs, health coaching and value-based benefits.

As a State Health Plan member, you'll automatically receive text messages from the Plan, but you can opt out anytime.

*Data rates may apply.*

# Manage your health and pharmacy benefits with My Health Toolkit

When you're a member of the State Health Plan, you have one convenient place for managing your health and pharmacy benefits. My Health Toolkit is your one-stop destination.

## Using the My Health Toolkit app is easy.

**Learn more about your coverage.** Look up your medical coverage, deductible and out-of-pocket spending.

**Update other insurance information.** Complete a questionnaire to let BlueCross know if you have any other health or dental insurance coverage.

**Check medical claims.** View the status of a current or previous medical claim, the date of service, the amount charged by your provider and the amount you may owe.

**Check dental claims.** Look up your dental coverage, deductible and out-of-pocket spending on dental care.

**View or replace your identification card.** Access an electronic version of your card or order a replacement card by visiting the full site.

**Manage your prescriptions.** You're just a click away from all your medication details. Select the **Full Site** link to access your Express Scripts account. You can see prescription drug claims and payment history, find and compare drug prices, check to see if a medication is subject to clinical rules, see your prescription order status, order a temporary ID card and much more.

**Find a provider.** Use the **Find Care** link to view a list of network doctors and medical facilities or dentists in your area. Filter your search and compare results side by side. You can even view feedback from other members about a specific provider.

## Coordination of benefits

Log in to your [My Health Toolkit account](#) early in the calendar year to update this information. Select My Plan & Benefits, then Health, then Other Health Information.

All State Health Plan benefits are subject to coordination of benefits, a process used to make sure a person covered by more than one insurance plan will not be reimbursed more than once for the same expenses. With coordination of benefits, the primary plan pays first. The secondary plan pays after the primary plan. To ensure benefits are paid correctly, members must complete a coordination of benefits questionnaire every year. BlueCross will not process or pay claims until it receives your information.

## Get started today

It's easy to sign up for My Health Toolkit. Follow these steps to have everything you need at your fingertips.

1. Search for **My Health Toolkit** in your app store.
2. In the app, select **Sign Up**.  
*Or, visit [www.StateSC.SouthCarolinaBlues.com](http://www.StateSC.SouthCarolinaBlues.com) and select **Create An Account**.*
3. Enter the member identification number on your State Health Plan identification card and your date of birth.
4. Choose a username and password.
5. Enter your email address and choose to go paperless.

If you have not created an Express Scripts account, you'll be prompted to create one the first time you access your pharmacy benefits through My Health Toolkit.

If you have any questions about your My Health Toolkit account, call BlueCross at **800.868.2520**.

# Don't pay more than you should

Be a smart health care consumer. Look at your Explanation of Benefits (EOB) after you receive services and compare your provider's bill to the amount listed on your EOB.

## What's an EOB?

This is a report created when the health and dental plans process a claim. An EOB shows you:

- How much your provider charged for services.
- How much the Plan paid.
- The amount you will be responsible for, such as your copayment, deductible and coinsurance.
- The total amount you may owe the provider (does not include any amount you've already paid).

### 1

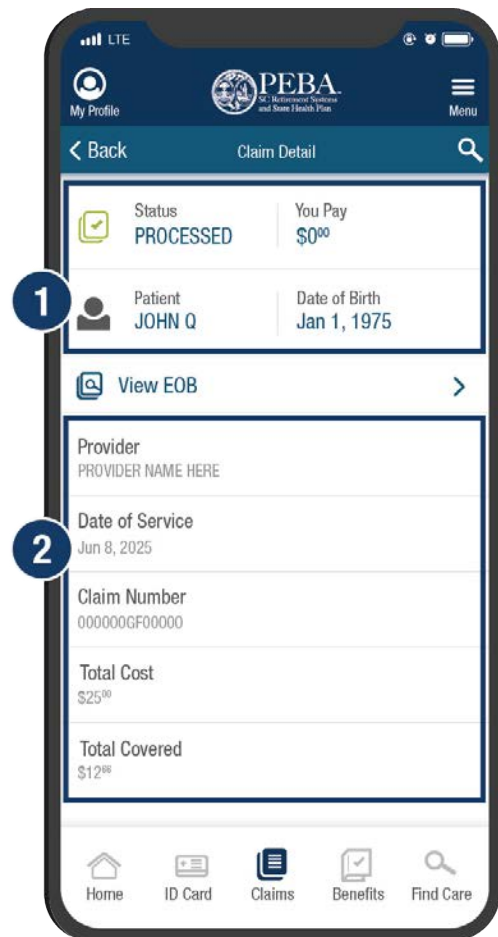
#### Summary info

This is a view of the status of your claim and the amount you may owe or have already paid to providers.

### 2

#### Detailed info

Here you'll see the provider's name, the service date and the claim number. You'll also find the total charge for the claim from the provider and the amount covered by the Plan.



## Go green!

View your EOBs on the My Health Toolkit app. Plus, you can choose paperless notifications, and we'll email you whenever a new EOB is ready to view.

1. Log in to your account via the mobile app.
2. Select the **My Profile** link under the menu.
3. Select **Contact Preferences**.
4. Set your preferences to email, text or both.



# Value-based benefits at no cost to you

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It's always better to address a health issue before it becomes a health crisis. Visit a network provider or pharmacy to take advantage of these value-based benefits at no cost to you. These benefits can help make it easier for you and your family to stay healthy. For more details about PEBA Perks, including eligibility, visit [www.PEBAperks.com](http://www.PEBAperks.com).



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## Preventive screening

Identifying health issues early can prevent serious illness and help save you money. This benefit, worth more than \$300, allows you to receive a biometric screening at no cost. Share your results with your doctor during your well visit to minimize cost to the Plan at your adult well visit.

---

## Adult vaccinations

Vaccines are one of the safest ways to protect your health and the health of those around you. The State Health Plan covers vaccinations, including the flu shot, based on age, interval and medical history recommendations from the Centers for Disease Control and Prevention (CDC).

---

## Well adult benefits

Well visits may be a key part of preventive care. State Health Plan primary members ages 19 and older are eligible for one well visit each year at no member cost. Eligible female members can take advantage of the annual adult well visit and can also receive an annual well woman visit at no member cost. Evidence-supported services, based on United States Preventive Services Task Force (USPSTF) A and B recommendations, are included as part of an adult well visit and well woman visit. Schedule your preventive screening before your well visit and share your results with your doctor during your well visit to minimize cost to the Plan.

---

## Well child benefits (exams and immunizations)

This benefit aims to promote good health and prevention of illness in children. Covered children through age 18 are eligible for this benefit. The State Health Plan covers doctor visits based on recommendations from the American Academy of Pediatrics and immunizations based on recommendations from the CDC at network providers.

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## Colorectal cancer screening

Colorectal cancer is the second-most common cause of cancer deaths in the U.S. The State Health Plan covers the cost for both diagnostic and routine screenings based on age ranges recommended by the United States Preventive Services Task Force (USPSTF). Any facility charges or associated lab work as a result of the screening may be subject to copayments, deductibles and coinsurance.

---

## Cervical cancer screening

Cervical cancer deaths have decreased since the implementation of widespread cervical cancer screenings. The State Health Plan allows women ages 18-65 to receive a Pap test each calendar year at no cost. For women ages 30-65, the Plan covers the HPV test in combination with a Pap test once every five years at no cost.

---

## Mammography

A mammogram is an important step in taking care of yourself. This benefit provides one baseline routine mammogram (four views) for women ages 35-39. Women ages 40 and older can receive one routine mammogram (four views) each calendar year. The State Health Plan also covers diagnostic mammograms, which are subject to copayments, deductibles and coinsurance.

---

## Behavioral health management

Meru Health offers a 12-week treatment program at no cost to reduce anxiety, stress, depression and burnout. It combines therapist and psychiatrist support, a biofeedback training device, anonymous peer support, meditation practices and habit-changing activities. Members can also take advantage of health coaching at no cost through BlueCross.

---

## Weight management

Wondr Health<sup>1</sup> will help you learn the skills to lose weight and keep it off while still eating your favorite foods in a 12-week, clinically-proven online program. BlueCross also offers health coaching to help you meet your weight management goals.

---

## Heart health

Hello Heart<sup>1</sup> is an easy-to-use program that helps you track, understand and manage your heart health from the privacy of your phone. You can also work with a BlueCross health coach who can help you better understand your condition and how to manage it.

---

## Diabetes management

Virta<sup>1</sup> is a program that can help you reverse Type 2 diabetes while naturally lowering and controlling your average blood sugar (HbA1c). You can also receive diabetes education through certified diabetes educators, and a BlueCross health coach can help you understand and manage your condition.

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## No-Pay Copay

No-Pay Copay encourages members to be more engaged in their health—and saves them money. By completing activities in Personify Health each year, members can receive certain generic drugs the remainder of the year and the following year at a lower or no cost. Covered conditions include:

- High blood pressure and high cholesterol.
- Cardiovascular disease, congestive heart failure and coronary artery disease.
- Diabetes.

---

## Tobacco cessation

This benefit provides enrollment in the State Health Plan's tobacco cessation program at no cost. It also includes a \$0 copay for some tobacco cessation drugs to eligible participants.

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## Maternity management

Members can enroll in Coming Attractions, a maternity management program. Participants can receive certain electric or manual breast pumps at no cost through the program.

<sup>1</sup>To participate in this program, members must enroll and meet certain qualifications.

# Resources for a better you

State Health Plan coverage includes behavioral health benefits for adults and children. Companion Benefit Alternatives (CBA) provides behavioral health management services, and some services require prior authorization by CBA. For general questions, such as if a service requires prior authorization, call CBA at 800.868.2520.

## Finding a provider

For help finding a behavioral health provider or treatment program, call BlueCross at 877.505.7390. Representatives are available during normal business hours. You can also search for a provider at [peba.sc.gov/find-care](https://peba.sc.gov/find-care).

### For anxiety, stress and depression

Meru Health offers a 12-week virtual treatment program at no cost to State Health Plan primary members ages 18 and older to reduce anxiety, stress, depression and burnout. It combines therapist and psychiatrist support, a biofeedback training device and more. Learn more and enroll at [meruhealth.com/cba](https://meruhealth.com/cba).

### For adolescent mental illness and substance use

Bend Health virtual network providers work with families with children, adolescents and young adults up to age 25. Bend offers a broad spectrum of care, including preventive coaching for severe mental illness and substance use to deliver a comprehensive, personalized care plan, followed by treatment through weekly video sessions. Families receive additional support whenever they need it. Bend Health is available to State Health Plan primary members, and treatment costs follow normal Plan provisions. Learn more at [www.BendHealth.com](https://www.BendHealth.com).

### For connecting virtually with a therapist, psychologist or psychiatrist

With Blue CareOnDemand, you can chat with a licensed counselor, therapist, psychologist or psychiatrist from the comfort of your home. Have your first therapy appointment within a week or less, then choose a time that works for you. A Blue CareOnDemand visit is covered as a traditional office visit under the State Health Plan. Log in to your My Health Toolkit® account to start a visit.

### For health coaching

Health coaches work one-on-one and offer support at no cost to members in addiction recovery and diagnosed with attention deficit hyperactivity disorder (ADHD), bipolar disorder and depression.

Health coaches encourage members to follow their treatment plan, help members set goals and teach members how to handle symptoms. Coaching is available to adult State Health Plan primary members at no cost. BlueCross identifies participants by reviewing medical, pharmacy and lab claims. You are automatically enrolled if you could benefit from one of the programs. However, you can opt out at any time. To self-enroll, call BlueCross at 855.838.5897.

### For eating disorders

Equip providers deliver virtual, evidence-based treatment for all eating disorder diagnoses. You receive support from a team that includes a therapist, medical provider, dietician, family mentor and peer mentor. Equip is available to State Health Plan primary members, and treatment costs follow normal Plan provisions. Learn more at [www.equip.health](https://www.equip.health) or call 855.538.1465.

Within Health providers offer intensive outpatient and partial hospitalization services. Within providers will meet you where you are and when you need help so you can rebuild a connection with your true self and fully heal. Within is available to State Health Plan primary members, and treatment costs follow normal Plan provisions. Learn more at [www.withinhealth.com](https://www.withinhealth.com) or call 866.559.3073.

# Save money and get the care you need

Your primary care physician should be your first call for routine medical care. But what if your doctor's office is closed? Or it's an emergency? Avoid needless worry, out-of-pocket expenses and hours sitting in the emergency room by knowing your health care options.

## Primary care physician

Your primary care physician, or regular doctor, is the best option for medical care, such as:

- Managing your chronic condition.
- Prescription refills.
- Cold and flu symptoms, such as fever, coughing and sore throat.
- Migraines.
- Minor cuts and bruises.
- Pink eye.
- Rashes, insect bites, sunburn and other skin irritations.
- Seasonal allergies.
- Sinus or respiratory infections.
- Sprained muscles.
- Urinary tract infections.

Your primary care physician may offer telehealth services, too. Contact your provider for more information.

## Telehealth

If your doctor's office is closed, you're traveling or you feel too sick to drive, use a video visit for non-emergency health issues, such as:

- Cold and flu symptoms.
- Pink eye.
- Rashes and other skin irritations.
- Seasonal allergies.
- Sinus or respiratory infections.
- Urinary tract infections.

**Blue CareOnDemand** Search for Blue CareOnDemand in your app store. You can see a doctor who can diagnose your symptoms and call in a prescription to your local pharmacy, if needed.

**MUSC Health Virtual Care** Visit [www.MUSChealth.org/virtual-care](http://www.MUSChealth.org/virtual-care) to start a visit. A doctor will diagnose your symptoms and call in a prescription to your local pharmacy, if needed. Remember, you must be in South Carolina at the time of the visit.

## Emergencies

Go to the ER or call 911 for serious or life-threatening conditions, such as:

- Coughing up or vomiting blood.
- Heavy, uncontrolled bleeding.
- Loss of consciousness or sudden dizziness.
- Major injuries, such as broken bones or head trauma.
- Severe allergic reactions.
- Signs of a heart attack, such as chest pain that lasts more than two minutes.
- Signs of stroke, such as numbness, or sudden loss of speech or vision.

You pay a \$15 copayment,<sup>1</sup> plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.

For Blue CareOnDemand, you pay a \$15 copayment,<sup>1</sup> plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.

For MUSC visits, you pay \$0. This is available to Medicare primary members, too.

You pay a \$193 copayment,<sup>1</sup> plus the remaining allowed amount until you meet your deductible. Then, you pay the copayment plus your coinsurance.

<sup>1</sup>Savings Plan members do not pay copayments for any visits but pay the full allowed amount until meeting their deductible.

# Avoid costs by getting the green light for your care

Some medical and behavioral health services need prior authorization for the State Health Plan to provide coverage. This means you or your provider needs to make a phone call. Prior authorization does not guarantee payment.

- Medical services** : For prior authorization of your medical treatment, call Medi-Call at **800.925.9724** at least two business days before:
- Non-emergent inpatient care in a hospital, including admission to a hospital to have a baby.
  - An outpatient service that results in a hospital admission.
  - Outpatient surgery for a septoplasty (surgery on the septum of the nose).
  - Outpatient or inpatient surgery for a hysterectomy.
  - Sclerotherapy (vein surgery).
  - Chemotherapy or radiation therapy.
  - Admission to a long-term care facility or nursing facility.
  - Ordering durable medical equipment.
  - In vitro fertilization or other infertility procedures.
  - An organ transplant.
  - Inpatient rehabilitation services and related outpatient physical, speech or occupational therapy.

**Pregnancy** : You should contact Medi-Call at **800.925.9724** within the first three months of a pregnancy.

**Emergencies** : In a hospital emergency, you should contact Medi-Call at **800.925.9724** to report your admission within 48 hours or the next business day.

**Radiology services** : For prior authorization of your radiology services, call Evolent at **866.500.7664**:

- CT scan.
- MRI.
- MRA.
- PET scan.

**Behavioral health services** : For prior authorization of your behavioral services, call Companion Benefit Alternatives at **800.868.1032**.

- Inpatient hospital care.
- Intensive outpatient hospital care.
- Partial hospitalization care.
- Outpatient electroconvulsive therapy.
- Repetitive transcranial magnetic therapy.
- Applied behavioral analysis therapy.
- Psychological/neuropsychological testing.

Some outpatient behavioral health services may not be covered by the Plan if you do not receive prior authorization.



# Plan your 2025 insurance coverage

## Open enrollment

During open enrollment, which is October 1-31, 2024, you may change your coverage for 2025. Review your current coverage in MyBenefits ([mybenefits.sc.gov](https://mybenefits.sc.gov)). If you are satisfied with your coverage, you don't need to do anything. Your coverage will continue in 2025. Keep in mind, though, you must reenroll in MoneyPlus flexible spending accounts each year. **All open enrollment changes take effect January 1, 2025.**

### Your next steps

Learn about the open enrollment changes you can make and download your open enrollment worksheet at [peba.sc.gov/oe](https://peba.sc.gov/oe). Then, log in to MyBenefits at [mybenefits.sc.gov](https://mybenefits.sc.gov) by October 31, 2024, to change your coverage for 2025. Your benefits administrator can also assist you.

## New hires

Your employer will initiate the enrollment process. You will need to provide a valid email address to your employer, then make your elections online by following the instructions in the email you receive from PEBA.

From the date you become eligible, you have 31 days to enroll in your health insurance and other available insurance benefits.

### Your next step

Follow the link in the email you receive from PEBA to make your elections online. Your benefits administrator can also assist you.

## Insurance Benefits Guide

The 2025 *Insurance Benefits Guide* is available at [peba.sc.gov/publications](https://peba.sc.gov/publications).

## Summaries of Benefits and Coverage

The 2025 *Summaries of Benefits and Coverage* for the Standard and Savings Plans are available at [peba.sc.gov/publications](https://peba.sc.gov/publications). To request a copy, call PEBA at 803.737.6800 or 888.260.9430.

## Disclaimer

Benefits administrators and others chosen by your employer to assist you with your participation in the employee benefit programs administered by the South Carolina Public Employee Benefit Authority (PEBA) are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA.

## Grandfathered notice

The S.C. Public Employee Benefit Authority believes the State Health Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means your plan may not include certain consumer protections of the Affordable Care Act 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 Affordable Care Act, for example, 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 803.737.6800 or 888.260.9430.



## MyBenefits

*Are you registered?*

MyBenefits offers easy access to your PEBA-administered insurance benefits. Visit [mybenefits.sc.gov](https://mybenefits.sc.gov) to create your account today and start managing your insurance information.

With MyBenefits, you can:

- 1 **Access your insurance benefits coverage information.**
- 2 **Update your contact information.**
- 3 **Access your eight-digit Benefits Identification Number (BIN).**
- 4 **Review and update your life insurance beneficiaries.**
- 5 **Make changes to your coverage during the annual open enrollment period.**
- 6 **Initiate or approve coverage changes made as a result of certain special eligibility situations.**

### Need help registering?

We have resources to help! Visit our *Navigating Your Benefits* page at [peba.sc.gov/nyb](https://peba.sc.gov/nyb) to view our “Setting Up a New MyBenefits Account” video and access our *Setting Up a New MyBenefits Account* flyer.

### Third-party disclosures

These companies provide services on behalf of the South Carolina Public Employee Benefit Authority, which administers the State Health Plan and other insurance benefits. BlueCross BlueShield of South Carolina is the third-party administrator for the State Health Plan and dental benefits. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association. Companion Benefit Alternatives, Inc. administers behavioral health services. Evolent administers radiology services. Express Scripts administers pharmacy benefits. EyeMed administers vision benefits. MetLife administers life insurance benefits. The Standard administers long term disability benefits. ASIFlex administers the MoneyPlus program. HSA Central administers Health Savings Accounts.

### Notice of non-discrimination

The South Carolina Public Employee Benefit Authority (PEBA) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PEBA does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. PEBA:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact PEBA's Privacy Officer.

If you believe that PEBA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: PEBA Privacy Officer, 202 Arbor Lake Dr., Columbia, SC 29223, 888.260.9430 (phone), 803.570.8110 (fax), or at [privacyofficer@peba.sc.gov](mailto:privacyofficer@peba.sc.gov). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, PEBA's Privacy Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

### Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.260.9430.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.260.9430

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.888.260.9430

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.260.9430 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.888.260.9430.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.888.260.9430.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.260.9430.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.888.260.9430.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1.888.260.9430.

خدمات اللغوية متوافرة لك بالمجان. اتصل برقم 1.888.260.9430 لمحوظة: إذا كنت تتحدث اذكر اللغة، فإن

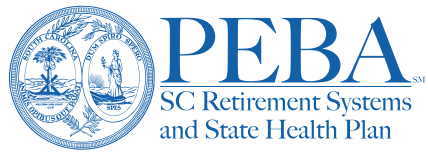
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.888.260.9430.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.888.260.9430 まで、お電話にてご連絡ください。

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1.888.260.9430.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.888.260.9430 पर कॉल करें।

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់ប្រើអ្នក ។ ចូរ ទូរស័ព្ទ 1.888.260.9430



## South Carolina Public Employee Benefit Authority

*Serving those who serve South Carolina*

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202 Arbor Lake Drive | Columbia, SC 29223

803.737.6800 | 888.260.9430

[peba.sc.gov](http://peba.sc.gov)



This document does not constitute a comprehensive or binding representation regarding the employee benefits offered by PEBA. The terms and conditions of insurance plans offered by PEBA are set out in the applicable plan documents and are subject to change. The language on this flyer does not create any contractual rights or entitlements for any person. PEBA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.260.9430. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.260.9430

# Aflac Group Disability Advantage

INSURANCE PLAN — NON-OCCUPATIONAL

A disabling illness or injury  
may be unpredictable.

We'll help make sure they don't  
affect your financial plans, too.



Aflac®



# AFLAC GROUP DISABILITY

## INSURANCE PLAN

Policy Series C50000SC



## Aflac can help you protect one of your most important assets. Your income.

All too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect.

What most of us don't realize is that in addition to accidental injuries, conditions such as arthritis, heart disease, diabetes, and even pregnancy are some of the leading causes of disability that can keep you out of work and affect your income.

### That's where Aflac group disability insurance can help.

Our Aflac group disability plan can help protect your income by offering disability benefits to help you make ends meet when you are out of work. Our plan was created with you in mind and includes:

- **Off-job only coverage.**
- **Benefits that help you maintain your standard of living.**

## What you need, when you need it.

Group disability insurance pays cash benefits that you can use any way you see fit when you are unable to work due to an accident or sickness.



## Here's why the Aflac group disability plan is right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Our group disability plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there, having group short-term disability insurance from Aflac means that you will have added financial resources to help with medical costs or ongoing living expenses such as rent, mortgage or car payments.

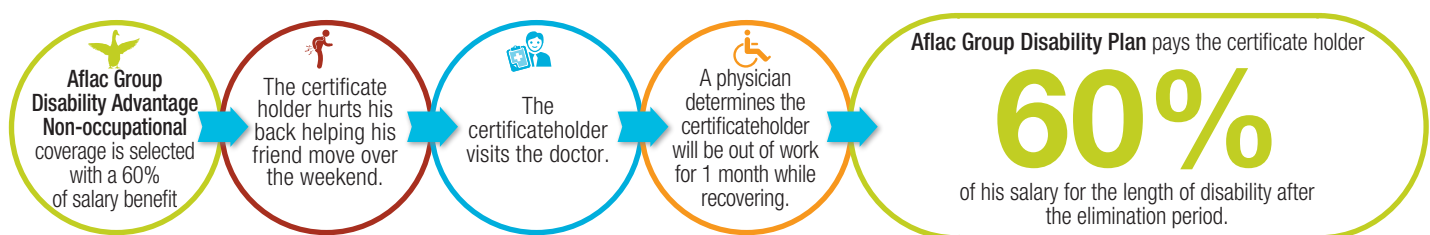
### The Aflac group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work, up to 60 percent of your salary (up to 40% in states with state disability).
- Minimum and Maximum Total Monthly Benefit – \$200 to \$3,000.
- Premium payments are waived after 90 days of total disability (not available on 3 month benefit period).
- Partial Disability Benefit.

### Features:

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.

### How it works



The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**

## Benefits Overview

### TOTAL DISABILITY

This convenient, affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied.

### PARTIAL DISABILITY

The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If you remain partially disabled and are only able to work earning less than 80 percent of your pre-disability income at any job, this plan will still pay you 50 percent of your selected monthly benefit for up to the maximum partial disability benefit period of 3 months after the elimination period. You do not have to have received the Total Disability benefit to receive the Partial Disability benefit.

### PORTABILITY

If you cease employment with your employer, you may elect to continue your coverage. In order to continue your coverage you must meet all of the requirements listed below.

- You must work full-time for another employer.
- You must make a written application and pay the required premium to us within 31 days after the date your insurance would otherwise terminate.
- You must continue to pay any required premiums.

The coverage you may continue is that which you had on the date your employment terminated. If you qualify for this portability privilege as described, then the same benefits, plan provisions, and premium rate shown in your certificate as previously issued will apply. Coverage may not be continued if you fail to pay any required premium or if the master policy terminates. Instructions for continuing coverage will be provided within your certificate of coverage.

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LIMITATIONS AND EXCLUSIONS

# DISABILITY INSURANCE

WHAT IS NOT COVERED, AND TERMS YOU NEED TO KNOW

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## LIMITATIONS AND EXCLUSIONS

If this coverage will replace any existing individual policy please be aware that it may be in your best interest to maintain their individual guaranteed-renewable policy.

We will not pay benefits whenever coverage provided by this Policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

We will not pay benefits for a Disability that is caused by or occurs as a result of: 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot; 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve; 3. An intentionally self-inflicted Injury; 4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated; 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 6. Mental Illness as defined; 7. Alcoholism or drug addiction; 8. An Injury that arises from any employment; 9. Injury or Sickness that is covered by Worker's Compensation.

## TERMS YOU NEED TO KNOW

**Actively at Work** refers to your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

**Benefit Period** is the maximum number of days after the Elimination Period, if any, for which you can be paid benefits for any period of disability. Each new Benefit Period is subject to a new Elimination Period.

**Effective Date** is the date shown on the Certificate Schedule, provided you are actively at work, or if not, it is the date you are actively at work as an eligible employee

**Elimination Period** is the number of continuous days at the beginning of your Period of Disability for which no benefits are payable. Each new Benefit Period is subject to a new Elimination Period.

**Injury** refers to a bodily injury not otherwise excluded that is directly caused by a covered accident, is not caused by Sickness, disease, bodily infirmity, or any other cause, and occurs while coverage is in force.

**Mental Illness** is defined as a Total Disability resulting from psychiatric or psychological conditions, regardless of cause. Mental Illnesses and Emotional Disorders includes but are not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, personality disorders and adjustment disorders or other condition usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions.

**Partial Disability** refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Full-Time Job. To qualify as Partial Disability, you are able to work at any job earning less than 80 percent of the Annual Income of your Full-Time Job at the time you became disabled.

**Sickness** refers to a covered illness, disease, infection, or any other abnormal physical condition that is not caused by an Injury, first manifested and first treated after the Effective Date of coverage, and occurs while coverage is in force.

**Termination Coverage** will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date you cease to meet the definition of an employee as defined in the master policy, (4) the date you no longer belong to an eligible class, (5) age 75.

**Total Disability** refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Full-Time Job. To qualify as Total Disability, you may not be working at any job.

**You and Your** refers to an employee as defined in the Plan.



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Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. This brochure is subject to the terms, conditions, and limitations of Policy Form Series C50000SC.

# Charleston County Government

Effective January 1, 2025

Premiums will be deducted from the first two pay checks in each month.



## 2025 Bi-Weekly Employee Paid Cost

### BC/BS SAVINGS PLAN

SINGLE	\$5.26
EMP/SPOUSE	\$41.95
EMP/CHILD	\$11.10
EMP/FAMILY	\$61.25

### BC/BS STANDARD

SINGLE	\$52.94
EMP/SPOUSE	\$137.32
EMP/CHILD	\$77.97
EMP/FAMILY	\$166.16

### TRICARE SUPPLEMENT

SINGLE	\$31.25
EMP/SPOUSE	\$60.75
EMP/CHILD	\$60.75
EMP/FAMILY	\$81.25

### DEPENDENT LIFE INSURANCE

Child	\$0.63
Spouse (refer to chart in insurance benefits guide for premiums)	

### DENTAL

SINGLE	\$0.00
EMP/SPOUSE	\$3.82
EMP/CHILD	\$6.86
EMP/FAMILY	\$10.67

### DENTAL PLUS

SINGLE	\$14.40
EMP/SPOUSE	\$32.94
EMP/CHILD	\$40.46
EMP/FAMILY	\$54.32

### VISION

SINGLE	\$3.15
EMP/SPOUSE	\$6.30
EMP/CHILD	\$6.77
EMP/FAMILY	\$9.92

### SMOKING SURCHARGE

SINGLE COVERAGE	\$20.00
NON-SINGLE COVERAGE	\$30.00

### RETIREMENT CONTRIBUTION

SCRS	9%
PORS	9.75%

**CHARLESTON COUNTY PAYROLL SCHEDULE****FY 2025**

<b>PAY #</b>	<b>FROM</b>	<b>TO</b>	<b>PAY DATE</b>
2401014	JUNE 14, 2024	JUNE 27, 2024	JULY 5, 2024
2401015	JUNE 28, 2024	JULY 11, 2024	JULY 19, 2024
2401016	JULY 12, 2024	JULY 25, 2024	AUG 2, 2024
2401017	JULY 26, 2024	AUG 8, 2024	AUG 16, 2024
2401018	AUG 9, 2024	AUG 22, 2024	AUG 30, 2024
2401019	AUG 23, 2024	SEPT 5, 2024	SEPT 13, 2024
2401020	SEPT 6, 2024	SEPT 19, 2024	SEPT 27, 2024

2401021	SEPT 20, 2024	OCT 3, 2024	OCT 11, 2024
2401022	OCT 4, 2024	OCT 17, 2024	OCT 25, 2024
2401023	OCT 18, 2024	OCT 31, 2024	NOV 8, 2024
2401024	NOV 1, 2024	NOV 14, 2024	NOV 22, 2024
2401025	NOV 15, 2024	NOV 28, 2024	DEC 6, 2024
2401026	NOV 29, 2024	DEC 12, 2024	DEC 20, 2024

**EMPLOYEE W-2 FOR 2024 INCLUDES DEC 20, 2024 PAYCHECK**

2501001	DEC 13, 2024	DEC 26, 2024	JAN 3, 2025
2501002	DEC 27, 2024	JAN 9 2025	JAN 17, 2025
2501003	JAN 10, 2025	JAN 23, 2025	JAN 31, 2025
2501004	JAN 24, 2025	FEB 6, 2025	FEB 14, 2025
2501005	FEB 7, 2025	FEB 20, 2025	FEB 28, 2025
2501006	FEB 21, 2025	MAR 6, 2025	MAR 14, 2025
2501007	MAR 7, 2025	MAR 20, 2025	MAR 28, 2025

2501008	MAR 21, 2025	APR 3, 2025	APR 11, 2025
2501009	APR 4, 2025	APR 17, 2025	APR 25, 2025
2501010	APR 18, 2025	MAY 1, 2025	MAY 9, 2025
2501011	MAY 2, 2025	MAY 15, 2025	MAY 23, 2025
2501012	MAY 16, 2025	MAY 29, 2025	JUNE 6, 2025
2501013	MAY 30, 2025	JUNE 12, 2025	JUNE 20, 2025



## LET'S CONNECT

There are many ways to connect with Charleston County. Please see below for easy access to many of Charleston County's services and social media sites.

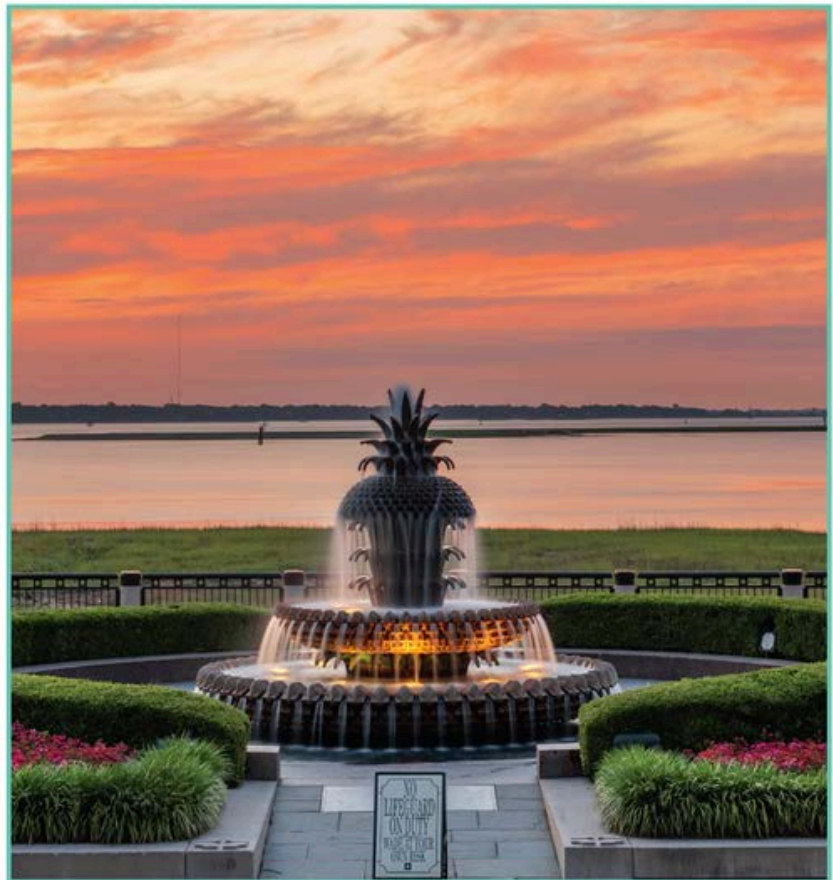
### Live Chat

Do you prefer Live Chat or text? These departments have a live chat feature for your questions. You will find them at [charlestoncounty.org/departments](https://charlestoncounty.org/departments):

- Meet Cooper, Charleston County's virtual Assistant on the home page.
- Auditor's Office
- Board of Elections/Voter Registration
- Environmental Management
- Treasurer's Office
- Citibot - Text HELLO to 843-800-4121

### Social Contacts

<b>FACEBOOK</b> 19.6K Followers @ChasCountyGov
<b>INSTAGRAM</b> 3.3K Followers @ChasCountyGov
<b>X (TWITTER)</b> 25.6K Followers @ChasCountyGov
<b>LINKEDIN</b> 4K Followers @charlestoncountygovernment
<b>YOUTUBE</b> 1.2K Subscribers @CharlestonCountyGov
<b>NEXTDOOR</b> 173.6K Followers @Charleston County Government



Charleston's famous pineapple fountain at Waterfront Park



[charlestoncounty.gov](https://charlestoncounty.gov)