



New Hire Information

Records | Payroll | Insurance | Retirement



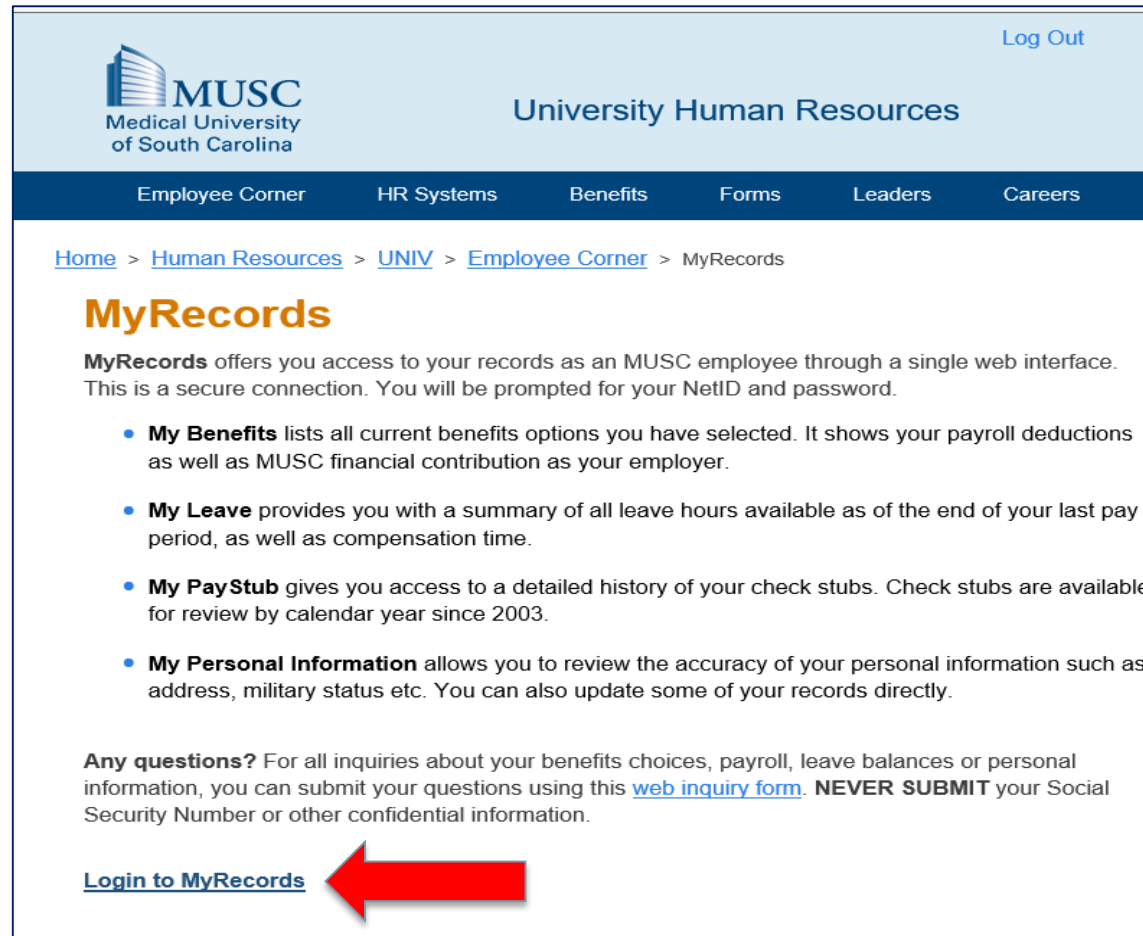


Records & Payroll

MyRecords Employee Portal

<https://horseshoe.musc.edu/human-resources/univ/employee-corner/my-records>

Employees will be able to access MyRecords after receiving their first paycheck.



The screenshot shows the MyRecords Employee Portal interface. At the top, there is a header with the MUSC Medical University of South Carolina logo on the left, the text "University Human Resources" in the center, and a "Log Out" link on the right. Below the header is a navigation bar with links: "Employee Corner", "HR Systems", "Benefits", "Forms", "Leaders", and "Careers". The main content area has a breadcrumb trail: "Home > Human Resources > UNIV > Employee Corner > MyRecords". The title "MyRecords" is displayed in a large, bold, orange font. Below the title, a paragraph states: "MyRecords offers you access to your records as an MUSC employee through a single web interface. This is a secure connection. You will be prompted for your NetID and password." A bulleted list follows, detailing the features: "My Benefits" (lists current benefits and payroll deductions), "My Leave" (summary of leave hours and compensation time), "My PayStub" (detailed history of check stubs since 2003), and "My Personal Information" (review and update of personal details). A section titled "Any questions?" provides information on how to submit inquiries and warns against submitting Social Security Numbers or other confidential information. At the bottom left, a link "Login to MyRecords" is shown with a large red arrow pointing to it.

[Log Out](#)

MUSC
Medical University
of South Carolina

University Human Resources

[Employee Corner](#) [HR Systems](#) [Benefits](#) [Forms](#) [Leaders](#) [Careers](#)

[Home](#) > [Human Resources](#) > [UNIV](#) > [Employee Corner](#) > MyRecords

MyRecords

MyRecords offers you access to your records as an MUSC employee through a single web interface. This is a secure connection. You will be prompted for your NetID and password.

- **My Benefits** lists all current benefits options you have selected. It shows your payroll deductions as well as MUSC financial contribution as your employer.
- **My Leave** provides you with a summary of all leave hours available as of the end of your last pay period, as well as compensation time.
- **My PayStub** gives you access to a detailed history of your check stubs. Check stubs are available for review by calendar year since 2003.
- **My Personal Information** allows you to review the accuracy of your personal information such as address, military status etc. You can also update some of your records directly.

Any questions? For all inquiries about your benefits choices, payroll, leave balances or personal information, you can submit your questions using this [web inquiry form](#). **NEVER SUBMIT** your Social Security Number or other confidential information.

[Login to MyRecords](#)





My Records

Admin

About

MyRecords Main Menu

Close All Browser Windows to Log Out!



My PayStub



My Immunization/Fit Testing



My Benefits



My Personal Information



My Leave



SuccessFactors



UNIV Change Direct Deposit



ACA Forms



ACA Consent

W4 W-4 Form

WT Withholdings



Contact Us

[Human Resources Home Page](#)

Close All Browser Windows to Log Out!



Pay Cycle

Non-exempt employees, (hourly) are paid biweekly, every other Wednesday.

Exempt employees, (monthly) are paid on the last working day of each month.

Payroll Department
792-2191.

<https://horseshoe.musc.edu/human-resources/univ/payroll/calendars>

2020 BIWEEKLY PAY CYCLES

RUN CONTROL	PAY PERIOD		KRONOS SUPERVISOR	HR CUTOFF FOR DEPTS	PR CUTOFF FOR HR	FINAL PAYROLL	
	BEGINNING	ENDING	SIGNOFF @ NOON	@ NOON	@ NOON	RUN	PAYDAY
2020_01	12/22/19	01/04/20	01/07/20	01/02/20	01/06/20	01/09/20	01/15/20
2020_02	01/05/20	01/18/20	01/21/20	01/15/20	01/17/20	01/23/20	01/29/20
2020_03	01/19/20	02/01/20	02/04/20	01/30/20	02/03/20	02/06/20	02/12/20
2020_04	02/02/20	02/15/20	02/18/20	02/12/20	02/14/20	02/20/20	02/26/20
2020_05	02/16/20	02/29/20	03/03/20	02/27/20	03/02/20	03/05/20	03/11/20
2020_06	03/01/20	03/14/20	03/17/20	03/12/20	03/16/20	03/19/20	03/25/20
2020_07	03/15/20	03/28/20	03/31/20	03/26/20	03/30/20	04/02/20	04/08/20
2020_08	03/29/20	04/11/20	04/14/20	04/09/20	04/13/20	04/16/20	04/22/20
2020_09	04/12/20	04/25/20	04/28/20	04/23/20	04/27/20	04/30/20	05/06/20
2020_10	04/26/20	05/09/20	05/12/20	05/06/20	05/08/20	05/14/20	05/20/20
2020_11	05/10/20	05/23/20	05/26/20	05/20/20	05/22/20	05/28/20	06/03/20
2020_12	05/24/20	06/06/20	06/09/20	06/04/20	06/08/20	06/11/20	06/17/20
2020_13	06/07/20	06/20/20	06/23/20	06/18/20	06/22/20	06/25/20	07/01/20
2020_14	06/21/20	07/04/20	07/07/20	07/01/20	07/06/20	07/09/20	07/15/20
2020_15	07/05/20	07/18/20	07/21/20	07/16/20	07/20/20	07/23/20	07/29/20
2020_16	07/19/20	08/01/20	08/04/20	07/30/20	08/03/20	08/06/20	08/12/20
2020_17	08/02/20	08/15/20	08/18/20	08/13/20	08/17/20	08/20/20	08/26/20
2020_18	08/16/20	08/29/20	09/01/20	08/27/20	08/31/20	09/03/20	09/09/20
2020_19	08/30/20	09/12/20	09/15/20	09/10/20	09/14/20	09/17/20	09/23/20
2020_20	09/13/20	09/26/20	09/29/20	09/24/20	09/28/20	10/01/20	10/07/20
2020_21	09/27/20	10/10/20	10/13/20	10/08/20	10/12/20	10/15/20	10/21/20
2020_22	10/11/20	10/24/20	10/27/20	10/22/20	10/26/20	10/29/20	11/04/20
2020_23	10/25/20	11/07/20	11/10/20*	11/05/20	11/09/20	11/12/20	11/18/20
2020_24	11/08/20	11/21/20	11/23/20*	11/17/20	11/19/20	11/24/20	12/02/20
2020_25	11/22/20	12/05/20	12/08/20	12/03/20	12/07/20	12/10/20	12/16/20
2020_26	12/06/20	12/19/20	12/21/20*	12/15/20	12/17/20	12/22/20	12/30/20
2021_01	12/20/20	01/02/21	01/05/21	12/30/20	01/04/21	01/07/21	01/13/21

All necessary signatures must have been obtained prior to submission of documents to HRM.

*KRONOS supervisor signoff will take place at 10:00am due to the holiday.

2020 MONTHLY PAY CYCLES

RUN CONTROL	PAY PERIOD		Exempt Leave Cutoff	HR CUTOFF FOR DEPTS	PR CUTOFF FOR HR	FINAL PAYROLL	
	BEGINNING	ENDING		@ NOON	@ NOON	RUN	PAYDAY
M2020_01	01/01/20	01/31/20	12/09/19 - 01/05/19	01/17/20	01/22/20	01/28/20	01/31/20
M2020_02	02/01/20	02/29/20	01/06/19 - 02/02/19	02/18/20	02/20/20	02/25/20	02/28/20
M2020_03	03/01/20	03/31/20	02/03/19 - 03/16/19	03/19/20	03/23/20	03/26/20	03/31/20
M2020_04	04/01/20	04/30/20	03/17/19 - 04/13/19	04/16/20	04/20/20	04/23/20	04/30/20
M2020_05	05/01/20	05/31/20	04/14/19 - 05/11/19	05/14/20	05/18/20	05/21/20	05/29/20
M2020_06	06/01/20	06/30/20	05/12/19 - 06/08/19	06/11/20	06/15/20	06/18/20	06/30/20
M2020_07	07/01/20	07/31/20	06/09/19 - 07/06/19	07/21/20	07/23/20	07/28/20	07/31/20
M2020_08	08/01/20	08/31/20	07/07/19 - 08/03/19	08/19/20	08/21/20	08/26/20	08/31/20
M2020_09	09/01/20	09/30/20	08/04/19 - 09/14/19	09/17/20	09/21/20	09/24/20	09/30/20
M2020_10	10/01/20	10/31/20	09/15/19 - 10/12/19	10/15/20	10/19/20	10/22/20	10/30/20
M2020_11	11/01/20	11/30/20	10/13/19 - 11/09/19	11/12/20	11/16/20	11/19/20	11/30/20
M2020_12	12/01/20	12/31/20	11/10/19 - 12/07/19	12/10/20	12/14/20	12/17/20	12/31/20

All necessary signatures must have been obtained prior to submission of documents to HRM.



Benefits Information



1 South Park Circle, Suite 100
Charleston, SC 29407

135 Cannon Street, Suite CS110
Charleston, SC 29425
By Appointment Only

Emily Edris, Benefits Administrator (A-L)	792-2122, edris@musc.edu
Lisa Beattie, Benefits Administrator (FMLA and H-O retirement only)	792-5922, beattie@musc.edu
Rachel Gittens, Benefits Administrator (M-Z)	792-6392, gittens@musc.edu
Monique Robinson, HR Coordinator (Leave, Events and Employment Verification)	792-7225, robinsmo@musc.edu
Patrice Gordon, Benefits Manager	792-9679, gordonp@musc.edu
Benefits Department	792-2071, Option 4; benefits@musc.edu





Topics to be Covered

- State Retirement Plans
- Supplemental Retirement Plans
- Health, Dental and Vision Insurance
- Life Insurance
- Short and Long-Term Disability Insurance
- Flexible Spending Account Plans (Section 125)





PEBA and University Benefits Website

- PEBA administers state retirement and insurance benefits
- 888-260-9430 or visit www.peba.sc.gov
- Set up personal profile to view your benefits at <https://mybenefits.sc.gov>
- MUSC University Benefits website: <https://web.musc.edu/human-resources/university-hr/benefits>

****THE INFORMATION CONTAINED IN THIS
PRESENTATION IS MEANT TO BE AN OVERVIEW.
EMPLOYEES ARE RESPONSIBLE FOR READING BENEFIT
DETAILS FOUND IN THE INSURANCE BENEFITS GUIDE.**

<http://www.peba.sc.gov/assets/insurancebenefitsguide.pdf>





Retirement Plans



401(a) State Retirement Participation

Mandatory Participation

- Classified/Unclassified State FTE Employees and Faculty
- Employees with current SCRS accounts (active or inactive)

Optional Participation

- Research Grant and Temporary employees
- Residents and Postdoctoral Scholars
- Employees with annual salaries less than \$1200





PEBA Retirement Plan Contributions

Effective Date	Rate
SCRS/ORP July 1, 2017	9.00%
PORS July 1, 2017	9.75%

**Pre-tax contribution amount that is determined and set by the
SC Public Employee Benefit Authority.**





Retirement Plans Overview

Retirement Video

<https://www.youtube.com/watch?v=P2dU-HCRL-0>





ORP Vendors

ORP Vendors	Rep Name	Phone Number	Email	Website
AIG Retirement Services (formerly VALIC)	David Kornegay Mark Taylor	843-408-3014 843-300-2775	David.kornegay@aig.com Marksc.taylor@aig.com	Aig.com
Mass Mutual	Hugh Kinlaw	Cell: 413-209-2128	hkinlaw33@massmutual.com	www.retiresmart.com
MetLife	Peter Collins	843-343-7634	petercollins@financialguide.com	www.metlife.com/scorp
TIAA	Terry Pait Andre Brown	704-988-4882 843-998-6502	tpait@tiaa.org Andre.brown@tiaa.org	www.tiaa.org/scorp





Police Officers Retirement System

Class Two Members (Membership Effective prior to July 1, 2012)

- Retire after 25 years of service or at age 55 or older.
- You must have at least five years of earned service to receive a retirement benefit.

Class Three Members (Membership Effective on or after July 1, 2012)

- Retire after 27 years of service or at age 55 or older.
- You must have at least eight years of earned service to receive a retirement benefit.






Retirement Plan Participation

- PEBA will send an email for you to elect your retirement plan. The email will be sent to your MUSC email address. It is from noreply@peba.sc.gov. You have 30 days to elect a plan or select non-membership (if applicable).
- Retirement contributions will be withheld from your paycheck and listed as “Undecided” on your pay stub.
- If you select Non-Membership as a new hire, you cannot join a retirement plan at a later time unless you are assigned to a position that requires participation or have a bona fide separation of employment and are rehired by an agency participating in the PEBA retirement plans.



Retirement Plan: Enrollment



south carolina
peba
state health plan | retirement systems

Serving those who serve South Carolina

JOHN DOE

ABC School District 1 began your enrollment for a retirement plan administered by the South Carolina Public Employee Benefit Authority (PEBA). Please use the link below to make a retirement plan election no later than August 5, 2015.

[Make a retirement plan election](#)

If you make no election, you will be automatically enrolled.

If you are experiencing trouble with the link, please copy and paste the following text into your web browser:

[http://appldev/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi1OsVY\(QeImPTx8\(rADhkNQuX29\)Rc](http://appldev/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi1OsVY(QeImPTx8(rADhkNQuX29)Rc)

[http://localhost/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi1OsVY\(QeImPTx8\(rADhkNQuX29\)Rc](http://localhost/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi1OsVY(QeImPTx8(rADhkNQuX29)Rc)

Please do not reply to this email. Mail sent to this address cannot be answered.





Please email benefits@musc.edu if you haven't received the retirement email in your first couple of days of employment at MUSC.

Member Enrollment ①

Update if necessary

About You

FIRST NAME:	ME:
<input type="text" value="TEST"/>	<input type="text"/>
LAST NAME:	SUFFIX:
<input type="text" value="ENROLLMENT"/>	<input type="text"/>
DATE OF BIRTH:	GENDER:
<input type="text" value="01/01/1965"/>	<input type="text" value="Male"/>

Contact Information

STREET:	
<input type="text" value="101 MAIN ST"/>	
APT/SUITE/OTHER:	
<input type="text"/>	
CITY:	
<input type="text" value="COLUMBIA"/>	
STATE:	ZIP CODE:
<input type="text" value="SOUTH CAROLINA"/>	<input type="text" value="29201"/>
PHONE NUMBER:	PHONE EXT.:
<input type="text" value="(803) 123-4567"/>	<input type="text"/>
EMAIL ADDRESS:	
<input type="text" value="TESTENROLLMENT@SC.GOV"/>	

About Your Position

Employer: Test Employer 1
Position Title: **MANAGER**
Hire Date: 06/01/2015

Elect a Retirement Plan Option [Learn more](#)

- South Carolina Retirement System (SCRS)
- Non-Membership
- State Optional Retirement Program (State ORP)

Continue

Select Plan

Member Enrollment ②

Name: **TEST ENROLLMENT**
Date of Birth: 01/01/1965
Gender: **Male**

Address: 101 MAIN ST
COLUMBIA, SC 29201
Email: **TESTENROLLMENT@SC.GOV**
Phone: (803) 123-4567 Ext:

Employer: **Test Employer 1**
Position Title: **MANAGER**
Hire Date: 06/01/2015

Retirement Plan: **South Carolina Retirement System (SCRS)**

Back

Confirm

Disclaimer

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PESA receives from me a properly executed beneficiary form.

My electronic acceptance of this retirement plan selection indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My electronic confirmation on this webpage confirms my retirement plan election as indicated above.

THIS ELECTRONIC NOTICE AND ENROLLMENT TRANSACTION DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY (PEBA).

Member Enrollment ③

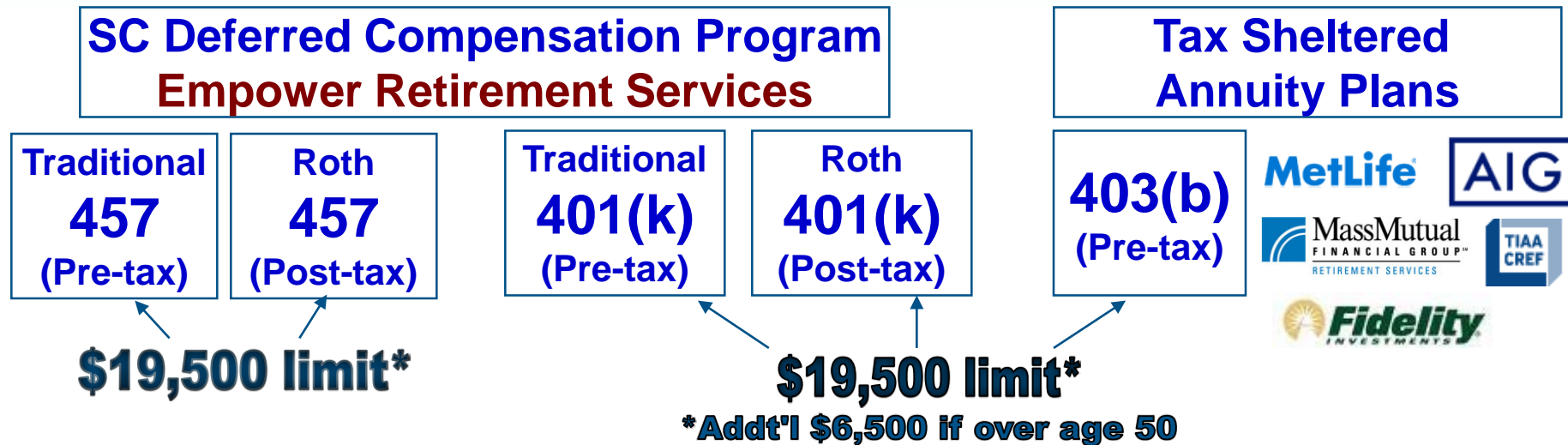
Your part of the enrollment is complete.

The information you have submitted has been sent to your employer. Your employer will review this information and complete the enrollment process for you.



Supplemental Retirement Plans

Funded by voluntary employee contributions.
Plans can be started year round.



- Transfers must complete enrollment forms for University Payroll to continue contributions
- Diversification of investment choices
- Both 401(k) plans and 403(b) have a penalty for early withdrawals (age 59 1/2)
- The 457 plan has a three year catch-up provision
- The 457 will not accept any other plan rollover

MUSC accepts no responsibility for nor recommends any product presented. MUSC has no financial interest in any presenting company and/or product and assumes no responsibility for services provided by the presenting company.



Supplemental Retirement Vendors

Vendor	Plans Offered	Rep Name	Phone Number	Email	Website
AIG Retirement Services	ORP, 403b	David Kornegay Mark Taylor	843-408-3014 843-300-2775	David.kornegay@aig.com Marksc.taylor@aig.com	Aig.com
Empower Retirement	401K and 457	Dallas Brewer	843-300-9825	Dallas.brewer@empower-retirement.com	https://southcarolinadcp.gwrs.com
Fidelity	403b only	Jared McVey	704-614-4167	Jared.Mcvey@fmr.com	www.fidelity.com
Mass Mutual	ORP, 403b	Hugh Kinlaw	Cell: 413-209-2128	hkinlaw33@massmutual.com	www.retiresmart.com
MetLife	ORP, 403b	Peter Collins	843-343-7634	petercollins@financialguide.com	www.metlife.com/scorp
TIAA	ORP, 403b	Terry Pait Andre Brown	704-988-4882 843-998-6502	tpait@tiaa.org Andre.brown@tiaa.org	www.tiaa.org/scorp





Insurance Plans Overview



Insurance Guidelines

- **Effective Date:** first day of the month following your effective date of employment *unless* you begin employment on the first working day of the month
- **Initial New Hire Period:** 31 days from date of hire to make changes to your insurance elections
- The MUSC Health Plan requires notification within 24 hours of any specific diagnosis, injury or illness. It is the subscribers responsibility to call **Medi-Call** at 800-925-9724 to notify the insurance. There are monetary penalties for failure to obtain certification when required. You must also notify them within the 1st trimester of pregnancy.
- COBRA requires employers to offer all employees and/or their eligible dependents continuing group health, dental and vision insurance for up to 18 months if they meet specific qualifications.
 - COBRA coverage requires payment of full premiums
 - Letter of COBRA coverage sent to all new employees and exiting employees



New Hire Benefits Email



Serving those who serve South Carolina

John Doe :

MEDICAL UNIVERSITY OF S C began your enrollment for insurance benefits administered by the South Carolina Public Employee Benefit Authority (PEBA). Please use the link below to make your insurance elections no later than **October 04, 2019**.

[Make your insurance elections.](#)



If you do not complete your enrollment by the deadline, you will default to refused all coverage. This means you will not be able to enroll in insurance benefits until the next open enrollment period or until a special eligibility situation occurs. Based on your coverage elections, you may be required to provide supporting documentation. You can find a list of acceptable documentation [here](#).

If you are experiencing trouble with the link, please copy and paste the following text into your web browser:

[https://mybenefits.sc.gov/mybenefits/taskDispatcher.do?t=191512&v=08853D6B7DE869ABFAT4QW5H!BCI9rAGMSYqeEg\)5x-MKQW1!VeU9](https://mybenefits.sc.gov/mybenefits/taskDispatcher.do?t=191512&v=08853D6B7DE869ABFAT4QW5H!BCI9rAGMSYqeEg)5x-MKQW1!VeU9)

Please do not reply to this email. Mail sent to this address cannot be answered.

Mailing Address

S.C. PEBA
Attn: Insurance Benefits
P.O. Box 11661
Columbia, SC 29211-1661

Office Hours

Monday - Friday
8:30 a.m. - 5 p.m.

Customer Service

803.737.6800
888.260.9430



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Insurance Guidelines

Key Highlight	Family covered by state insurance	Transfer from another SC State Entity
PEBA rules	Employees can't cover their spouse for any insurance coverage if they are eligible for their own State coverage, this rule results in lower premiums. If both parents are eligible for State coverage, either of the parents can cover their child(ren)	If you have less than a 15 day break in service, you must continue the same coverage you had with your prior employer. Contact your prior HR department or login to MyBenefits to view prior coverage. Transfers must complete a Notice of Election form and Tobacco Certification form to transfer coverage.





Covered Dependent Documentation Needed

Relationship of Dependent	Supporting Documentation Required
Spouse / Domestic Partner	<ul style="list-style-type: none">○ Social Security Number○ Date of Birth○ Copy of the Marriage License OR current or previous year Federal Income Tax Return Page 1 (income redacted)
Children Under the Age of 26 / Incapacitated Child Over the Age of 26*	<ul style="list-style-type: none">○ Social Security Number○ Date of Birth○ Long-Form Birth Certificate○ Court Documentation○ *Incapacitated Child Certification

Enrollment Changes

- During the first 31 days of benefits eligibility,
- Annual Open Enrollment,
- Within 31 days of a **Qualifying Life Event, OR**
- Court Order
- Visit: <https://www.peba.sc.gov/assets/enrollmentdocumentation.pdf>.





Tobacco Surcharge

The subscriber is charged a surcharge based on the level of health insurance.

- Enrollee Only: \$40/ month
- Enrollee/Child(ren): \$60/month
- Enrollee/Spouse: \$60/month
- Family: \$60/month

Employees are required to certify whether they, or anyone covered on their insurance, are tobacco users. Tobacco use is smoking tobacco in such forms as a cigarette, e-cigarette, pipe or cigar, or using smokeless tobacco, such as snuff or chewing tobacco (nicotine chewing gum is excluded). A non-tobacco user is someone who has not used tobacco within the past six months.





TRICARE Supplement

- Employees eligible for TRICARE may choose to enroll in the TRICARE Supplement sponsored by the American Military Retirees Association (AMRA).
- The TRICARE Supplement Plan is secondary coverage to TRICARE. It pays the subscriber's share of covered medical expenses under the TRICARE Prime (in-network), Extra and Standard options. Eligible participants have almost 100 percent coverage.
- Select when adding your coverage through My Benefits.
- Tricare Contact: Laine Hoytt 440-646-9336 ext 195, email lhoytt@selmanco.com
- Refer to <https://www.peba.sc.gov/tricaresupplement.html> for more information



2020 Comparison of Health Plan Benefits for MUSC Employees

	MUSC Health Plan			Dental		
Monthly Premiums					Basic	Plus
Employee	\$97.68			Employee	\$0.00	\$25.96
Employee/Spouse	\$253.36			Employee/Spouse	\$7.64	\$60.12
Employee/Children	\$143.86			Employee/Children	\$13.72	\$74.26
Full Family	\$306.56			Full Family	\$21.34	\$99.98
Availability	MUSC Network, approved pediatricians, National Allergy & Asthma, and Doctors Care	Outside MUSC Network - Standard State Health Plan approved providers	Not in MUSC Network and not a Standard State Health Plan approved provider	Vision		
Annual Deductible	Tier A	Tier B	Tier C			
Single	\$385	\$490		Employee/Spouse		\$5.80
Family	\$770	\$980		Employee/Children		\$11.60
Coinsurance	Plan pays 80%, you pay 20%	Standard State Health Plan	Out-of-Network	Full Family		\$12.46
	Deductible and coinsurance not applicable for physicians' visits, certain outpatient services, and hospital facility charges associated with an inpatient hospital stay. PT, OT, & Speech Therapy are subject to deductible and coinsurance	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	\$18.26		
Coinsurance Maximum						
Single	\$2,200	\$2,800	\$5,600			
Family	\$4,400	\$5,600	\$11,200			
Physician Office Visits	(excludes deductible)	(excludes deductible)	(excludes deductible)			
	Add'l copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.					
	Annual deductible & coinsurance do not apply	\$490 annual deductible first. \$14 cooav. then coinsurance: Copay waived if service performed at a Patient Centered Medical Home (PCMH)				
		In-Network	Out-of-Network			
	\$25 - Rapid Access Clinic & Primary Care Physician copay	Plan pays 80% You pay 20% (If PCMH, you pay 10%)	Plan pays 60% You pay 40%			
	\$45 - Specialist Physician copay \$0 - copay for ACA approved preventive visits & annual well-woman exam					
		Maximum Annual Chiropractic payments - \$2,000				
Outpatient	\$265 copay for hospital surgical out-patient, \$75 for radiology & \$20 for Pathology.	\$105 copay, deductible & coinsurance.				
Hospitalization	Deductible and 20% coinsurance for physician fees, but no copay for inpatient hospital services.	Hospitalization subject to deductible & coinsurance.				
Urgent/ Emergency Care	Urgent: \$75 copay at Doctors Care; ER: \$175 copay, plus deductible & 20% coinsurance MUSC Retail Pharmacies	Urgent: Deductible & coinsurance; ER: \$175 copay, deductible & coinsurance Participating pharmacies only (up to a 31 day supply)				
Prescription Drugs	Tier 1 (generic-lowest cost alternative): \$6	Tier 1 (generic-lowest cost alternative): \$9				
	Tier 2 (brand-higher cost alternative): \$30	Tier 2 (brand-higher cost alternative): \$42				
	Tier 3 (brand-highest cost alternative): \$50 90 day supply	Tier 3 (brand-highest cost alternative): \$70 Mail order (up to a 90 day supply)				
	Tier 1 (Generic): \$15	Tier 1 (Generic): \$22				
	Tier 2 (Preferred brand): \$80	Tier 2 (Preferred brand): \$105				
	Tier 3 (Non-preferred brand): \$140 Copay maximum: \$2,500	Tier 3 (Non-preferred brand): \$175 Copay maximum: \$3,000				





2020 monthly insurance premiums for active employees^{1, 2}

	Employee	Employee/spouse	Employee/children	Full family
MUSC Health Plan	\$97.68	\$253.36	\$143.86	\$306.56
Savings Plan*	\$9.70	\$77.40	\$20.48	\$113.00
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental	\$0.00	\$7.64	\$13.72	\$21.34
Dental Plus	\$25.96	\$60.12	\$74.26	\$99.98
Vision	\$5.80	\$11.60	\$12.46	\$18.26
Tobacco-use premium	\$40.00	\$60.00	\$60.00	\$60.00



Basic Dental vs Dental Plus

Basic dental coverage with the State Dental Plan offers four classes of treatment:

I. Diagnostic and preventive Exams; cleaning and scaling of teeth; fluoride treatment; space maintainers (child); X-rays;

II. Basic Fillings; extractions; oral surgery; endodontics (root canals); periodontal procedures;

III. Prosthodontics Onlays; crowns; bridges; dentures; implants; repair of prosthodontic appliances; and

IV. Orthodontics Limited to covered children ages 18 and younger. Correction of malocclusion consisting of: diagnostic services (including models, X-rays); active treatment (including necessary appliances).

Dental Plus gives you even more coverage than basic dental, with the added benefit of a higher allowed amount. It also offers deeper discounts and lower out-of-pocket expenses. To participate in Dental Plus, you must enroll in basic coverage and cover the same family members under both plans.

	Plan	Annual deductible ¹	Percent covered of allowed amount	Maximum payment ²
I. Diagnostic and preventive	Basic Dental	None	100% Lower allowed amount	\$1,000 per person each year for Classes I, II and III
	With Dental Plus	None	100% Higher allowed amount	\$2,000 per person each year for Classes I, II and III
II. Basic benefits	Basic Dental	You pay up to \$25 per person.	80% Lower allowed amount	\$1,000 per person each year for Classes I, II and III
	With Dental Plus	No additional deductible.	80% Higher allowed amount	\$2,000 per person each year for Classes I, II and III
III. Prosthodontics	Basic Dental	You pay up to \$25 per person.	50% Lower allowed amount	\$1,000 per person each year for Classes I, II and III
	With Dental Plus	No additional deductible.	50% Higher allowed amount	\$2,000 per person each year for Classes I, II and III
IV. Orthodontics³	Basic Dental	None	50%	\$1,000 per person each year for Classes I, II and III
	With Dental Plus	None	No additional benefits	No additional benefits

- Open Enrollment changes to Dental coverage are only permitted during odd-numbered years in the month of October – for example: 2021, 2023, etc.
- Dental Plan Details can be found by visiting <https://www.peba.sc.gov/dental.html>.
- Dental plus providers can be found by visiting www.go2dental.com/scplan.



Visit the MUSC Dental Faculty Practice

Basic Dental Plan v. Dental Plus Plan

Service (Fee)	Basic Plan		Dental Plus Plan	
<u>Preventative & Diagnostic Services</u>	Insurance Pays	Patient Pays	Insurance Pays	Patient Pays
Cleaning (\$80)	\$30.10	\$46.90	\$80.00	\$0.00
PANO X-ray (\$96)	\$42.10	\$53.90	\$96.00	\$0.00
Bitewing X-ray (\$55)	\$19.30	\$35.70	\$55.00	\$0.00
Comprehensive Exam (\$80)	\$19.30	\$52.70	\$80.00	\$0.00
<i>Total (\$311):</i>	<i>\$110.80</i>	<i>\$189.20</i>	<i>\$311.00</i>	<i>\$0.00</i>
<u>Basic Service</u>				
Surface Filling (\$166)	\$27.12	\$138.88	\$103.20	\$62.80
<u>Major Service</u>				
Porcelain Crown (\$1099)	\$195.50	\$903.50	\$487.50	\$611.50

To find a network dentist:

1. Go to www.StateSC.SouthCarolinaBlues.com
2. Click on **Find a Dentist** and choose from the filter options.

For information by phone:

- Call State Dental customer service at 803-264-7323.
- Or call your dental office and ask if it has joined the BlueCross BlueShield of South Carolina provider network.



Basic & Optional Life Insurance Program

Key Highlight	Basic Life	Optional Term Life	Dependent Life: Spouse	Dependent Life: Child
Benefit Amount	\$3,000 of term life insurance is received automatically when enrolled in MUSC Health Plan	*In the first month of hire only* Eligible to elect up to 3 times your base annual University salary rounded down to closest \$10,000 (max \$500,000)	Amount: Coverage of \$10,000 or \$20,000 may be added *at the time of hire*	Amount: Coverage of \$15,000 may be added at any time
Coverage Details	No cost if enrolled in MUSC Health Plan	Medical evidence of good health is required if opting to select additional coverage (max \$500,000)	Medical evidence of good health is required if opting to select additional coverage (max 50% of the employee's coverage amount and cannot exceed \$100,000)	Age: Under 19 years of age and through age 25, if a full-time student
Monthly Premiums	No premium required for this coverage/no changes in premium based on age	Monthly premiums are based on your age and increase over time; coverage reduces at ages 70 and 75	Premium: Cost is based on spouse's age	Premium: \$1.26/month regardless of how many child are insured
Beneficiary Coverage	Beneficiary information is requested at the time of enrollment.	Beneficiary information is requested at the time of enrollment	If spouse works for a SC State agency, he or she is ineligible for this coverage.	Beneficiary information is requested at the time of enrollment.



Overview of Life Insurance Rates

Please review the link below for life insurance rates:

<https://www.peba.sc.gov/assets/lifeinsurancemonthlypremiums.pdf>

Optional Life insurance and Dependent Life-Spouse insurance through age 69 ²								
Coverage level	Age							
	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.58	\$0.78	\$0.86	\$1.22	\$1.94	\$3.36	\$6.00	\$13.50
\$20,000	\$1.16	\$1.56	\$1.72	\$2.44	\$3.88	\$6.72	\$12.00	\$27.00
\$30,000	\$1.74	\$2.34	\$2.58	\$3.66	\$5.82	\$10.08	\$18.00	\$40.50
\$40,000	\$2.32	\$3.12	\$3.44	\$4.88	\$7.76	\$13.44	\$24.00	\$54.00
\$50,000	\$2.90	\$3.90	\$4.30	\$6.10	\$9.70	\$16.80	\$30.00	\$67.50
\$60,000	\$3.48	\$4.68	\$5.16	\$7.32	\$11.64	\$20.16	\$36.00	\$81.00
\$70,000	\$4.06	\$5.46	\$6.02	\$8.54	\$13.58	\$23.52	\$42.00	\$94.50
\$80,000	\$4.64	\$6.24	\$6.88	\$9.76	\$15.52	\$26.88	\$48.00	\$108.00
\$90,000	\$5.22	\$7.02	\$7.74	\$10.98	\$17.46	\$30.24	\$54.00	\$121.50
\$100,000	\$5.80	\$7.80	\$8.60	\$12.20	\$19.40	\$33.60	\$60.00	\$135.00
\$110,000	\$6.38	\$8.58	\$9.46	\$13.42	\$21.34	\$36.96	\$66.00	\$148.50
\$120,000	\$6.96	\$9.36	\$10.32	\$14.64	\$23.28	\$40.32	\$72.00	\$162.00
\$130,000	\$7.54	\$10.14	\$11.18	\$15.86	\$25.22	\$43.68	\$78.00	\$175.50





Short Term Disability

- ***Short term disability not provided by the state Insurance Program***
- AFLAC, American Fidelity Assurance Company, or American Amicable provides short term disability to new hires; no medical evidence needed
- Premiums are available for payroll deduction
- Contact vendor directly to enroll in STD.
- Contact Information:
 - AFLAC Representative: Jerry Farrior (843)446-0354 or email jerry_farrior@us.aflac.com
 - American Fidelity Assurance Company: Tally DaPore (843)762-0027 or email td@dapore.com
 - American Amicable: Sharon Goodman-Brown (843)345-0976 or email sharongoodmon@aol.com



Long-Term Disability Insurance

Key Highlight	Basic Long-Term Disability Insurance (LTD)	Supplemental Long-Term Disability Insurance (SLTD)
Coverage	Provided at no cost if you are enrolled in the MUSC Health Plan	Cannot be denied coverage if you enroll within the first month of hire
Waiting Period	90-day waiting period options; pre-existing disabilities are not covered during 1 st year of coverage	90 day waiting period 180 day waiting period
Benefit Amount	Approved claims pay 62.5% of income (max \$800/month)	Benefit = Up to 65% of base monthly earnings (up to a max of \$8,000/month)
Plan Details	Benefits are paid for the first two years based on the inability to perform your specific job.	Coordinates with other group income sources and long-term disability plans (for example: Workers Compensation, SC Retirement System, etc.)

SLTD Plan monthly premium rates

Age on preceding January 1	90-day waiting period	180-day waiting period
Under 31	.00065	.00052
31-40	.00090	.00070
41-50	.00179	.00136
51-60	.00361	.00277
61-65	.00434	.00333
66 and older	.00530	.00407

To estimate your SLTD monthly premium:

1. Divide gross annual salary by 12 to determine monthly salary.
2. Multiply monthly salary by rate factor from table.
3. Drop digits to right of two decimal places; do not round.
4. If number is even, this is the monthly premium.
5. If number is odd, add \$0.01 to determine monthly premium.



Vision Coverage



SUMMARY OF BENEFITS		
Vision care services	In-network member cost	Out-of-network reimbursement
Exam with dilation as necessary	\$10 copay	Up to \$35
Retinal imaging	Up to \$39	N/A
Frames	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$75
Standard plastic lenses		
Single vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Standard progressive lens	\$35 copay	Up to \$55
Premium progressive lens ^A	\$55 - \$80 copay	
Tier 1	\$55	Up to \$55
Tier 2	\$65	Up to \$55
Tier 3	\$80	Up to \$55
Tier 4	\$35 copay, 80% of charge less \$120 allowance	Up to \$55
Lens options		
UV treatment	\$0	Up to \$5
Tint (solid and gradient)	\$0	Up to \$5
Standard plastic scratch coating	\$0	Up to \$5
Standard polycarbonate—adults	\$30 copay	Up to \$5
Standard polycarbonate—kids under 19	\$0	Up to \$5
Standard anti-reflective coating	\$45	N/A
Premium anti-reflective coating ^A	\$57-\$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions plastic	\$60	Up to \$5
Polarized	20% off retail	N/A
Other add-ons and services	20% off retail	N/A
Contact lens fit and follow-up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard contact lens fit & follow-up	\$0 copay, paid-in-full and two follow-up visits	Up to \$40
Premium contact lens fit & follow-up	\$0 copay, 10% off retail price, then apply \$40 allowance	Up to \$40
Contact lenses (Contact lens allowance includes materials only.)		
Conventional	\$0 copay, \$130 Allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 Allowance; plus balance over \$130	Up to \$104
Medically necessary	\$0 copay, paid-in-full	Up to \$200
Laser vision correction		
LASIK or PRK from U.S. laser network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every year	
Lenses or contact lenses	Once every year	
Frame	Once every year	

The EyeMed Vision Plan Provider Network is Select.

<https://www.eyemedvisioncare.com/pebaoe>





Seeing is believing.

MUSC Health Vision Center now accepting EyeMed!

ENROLL IN EYEMED TODAY

For convenient, on-campus appointments, visit:

MUSCHEALTH.ORG/EYES



MONEYPLUS

Pre-tax Insurance Premiums Feature: Pay health, dental, vision and optional life* (up to \$50,000) premiums before taxes. This lowers your taxable income.

	Without MoneyPlus	With MoneyPlus	MoneyPlus advantage
Gross monthly pay ¹	\$3,750.00	\$3,750.00	
State retirement contribution (9%)	- \$337.50	- \$337.50	
Dependent Care Spending Account fee	- \$0.00	- \$2.32	
Medical Spending Account fee	- \$0.00	- \$2.32	
MoneyPlus pretax payroll deductions			
Dependent Care Spending Account	- \$0.00	- \$400.00	
Medical Spending Account	- \$0.00	- \$56.00	
Health and dental premiums <i>Employee/children coverage level</i>	- \$0.00	- \$157.58	
Taxable gross income	\$3,412.50	\$2,794.28	\$618.22
Estimated payroll taxes (27%) ²	- \$921.38	- \$754.46	\$166.92
Expenses			
Dependent care expenses	- \$400.00	- \$0.00	
Medical expenses	- \$56.00	- \$0.00	
Health and dental premiums <i>Employee/children coverage level</i>	- \$157.58	- \$0.00	
Take-home pay	\$1,877.54	\$2,039.82	\$162.28
Additional take-home pay per year with MoneyPlus (4.33% increase)			\$1,947.36





MoneyPlu\$ Flexible Spending Accounts

Benefit	Medical Spending Account	Dependent Care Spending Account
Plan Details	Allocate pre-tax funds to pay for you/family's eligible medical, dental, vision & prescription expenses	Allocate pre-tax funds to reimburse for dependent care expenses for children age 12 and younger
Plan max	\$2750	\$5,000 if married filing jointly or single/head of household. \$2,500 if married filing separately.
Monthly admin fee	\$2.32	\$2.32
Timeline for expenses and reimbursement	Expenses must be incurred by calendar year end. You have until March 31 st of the following year to submit for reimbursement. Up to \$500 can be carried over to the next plan year. Otherwise all remaining funds will be forfeited.	Expenses must be incurred by March 15 th of the following year. Reimbursement requests must be received by March 31 st . All remaining funds not used by March 15 th will be forfeited.





Insurance Enrollment Periods

OCTOBER 1st – OCTOBER 31st

Changes made during October will be effective January 1st of the following year

Open Enrollment- every year	Open Enrollment- odd numbered years
Add/drop health and/or vision coverage for yourself or dependents	All of the every year changes
Enroll/re-enroll in Dependent Care, and/or Medical Spending Accounts	Add/drop dental for yourself or dependents
Increase Optional Life with medical evidence (if enrolled in the Pre-tax premium feature)	Add/drop Dental Basic and or Dental Plus. Note, you must have Dental Basic in order to have Dental Plus coverage.
Any special changes allowed for the year	





Changes to Employee Benefits

(Must be made within 31 Days)

Initial Changes (within 31 days of hire)	Qualifying Event Changes (31 days from date of event)
Add/drop health, dental or vision coverage for yourself or dependents	Marriage, separation/divorce
Add/drop optional and dependent life and SLTD	Birth/Adoption, death, employment/insurance change of dependent





Final Reminders

- You will be receiving two emails from PEBA (noreply@peba.sc.gov) to your MUSC email in the next couple of days. One is for insurance and the other is for retirement.
- Please remember to select a retirement plan or choose non-membership (if applicable) once you receive the email. If you do not make a retirement plan election within 30 days of your date of hire, you will be defaulted into the SCRS plan.
- Please remember to enroll in your insurance benefits within 31 days of your date of hire to elect your coverage once you receive the email from PEBA insurance. Once approved, you will receive insurance cards within 7 to 10 business days.
- Online resources:
 - MUSC University Benefits: <https://web.musc.edu/human-resources/university-hr/benefits>
 - PEBA website: <http://peba.sc.gov/>
 - MyBenefits website to view benefits: <https://mybenefits.sc.gov>
 - MUSC Provider Directory: www.muschealth.org/providerdirectory/providers.aspx
 - MyRecords website to view paystub, change W-4, address: <https://horseshoe.musc.edu/human-resources/univ/employee-corner/my-records>





1 South Park Suite 100
Charleston, SC 29407

135 Cannon Street, Suite CS110
Charleston, SC 29425
By Appointment Only

Emily Edris, Benefits Administrator (A-L)	792-2122, edris@musc.edu
Lisa Beattie, Benefits Administrator-(FMLA and H-O retirement only)	792-5922, beattie@musc.edu
Rachel Gittens, Benefits Administrator (M-Z)	792-6392, gittens@musc.edu
Monique Robinson, HR Coordinator (Leave, Events and Employment Verification)	792-7225, robinsmo@musc.edu
Patrice Gordon, Benefits Manager	792-9679, gordonp@musc.edu
Benefits Department	792-2071, Option 4; benefits@musc.edu

