

New Hire Information

OurDay | Payroll | Insurance | Retirement



Changing What's Possible | [MUSC.edu](https://www.musc.edu)





OurDay Benefits and Payroll Hub



Pay Schedule/Cycle

Exempt employees are paid monthly on the last working day of each month. Non exempt (Hourly employees) are paid every other Wednesday.

Payroll Department
792-2191 or visit
<https://horseshoe.musc.edu/human-resources/univ/payroll/staff-contacts>

2024 Payroll Cycles Calendar Link:
<https://horseshoe.musc.edu/human-resources/univ/payroll/calendars>

2024 MEDICAL UNIVERSITY PAYROLL CYCLES

2024 BIWEEKLY PAY CYCLES						
RUN CONTROL	PAY PERIOD		TIMECARD APPROVALS DUE BY	COMPENSATION & BENEFITS ACTION COMPLETED BY	PAYROLL PROCESSING DATE	PAYDAY
	BEGINNING	ENDING	5:00PM	5:00PM		
2024_01	12/17/23	12/30/23	01/02/24	12/29/23	01/04/24	01/10/24
2024_02	12/31/23	01/13/24	01/16/24	01/12/24	01/18/24	01/24/24
2024_03	01/14/24	01/27/24	01/30/24	01/26/24	02/01/24	02/07/24
2024_04	01/28/24	02/10/24	02/13/24	02/09/24	02/14/24	02/21/24
2024_05	02/11/24	02/24/24	02/27/24	02/23/24	02/29/24	03/06/24
2024_06	02/25/24	03/09/24	03/12/24	03/08/24	03/14/24	03/20/24
2024_07	03/10/24	03/23/24	03/26/24	03/22/24	03/28/24	04/03/24
2024_08	03/24/24	04/06/24	04/09/24	04/05/24	04/11/24	04/17/24
2024_09	04/07/24	04/20/24	04/23/24	04/19/24	04/25/24	05/01/24
2024_10	04/21/24	05/04/24	05/07/24	05/03/24	05/09/24	05/15/24
2024_11	05/05/24	05/18/24	05/21/24	05/17/24	05/22/24	05/29/24
2024_12	05/19/24	06/01/24	06/04/24	05/31/24	06/06/24	06/12/24
2024_13	06/02/24	06/15/24	06/18/24	06/14/24	06/20/24	06/26/24
2024_14	06/16/24	06/29/24	07/02/24	06/28/24	07/03/24	07/10/24
2024_15	06/30/24	07/13/24	07/16/24	07/12/24	07/18/24	07/24/24
2024_16	07/14/24	07/27/24	07/30/24	07/26/24	08/01/24	08/07/24
2024_17	07/28/24	08/10/24	08/13/24	08/09/24	08/15/24	08/21/24
2024_18	08/11/24	08/24/24	08/27/24	08/23/24	08/29/24	09/04/24
2024_19	08/25/24	09/07/24	09/10/24	09/06/24	09/12/24	09/18/24
2024_20	09/08/24	09/21/24	09/24/24	09/20/24	09/26/24	10/02/24
2024_21	09/22/24	10/05/24	10/08/24	10/04/24	10/10/24	10/16/24
2024_22	10/06/24	10/19/24	10/22/24	10/18/24	10/24/24	10/30/24
2024_23	10/20/24	11/02/24	11/05/24	11/01/24	11/06/24	11/13/24
2024_24	11/03/24	11/16/24	11/19/24	11/15/24	11/21/24	11/27/24
2024_25	11/17/24	11/30/24	12/03/24	11/29/24	12/05/24	12/11/24
2024_26	12/01/24	12/14/24	12/17/24	12/13/24	12/18/24	12/24/24
2025_01	12/15/24	12/28/24	12/31/24	12/27/24	01/02/25	01/08/25

2024 MONTHLY PAY CYCLES						
RUN CONTROL	PAY PERIOD			COMPENSATION & BENEFITS ACTION COMPLETED BY	PAYROLL PROCESSING DATE	PAYDAY
	BEGINNING	ENDING	5:00PM			
M2024_01	01/01/24	01/31/24		01/19/24	01/25/24	01/31/24
M2024_02	02/01/24	02/29/24		02/16/24	02/23/24	02/29/24
M2024_03	03/01/24	03/31/24		03/19/24	03/25/24	03/29/24
M2024_04	04/01/24	04/30/24		04/18/24	04/24/24	04/30/24
M2024_05	05/01/24	05/31/24		05/20/24	05/24/24	05/31/24
M2024_06	06/01/24	06/30/24		06/18/24	06/24/24	06/28/24
M2024_07	07/01/24	07/31/24		07/19/24	07/25/24	07/31/24
M2024_08	08/01/24	08/31/24		08/20/24	08/26/24	08/30/24
M2024_09	09/01/24	09/30/24		09/18/24	09/24/24	09/30/24
M2024_10	10/01/24	10/31/24		10/21/24	10/25/24	10/31/24
M2024_11	11/01/24	11/30/24		11/18/24	11/22/24	11/29/24
M2024_12	12/01/24	12/31/24		12/16/24	12/20/24	12/31/24

Costing Allocations must be completed by 5:00pm the day prior to the payroll process date.



Overview of Benefits and Payroll Hub

The screenshot displays the 'Benefits and Pay' hub interface. On the left is a navigation menu with sections: 'Benefits and Pay' (expanded), 'Overview', 'Benefits' (with sub-items: Benefit Elections, Benefits by Date, Dependents, Beneficiaries, ACA Forms), 'Pay' (with sub-items: Payments, Tax), and 'Compensation' (with sub-items: Total Rewards, Compensation Summary). The main content area is titled 'Tasks and Reports' and includes links for 'Payment Elections', 'My Tax Documents', and 'Request One-Time Payment'. Below this is an 'Overview' section with three cards: 'Most Recent Pay' showing a gross pay of \$997.33 (Take Home Pay) and a total of \$1,610.96; 'Deductions' showing a total of \$613.63 with a breakdown of 401(k) - SCRS (\$144.99), Health Care PSA (\$127.08), Medical Pre-Tax (\$126.68), and QASDI (Federal) (\$81.65); and 'Current Benefit Costs' showing an employee cost of \$309.96 (Semi-monthly). A 'View Benefit Details' link is provided. Below the overview cards is the 'Annual Total Rewards Package' section, which includes a donut chart showing a total value of \$54,131, split into Base Pay (\$41,884) and Benefits (\$12,247). A 'View Total Rewards' link is at the bottom.

Tasks and Reports

[Payment Elections](#) [My Tax Documents](#) [Request One-Time Payment](#)

Overview

Most Recent Pay
Your next pay day is January 24, 2024.

\$997.33
Take Home Pay

Gross Pay: \$1,610.96

[View Most Recent Pay](#)

Deductions
Taxes and deductions from your most recent payroll.

\$613.63
Total

401(k) - SCRS	\$144.99
Health Care PSA	\$127.08
Medical Pre-Tax	\$126.68
QASDI (Federal)	\$81.65

[View Benefit Details](#)

[More \(7\)](#)

Annual Total Rewards Package
A summarization of your annual Total Rewards package.

\$54,131
Total Value

12,247 (Benefits) | 41,884 (Base Pay)

[View Total Rewards](#)

2 Ways to Access Information:

- Drill Down using the Benefits and Pay Menu
- Clicking on the links on the Overview



Benefits

Benefits

Benefit Elections

Current Benefit Elections and Costs: 10 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semimonthly)	Employer Contribution (Semimonthly)
MoneyPlus - PCBA - ADI Flex	01/01/2024	01/01/2024	Employee Only					
Medical - PEBA - BCBS PPO MUSC Health Plan Pre Tax	10/27/2019	10/27/2019	Employee + Lawful Spouse				\$129.68	\$511.74
Dental - PEBA - BCBS Plus Pre Tax	10/27/2019	10/27/2019	Employee + Lawful Spouse				\$22.94	\$6.74
Vision - PEBA - EyeMed MUSC Pre Tax	10/27/2019	10/27/2019	Employee + Lawful Spouse				\$4.30	
Health Care FSA - PEBA - ADI Flex	01/01/2024	01/01/2024	\$9,000.00 Annual				\$137.67	
Roth 401(k) and ADI - PEBA - MetLife (Employee)	10/27/2019	10/27/2019	\$9,000	\$9,000.00				\$0.19
Long Term Disability - PEBA - The Standard Basic (Employee)	10/27/2019	10/27/2019	62.5% of Salary	\$900.90				\$1.61
Supplemental Long Term Disability - PEBA - The Standard Option 1 (90 Day) (Employee)	10/27/2019	10/27/2019	65% of Salary	\$2,213.41			\$8.37	
401(k) - PEBA SCRS Pension	10/27/2019	10/27/2019	9%					
Employee Assistance Program - MUSC EAP Experiment	01/01/2022	01/01/2022						
Total:							\$309.95	\$510.28

- Review Benefits as of specific date.
- Review Dependents (Add or Edit)
- Beneficiaries (Add or Edit)
- ACA Forms – Not currently setup in OurDay



Pay-Payments

Payroll Hub - Worker Payments Information

Compare Period | Pay History | Earnings/Deductions History

Recent Pay

Most Recent Pay
Your next pay day is January 24, 2024.
Take Home Pay
Gross Pay \$1,610.06
[View Most Recent Pay](#)

Deductions
Taxes and deductions from your most recent payoffs.
Total: **\$613.63**

401(k) - SCRS	\$144.99
Health Care FSA	\$127.88
Medical Pre-Tax	\$136.68
QASDH (Federal)	\$84.65

[More \(7\)](#)

All Payscale
Payscale: 10 items

Payment Date	Period Start Date	Period End Date	Company	Gross Amount	Net Amount	View	Print
01/18/2024	12/17/2023	12/30/2023	Medical University Hospital Authority (MUHA)			View	Print
12/27/2023	12/09/2023	12/16/2023	Medical University Hospital Authority (MUHA)			View	Print

[View All 10 Payscale](#)

Payment Elections
[Add](#)

2 items

Pay Type	Payment Type	Account	Account Number	Distribution	
Payroll Payments	Direct Deposit	NEW	****	Balance	Edit
Expense Payments	Direct Deposit	NEW	****	Balance	Edit

Benefits and Pay |←

- Overview
- Benefits
- Pay** ↑
 - Payments
 - Tax

Options:

- Compare Periods
- View Pay History
- View Earnings/Deduction History
- View Most Recent Pay and Current Deductions
- Add Payment Elections/Bank Information
- Edit Payment Elections



Pay-Tax

Payroll Hub - Worker Tax Information

Tax Forms Printing Elections

Company	Current Year End Tax Document Printing Election	Pending Election
C002 Medical University Hospital Authority (MUHA)	You are currently not receiving a paper copy of your Year-End Tax Documents.	Edit

All Tax Documents

Tax Year	Company Name	Tax Form	Issued Date	Employee Copy
2022	Medical University Hospital Authority	W2	01/25/2023	View/Print

Tax Elections

Worker: [Progress Bar]
Company: C002 Medical University Hospital Authority (MUHA)
Work State: South Carolina
Home State: South Carolina

View and Update Federal and State Tax Elections

Federal

Federal Withholding Election	Effective Date	Marital Status	Number of Allowances	Additional Amount	Working in Job or Spouse Works	Total Dependent Amount	Other Income	Deductions	Nonresident Alien	Exempt from USA Address Amount	Lock In Letter	Exempt	No With/No Tax	Last Updated	Last Updated By
QL	12/31/2019	Married	1	0.00	No	0.00	0.00	0.00	No	No	No	No	No	06/05/2022	

[Update](#)

State

Benefits and Pay |<

Overview

Benefits >

Pay >

Payments

Tax





1 South Park Circle, Building 1, Suite 100,
Charleston, SC 29407
Appointment only

Patrice Gordon, Benefits Manager	792-9679, gordonp@musc.edu
Rachel Gittens, Senior Benefits Administrator (Insurance A-K, Retirement A-K, N)	792-6392, Gittens@musc.edu
Yolanda Whitehead, Benefits Administrator (Insurance L-V, Retirement L, M, O-Z)	792-5922, whitehey@musc.edu
Jacqueline Beasley, Benefits Specialist (Insurance W-Z)	792-7862, beasleja@musc.edu
Monique Robinson, HR Coordinator (FMLA, Leave, & Employment Verification)	792-7225, robinsmo@musc.edu
Benefits Department	792-2071, Option 4; benefits@musc.edu





Benefits Information



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.**

[2024_ibg.pdf \(sc.gov\)](#)

[Publications | S.C. PEBA \(sc.gov\)](#)





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



ORP Vendors

PEBA will provide your selected service provider with basic enrollment information; however, you will need to provide direction on how you want your contributions invested and designate a beneficiary for your State ORP account balance. The current providers are:

- Corebridge Financial (formerly known as AIG Retirement Services)
 - Crystal Avant | 843-300-8767 | crystal.avant@corebridgefinancial.com
 - Mark Taylor | 843-300-2775 | marksc.taylor@corebridgefinancial.com Ryan
 - Ryan Radloff | 541-735-0739 | Ryan.Radloff@corebridgefinancial.com
- Empower Retirement (formerly known as MassMutual)
 - Greta Waldron Butts | 803-659-1267 | gretad.waldronbutts@empower.com
 - Ashley Cluley | 864-760-8165 | ashley.Cluley@empower.com
- TIAA
 - Terry Pait | 704-988-4882 | tpait@tiaa.org
- Voya Financial
 - Michael McFaul | 843-754-3814 | mike.mcfaul@voyafa.com



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.

More details can be found online at [Police Officers Retirement System | S.C. PEBA \(sc.gov\)](http://www.sc.gov/peba).

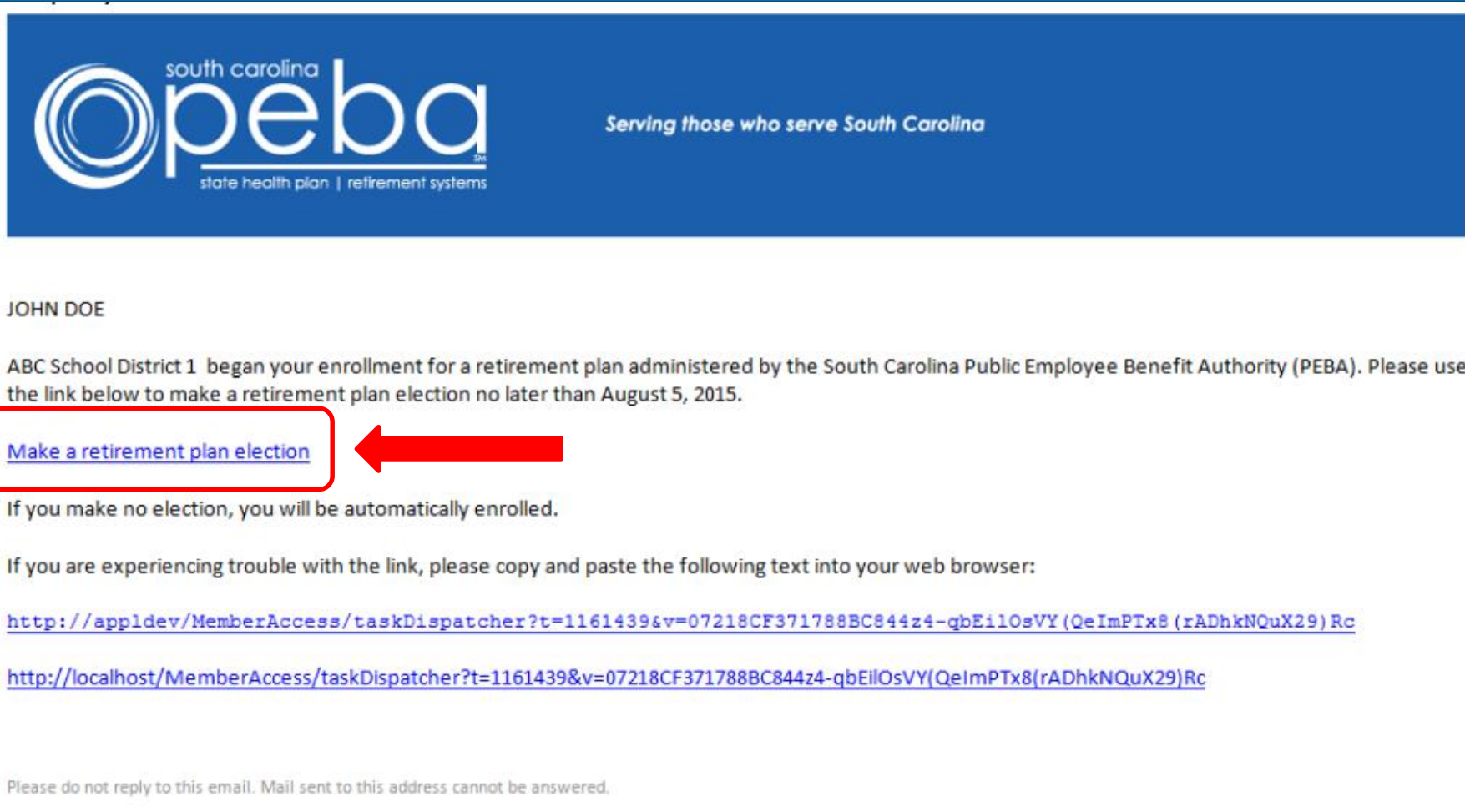


Retirement Plan Participation

- 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).
- In OurDay, the system will default all new hires into Undecided until you have made your retirement plan election.
- 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



The screenshot shows an email header for South Carolina PEBA with the tagline "Serving those who serve South Carolina". The recipient is identified as JOHN DOE. The main body of the email informs ABC School District 1 of enrollment for a retirement plan and provides a link to "Make a retirement plan election". A red box highlights this link, and a red arrow points to it from the right. Below the link, there is a note about automatic enrollment and a troubleshooting section with two URLs. The email footer contains a disclaimer: "Please do not reply to this email. Mail sent to this address cannot be answered."

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-qbEi10sVY\(QeImPTx8\(rADhkNQuX29\)Rc](http://appldev/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi10sVY(QeImPTx8(rADhkNQuX29)Rc)

[http://localhost/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi10sVY\(QeImPTx8\(rADhkNQuX29\)Rc](http://localhost/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BC844z4-qbEi10sVY(QeImPTx8(rADhkNQuX29)Rc)

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



Member Enrollment

1

Update if necessary

About You

FIRST NAME: MI:

LAST NAME: SUFFIX:

DATE OF BIRTH: GENDER:

Contact Information

STREET:

APT/SUITE/OTHER:

CITY:

STATE: ZIP CODE:

PHONE NUMBER: PHONE EXT.:

EMAIL ADDRESS:

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

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 PEBA 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.

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

Select Plan



Supplemental Retirement Plans

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

SC Deferred Compensation Program Empower Retirement Services

Traditional
457
(Pre-tax)

Roth
457
(Post-tax)

\$23,000 limit*

***Addt'l \$7,500 if over age 50**

Traditional
401(k)
(Pre-tax)

Roth
401(k)
(Post-tax)

\$23,000 limit*

***Addt'l \$7,500 if over age 50**

Tax Sheltered Annuity Plans

403(b)
(Pre-tax)



- 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
Corebridge Financial (formerly AIG Retirement)	ORP, 403b	Crystal Avant Mark Taylor Ryan Radloff	843-300-8767 843-300-2775 541-735-0739	Crystal.avant@corebridgefinancial.com Marksc.taylor@corebridgefinancial.com Ryan.Radloff@corebridgefinancial.com	https://scstateorp.corebridgefinancial.com/
Empower Retirement (MassMutual)	401K and 457 ORP (formerly Mass Mutual)	Wendy Sheffield Greta Waldron-Butts	803-944-3756 803-659-1267	wendysheffield@empower.com gretad.waldronbutts@empower.com	https://southcarolinadcp.gwrs.com www.massmutual.com/scorp
Fidelity	403b only	Jared McVey	704-614-4167	Jared.Mcvey@fmr.com	www.fidelity.com
Mass Mutual	403b only	Ross Evans Mike Wiggins	843-881-3697 843-795-7951		www.retiresmart.com
MetLife	403b only	Peter Collins	843-343-7634	petercollins@financialguide.com	www.metlife.com
TIAA	ORP, 403b	Terry Pait	704-988-4882	tpait@tiaa.org	www.tiaa.org/scorp





Insurance Plans Overview



MUSC University Benefits Action Items

- **Review New Hire Benefits presentation and materials located in [box](#).**
- **Receive two emails from PEBA (noreply@peba.sc.gov)**
 - › **One for Insurance** – use the link embedded in email to enroll in insurance benefits within 31 days.
 - › **One for Retirement** – use the link embedded in email to elect retirement plan within 30 days.
 - › **Retirement will be withheld from your paycheck and listed as “undecided” on your payslip. You can expect this for your first check or two until the payroll system has been updated with the plan you select.**

Receive welcome email from University Benefits (benefits@musc.edu)

***Insurance enrollment is time-sensitive. Although you have 31 days, we recommend completing the above tasks within two weeks to avoid delays in benefits activation.**

Please log into OurDay after your first paycheck to verify the accuracy of your insurance benefits deductions. Once logged into OurDay, click on the “My Payslips” button. If you notice a discrepancy, please contact us at benefits@musc.edu as soon as possible. Ensuring the accuracy of deductions is a shared responsibility between the employee and employer. We appreciate your assistance with this verification.



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) but not both.	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: [Home | S.C. PEBA](#)
- Email benefits@musc.edu for next steps



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 [TRICARE Supplement Plan | S.C. PEBA](#) **for more information**



2024 Comparison of Health Plan Benefits for MUSC Employees

	MUSC Health Plan			Dental	
				Basic	Plus
Monthly Premiums					
Employee	\$97.68			Employee	\$0.00 \$28.80
Employee/Spouse	\$253.36			Employee/Spouse	\$7.64 \$65.88
Employee/Children	\$143.86			Employee/Children	\$13.72 \$80.92
Full Family	\$306.56			Full Family	\$21.34 \$108.64
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		
	Tier A	Tier B	Tier C	Vision	
Annual Deductible				Employee	\$6.30
Single Family	\$385		\$515	Employee/Spouse	\$12.60
Coinsurance	\$770		\$1030	Employee/Children	\$13.54
	Plan pays 80%, you pay 20%	<u>Standard State Health Plan</u>	<u>Out-of-Network</u>	Full Family	\$19.84
	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%		
Coinsurance Maximum					
Single Family	\$2,200	\$3,000	\$5,600		
	\$4,400	\$6,000	\$11,200		
	(excludes deductible)	(excludes deductible)	(excludes deductible)		
	Add'l copays may apply for each professional service provided. See MUSC Health Plan Summary of Benefits.				
Physician Office Visits	<u>Annual deductible & coinsurance do not apply</u> \$25 - Rapid Access Clinic & Primary Care Physician copay \$45 - Specialist Physician copay \$0 - copay for ACA approved preventive visits & annual well-woman exam	\$515 annual deductible first. \$15 copay office visit, then coinsurance: Copay waived if service performed at a Patient Centered Medical Home (PCMH) <u>In-Network</u> Plan pays 80% You pay 20% (If PCMH, you pay 10%)		<u>Out-of-Network</u> Plan pays 60% You pay 40%	
		Maximum Annual Chiropractic payments - \$2,000. No charge for adult well visits, mammograms, routine colonoscopy & contraceptives.			
Outpatient	\$290 copay for hospital surgical out-patient major surgery, \$75/minor surgery, \$85 for radiology & \$20 for Pathology.	\$115 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: \$85 copay at Doctors Care; ER: \$193 copay, plus deductible & 20% coinsurance	Urgent \$115 copay/visit + coinsurance; ER: \$193 copay, deduct/coinsurance			
Prescription Drugs	MUSC Retail Pharmacies Tier 1 (generic-lowest cost alternative): \$10 Tier 2 (brand-higher cost alternative): \$34 Tier 3 (brand-highest cost alternative): \$57 90 day supply Tier 1 (Generic): \$25 Tier 2 (Preferred brand): \$90 Tier 3 (Non-preferred brand): \$157 Copay maximum: \$3000	Participating pharmacies only (up to a 31 day supply) Tier 1 (generic-lowest cost alternative): \$13 Tier 2 (brand-higher cost alternative): \$46 Tier 3 (brand-highest cost alternative): \$77 Mail order (up to a 90 day supply) Tier 1 (Generic): \$32 Tier 2 (Preferred brand): \$115 Tier 3 (Non-preferred brand): \$192 Copay maximum: \$3,000			



Monthly insurance premiums for active employees

	MUSC Health Plan	Savings Plan	TRICARE Supplement
Employee	\$97.68	\$9.70	\$62.50
Employee/spouse	\$253.36	\$77.40	\$121.50
Employee/children	\$143.86	\$20.48	\$121.50
Full family	\$306.56	\$113.00	\$162.50

	Dental Plus	Basic Dental	State Vision Plan
Employee	\$28.80	\$0.00	\$6.30
Employee/spouse	\$65.88	\$7.64	\$12.60
Employee/children	\$80.92	\$13.72	\$13.54
Full family	\$108.64	\$21.34	\$19.84

- The Savings Plan is only available to those employees grandfathered into the plan prior to January 1, 2014.
- The Tricare Supplement is only available to military personnel.



Basic Dental vs Dental Plus

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 only during open enrollment in odd-numbered years. Learn more about the plans at 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.

- Open Enrollment changes to Dental coverage are only permitted during odd-numbered years in the month of October – for example: 2025, 2027, etc.
- Dental Plan Details can be found by visiting [Dental benefits | S.C. PEBA](#).
- Dental plus providers can be found by visiting [Find a Dentist | PEBA State Health Plan \(southcarolinablues.com\)plan](#).

	Dental Plus	Basic Dental
Diagnostic and preventive Exams, cleanings, X-rays	You do not pay a deductible. The Plan will pay 100% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You do not pay a deductible. The Plan will pay 100% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Basic Fillings, oral surgery, root canals	You pay up to a \$25 deductible per person . ¹ The Plan will pay 80% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You pay up to a \$25 deductible per person . ¹ The Plan will pay 80% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Prosthodontics Crowns, bridges, dentures, implants	You pay up to a \$25 deductible per person . ¹ The Plan will pay 50% of a higher allowed amount . In network, a provider cannot charge you for the difference in its cost and the allowed amount.	You pay up to a \$25 deductible per person . ¹ The Plan will pay 50% of a lower allowed amount . A provider can charge you for the difference in its cost and the allowed amount.
Orthodontics² 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.
Maximum payment	\$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.

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

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



Visit the MUSC Dental Faculty Practice Basic Dental Plan v. Dental Plus Plan

Service (Fee)	Basic Plan		Dental Plus Plan	
	Insurance Pays	Patient Pays	Insurance Pays	Patient Pays
<u>Preventative & Diagnostic Services</u>				
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 [Find a Dentist | PEBA State Health Plan \(southcarolinablues.com\)](https://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/dropped 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.



Life insurance

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. Coverage will reduce to 65% at age 70, 42% at age 75 and 31.7% at age 80.

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.



Long-Term Disability Insurance

Basic Long Term Disability

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. Below is an overview of the coverage:

- A 90-day benefit waiting period;
- A monthly benefit¹ of 62.5% of your predisability earnings, reduced by deductible income; and
- A maximum benefit period to age 65 if you become disabled before age 62. If you become disabled at age 62 or older, the maximum benefit period is based on your age at the time of disability.

Supplemental Long Term Disability

Eligible active employees may elect more coverage for additional protection. 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. Below is an overview of the coverage:

- A 90-day or 180-day benefit waiting period;
- A monthly benefit¹ of 65% of your predisability earnings, reduced by deductible income;
- A minimum \$100 monthly benefit; and
- A maximum \$8,000 monthly benefit.

Your premium² is determined by your age as of the preceding January 1 and your benefit waiting period.

Enrollment

You can enroll in Supplemental Long Term Disability coverage during:

- Your initial enrollment;
- Open enrollment in October; or
- Anytime throughout the year with medical evidence.

¹Benefits are subject to federal and state income taxes. Check with your accountant or tax advisor regarding your tax liability.

SLTD 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	0.00068	0.00053
31-40	0.00094	0.00073
41-50	0.00185	0.00141
51-60	0.00374	0.00287
61-65	0.00449	0.00344
66 and older	0.00549	0.00422

How to calculate SLTD monthly premium

1. Divide gross annual salary by 12.
2. Multiply monthly salary by premium factor above.
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



State Vision Plan at a glance

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

The EyeMed Vision Plan Provider Network is Select.

[Eye Site on Wellness Home, a site for vision health and wellness](#)

2024 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





Seeing is believing.

MUSC Health Vision Center now accepting EyeMed!

ENROLL IN EYEMED TODAY

For convenient, on-campus appointments, visit:

MUSCHEALTH.ORG/EYES



Changing What's Possible | MUSC.edu



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 pay¹	\$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 maximum	\$3,200	\$5,000 if married filing jointly or single/head of household. \$2,500 if married filing separately.
Monthly admin fee	\$2.14	\$2.14
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 \$640 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.



Transfers-

Prior Medical Spending/Dependent Care Spending Account with ASIFlex

If you are a transfer and were previously enrolled in a Medical Spending and or Dependent Care Spending Account with your prior agency, please provide HR Benefits with a copy of your year to date contributions towards the Medical Spending Account (MSA) and or Dependent Care Spending Account (DSA). This information will help HR Payroll calculate the contribution balance owed for the remaining of the year for ASIFlex.



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



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 Short Term Disability (STD).
- Contact Information:
 - AFLAC Representative: Roger Hough (843)685-5579 or email Roger_Hough@us.aflac.com
 - American Fidelity Assurance Company: (800)662-1113 or email muscemployees@americanfidelity.com



Leave

- Eligible employees accrue annual and sick leave, based on percentage worked, on a monthly basis provided they are in a **paid** status for at least **one-half** of the workdays of the month.
- Please review the [Leave Computation Chart \(PDF\)](#) and [Faculty Leave Accrual Scale \(PDF\)](#) for more information on leave accruals. Please also review the [MUSC University Leave Guidelines \(PDF\)](#) if you are considering a Research Grant (non-FTE), Temporary or Time-limited position.
- Please direct all leave inquiries (i.e., accruals, corrections, catastrophic leave pool/ cutbacks/donations; Annual, Sick, Supplemental, Holiday, Military, Catastrophic leave Program policies; employee transfers internal, external, terminations, etc.) to Monique Robinson, HR Benefits Leave Administrator (robinsmo@musc.edu).



Final Reminders

- You will be receiving two emails from PEBA (noreply@peba.sc.gov) to your MUSC email within your first couple of days of hire at MUSC. These emails allow you to enroll in insurance benefits and to make your retirement election.
- 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 within of your date through the link embedded in the email from PEBA. Once your elections have been processed with PEBA, you will receive insurance cards within 7 to 10 business days. You DO NOT need to take action with the benefits tasks within OurDay. The University Benefits Team will complete these tasks on your behalf after you have completed your enrollment with PEBA.
- A transfer is required to keep the same benefits enrolled in with their previous employer when moving to the MUSC plan. In addition, transfers must take action during the initial insurance and retirement enrollment period to transfer benefits. Should you wish to change benefits, you may do so during Open Enrollment. A transfer who was enrolled in the State Savings Plan must switch to the MUSC Health plan upon starting employment with MUSC.
- **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
 - MUSC Horesehoe/OurDay information: <https://horseshoe.musc.edu/>





1 South Park Circle, Building 1, Suite 100,
Charleston, SC 29407
Appointment only

Patrice Gordon, Benefits Manager	792-9679, gordonp@musc.edu
Rachel Gittens, Senior Benefits Administrator (Insurance A-K, Retirement A-K, N)	792-6392, Gittens@musc.edu
Yolanda Whitehead, Benefits Administrator (Insurance L-V, Retirement L, M, O-Z)	792-5922, whitehey@musc.edu
Jacqueline Beasley, Benefits Specialist (Insurance W-Z)	792-7862, beasleja@musc.edu
Monique Robinson, HR Coordinator (FMLA, Leave, & Employment Verification)	792-7225, robinsmo@musc.edu
Benefits Department	792-2071, Option 4; benefits@musc.edu

