MyRecords Employee Portal

https://horseshoe.musc.edu/human-resources/univ/employee-corner/my-records
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
Retirement & Insurance
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 email- benefits@musc.edu

1 South Park Suite 100
Charleston, SC 29407
Topics to be Covered

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

http://www.peba.sc.gov/assets/insurancebenefitsguide.pdf
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
Retirement Plans Overview

Retirement Video

https://www.youtube.com/watch?v=P2dU-HCRl-0
<table>
<thead>
<tr>
<th>ORP Vendors</th>
<th>Rep Name</th>
<th>Phone Number</th>
<th>Email</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIAA</td>
<td>Terry Pait</td>
<td>704-988-4882</td>
<td><a href="mailto:tpait@tiaa.org">tpait@tiaa.org</a></td>
<td><a href="http://www.tiaa.org/scorp">www.tiaa.org/scorp</a></td>
</tr>
<tr>
<td></td>
<td>Andre Brown</td>
<td>843-998-6502</td>
<td><a href="mailto:Andre.brown@tiaa.org">Andre.brown@tiaa.org</a></td>
<td></td>
</tr>
<tr>
<td>MetLife</td>
<td>Peter Collins</td>
<td>843-343-7634</td>
<td><a href="mailto:petercollins@financialguide.com">petercollins@financialguide.com</a></td>
<td><a href="http://www.metlife.com/scorp">www.metlife.com/scorp</a></td>
</tr>
<tr>
<td>Mass Mutual</td>
<td>Hugh Kinlaw</td>
<td>Cell: 413-209-2128</td>
<td><a href="mailto:hkinlaw33@massmutual.com">hkinlaw33@massmutual.com</a></td>
<td><a href="http://www.retiresmart.com">www.retiresmart.com</a></td>
</tr>
<tr>
<td>AIG Retirement Services</td>
<td>David Kornegay</td>
<td>843-408-3014</td>
<td><a href="mailto:David.kornegay@aig.com">David.kornegay@aig.com</a></td>
<td>Aig.com</td>
</tr>
<tr>
<td>(formerly VALIC)</td>
<td>Mark Taylor</td>
<td>843-300-2775</td>
<td><a href="mailto:Marksc.taylor@aig.com">Marksc.taylor@aig.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Retirement Plan Participation

• PEBA will send an email for you to elect your retirement plan. 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.
Retirement Plan: Enrollment

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=07218CF371788BCB442f-qbEllOsVVY(0eImPTx8(rADh1kNQuX29)Rc

http://localhost/MemberAccess/taskDispatcher?t=1161439&v=07218CF371788BCB442f-qbEllOsVVY(0eImPTx8(rADh1kNQuX29)Rc

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

About You

FIRST NAME: TEST
LAST NAME: ENROLLMENT
DATE OF BIRTH: 01/01/1965
Gender: Male

Contact Information

STREET: 101 MAIN ST
AP/UNIT/OTHER:
CITY: COLUMBIA
STATE: SOUTH CAROLINA
ZIP CODE: 29201
PHONE NUMBER: (803) 123-4567
EMAIL ADDRESS: TESTENROLLMENT@SC.GOV

About Your Position

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

Retirement Plan: South Carolina Retirement System (SCRS)

Disclaimer

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

My electronic acceptance of this retirement plan election indicates that my employer has explained the retirement plan options available to me and I have agreed to make an informed choice. By electronic confirmation on this webpage, I confirm my retirement plan election as indicated above.

This ELECTRONIC NOTICE AND ENROLLMENT TRANSACTION DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR OBLIGATIONS AND DOES NOT CREATE A CONTRACT BETWEEN THE EMPLOYER AND A RETIRED EMPLOYEE (OR RETIREMENT SYSTEM AND A RETIRED EMPLOYEE) FOR ANY TYPE OF PAYMENT.
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)

- Tax Sheltered Annuity Plans
  - Traditional 401(k) (Pre-tax)
  - Roth 401(k) (Post-tax)

- Traditional 403(b) (Pre-tax)

$19,500 limit*

$19,500 limit*

*Add $6,500 if over age 50

- 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.
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 subscriber's 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

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/oneIdDispatch.do?i=1913122&v=08953D07DE860AF749571F51E39A8591

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
## Insurance Guidelines

<table>
<thead>
<tr>
<th>Key Highlight</th>
<th>Family covered by state insurance</th>
<th>Transfer from another SC State Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEBA rules</td>
<td>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)</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Covered Dependent Documentation Needed

<table>
<thead>
<tr>
<th>Relationship of Dependent</th>
<th>Supporting Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse / Partner</td>
<td>- Social Security Number</td>
</tr>
<tr>
<td></td>
<td>- Date of Birth</td>
</tr>
<tr>
<td></td>
<td>- Copy of the Marriage License OR current or previous year Federal Income Tax Return Page 1 (income redacted)</td>
</tr>
<tr>
<td>Children Under the Age of 26 / Incapacitated Child Over the Age of 26*</td>
<td>- Social Security Number</td>
</tr>
<tr>
<td></td>
<td>- Date of Birth</td>
</tr>
<tr>
<td></td>
<td>- Long-Form Birth Certificate</td>
</tr>
<tr>
<td></td>
<td>- *Incapacitated Child Certification</td>
</tr>
</tbody>
</table>

**Enrollment Changes**

- During the first 31 days of benefits eligibility,
- Annual Open Enrollment,
- Within 31 days of a **Qualifying Life Event, OR**
- Court Order
Tobacco Surcharge

The subscriber is charged 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
<table>
<thead>
<tr>
<th></th>
<th>MUSC Health Plan</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Base</td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td>Employee</td>
<td>Employee</td>
</tr>
<tr>
<td></td>
<td>$297.60</td>
<td>$8.00</td>
</tr>
<tr>
<td></td>
<td>Employee/Spouse</td>
<td>$243.96</td>
</tr>
<tr>
<td></td>
<td>Employee/Children</td>
<td>$183.86</td>
</tr>
<tr>
<td></td>
<td>Full Family</td>
<td>$306.50</td>
</tr>
</tbody>
</table>

**Availability**
- MUSIC Network—approved pediatrics, National Allergy & Asthma, and Doctors Care
- Outside MUSIC Network—Standard State Health Plan approved providers
- Not in MUSIC Network and not a Standard State Health Plan approved provider

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Full</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$5.80</td>
<td>$11.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$12.46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$18.35</td>
</tr>
</tbody>
</table>

**Annual Deductible**
- Tier A: Employee $385, Employee/Spouse $180, Employee/Children $70
- Tier B: $450
- Tier C: $570

**Coinsurance**
- Plan pays 80% on a $2,000 annual deductible. Denominator is 100% of inpatient expenses, 90% of outpatient expenses.

**Out-of-Network Annual Deductible & Coinsurance**
- Plan pays 80% on an annual deductible. Denominator is 100% of inpatient expenses, 90% of outpatient expenses.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
</tr>
<tr>
<td></td>
<td>You pay 20%</td>
<td>You pay 40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician Office Visits**
- $25 - Rapid Access Clinic & Primary CarePhysician copay
- $40 - Specialist Physician copay
- $50 - copay for ACA-approved preventive visits & annual wellness exam

**Outpatient**
- $266 copay for hospital surgical outpatient visit, $75 copay for imaging & $30 for pathology, $100 copay for other outpatient visits
- Hospitalization subject to deductible & coinsurance
- Maximum Annual Chiropractic Payments: $2,000

**Prescription Drugs**
- MUSC Retail Pharmacies
- Tier 1 (generic/least-cost alternative): $8
- Tier 2 (brand-higher cost alternative): $30
- Tier 3 (brand-higher cost alternative): $50
- 90-day supply
- Mail order (up to a 90-day supply)
- Tier 1 (generic): $15
- Tier 2 (preferred brand): $40
- Tier 3 (non-preferred brand): $140
- Co-pay maximum: $2,500

**Medication Management**
- $5.80 copay per month

**Vision**
- Employee $5.80
- Employee/Spouse $11.60
- Employee/Children $12.46
- Full Family $18.35
## Basic Dental vs Dental Plus

<table>
<thead>
<tr>
<th>Basic Dental</th>
<th>Dental Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covers the same procedures as Dental Plus</td>
<td>Covers the same procedures as Basic Dental but <em>it covers a larger portion of the bill</em></td>
</tr>
<tr>
<td>$1,000 paid per person per year</td>
<td>$2,000 paid per person per year</td>
</tr>
<tr>
<td>Basic Dental premium</td>
<td>Basic Dental premium plus the Dental Plus premium</td>
</tr>
</tbody>
</table>

Open Enrollment changes to Dental coverage are only permitted during odd-numbered years in the month of October – for example: 2021, 2023, etc.

Dental plus providers can be found by visiting [www.go2dental.com/scplan](http://www.go2dental.com/scplan).
Visit the MUSC Dental Faculty Practice

Basic Dental Plan v. Dental Plus Plan

<table>
<thead>
<tr>
<th>Service (Fee)</th>
<th>Basic Plan</th>
<th>Dental Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Insurance Pays</td>
<td>Patient Pays</td>
</tr>
<tr>
<td>Preventative &amp; Diagnostic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning ($80)</td>
<td>$30.10</td>
<td>$46.90</td>
</tr>
<tr>
<td>PANO X-ray ($96)</td>
<td>$42.10</td>
<td>$53.90</td>
</tr>
<tr>
<td>Bitewing X-ray ($55)</td>
<td>$19.30</td>
<td>$35.70</td>
</tr>
<tr>
<td>Comprehensive Exam ($80)</td>
<td>$19.30</td>
<td>$52.70</td>
</tr>
<tr>
<td><strong>Total ($311):</strong></td>
<td><strong>$110.80</strong></td>
<td><strong>$189.20</strong></td>
</tr>
<tr>
<td>Basic Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Filling ($166)</td>
<td>$27.12</td>
<td>$138.88</td>
</tr>
<tr>
<td>Major Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Porcelain Crown ($1099)</td>
<td>$195.50</td>
<td>$903.50</td>
</tr>
</tbody>
</table>

To find a network dentist:
1. Go to [www.StateSC.SouthCarolinaBlues.com](http://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

<table>
<thead>
<tr>
<th>Key Highlight</th>
<th>Basic Life</th>
<th>Optional Term Life</th>
<th>Dependent Life: Spouse</th>
<th>Dependent Life: Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount</td>
<td>$3,000 of term life insurance is received automatically when enrolled in MUSC Health Plan</td>
<td><em>In the first month of hire only</em> Eligible to elect up to 3 times your base annual income rounded down to closest $10,000 (max $500,000)</td>
<td>Amount: Coverage of $10,000 or $20,000 may be added <em>at the time of hire</em></td>
<td>Amount: Coverage of $15,000 may be added at any time</td>
</tr>
<tr>
<td>Coverage Details</td>
<td>No cost if enrolled in MUSC Health Plan</td>
<td>Medical evidence of good health is required if opting to select additional coverage (max $500,000)</td>
<td>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)</td>
<td>Age: Under 19 years of age and through age 25, if a full-time student</td>
</tr>
<tr>
<td>Monthly Premiums</td>
<td>No premium required for this coverage/no changes in premium based on age</td>
<td>Monthly premiums are based on your age and increase over time; coverage reduces at ages 70 and 75</td>
<td>Premium: Cost is based on spouse’s age</td>
<td>Premium: $1.26/month regardless of how many child are insured</td>
</tr>
<tr>
<td>Beneficiary Coverage</td>
<td>Beneficiary information is requested at the time of enrollment.</td>
<td>Beneficiary information is requested at the time of enrollment</td>
<td>If spouse works for a SC State agency, he or she is ineligible for this coverage.</td>
<td>Beneficiary information is requested at the time of enrollment.</td>
</tr>
</tbody>
</table>
## Disability Insurance: Long- and Short-Term

<table>
<thead>
<tr>
<th>Key Highlight</th>
<th>Basic Long-Term Disability Insurance (LTD)</th>
<th>Supplemental Long-Term Disability Insurance (SLTD)</th>
<th>Short-Term Disability Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Provided at no cost if you are enrolled in the MUSC Health Plan</td>
<td>Cannot be denied coverage if you enroll within the first month of hire</td>
<td>If you enroll within 45 days online, your coverage is guaranteed regardless of health conditions</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>90-day waiting period options; pre-existing disabilities are not covered during 1st year of coverage</td>
<td>90 day waiting period 180 day waiting period</td>
<td>7-day waiting period &amp; maximum 3 month benefit</td>
</tr>
<tr>
<td>Benefit Amount</td>
<td>Approved claims pay 62.5% of income (max $800/month)</td>
<td>Benefit = Up to 65% of base monthly earnings (up to a max of $8,000/month)</td>
<td>Benefits are non-taxable and paid in addition to annual and sick leave</td>
</tr>
<tr>
<td>Plan Details</td>
<td>Benefits are paid for the first two years based on the inability to perform your specific job.</td>
<td>Coordinates with other group income sources and long-term disability plans (for example: Workers Compensation, SC Retirement System, etc.)</td>
<td>Coverage issued by third-party, American Fidelity Assurance Company, American-Amicable and AFLAC</td>
</tr>
</tbody>
</table>

### SLTD Plan monthly premium rates

<table>
<thead>
<tr>
<th>Age on preceding January 1</th>
<th>90-day waiting period</th>
<th>180-day waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 31</td>
<td>.0065</td>
<td>.0052</td>
</tr>
<tr>
<td>31-40</td>
<td>.0090</td>
<td>.0070</td>
</tr>
<tr>
<td>41-50</td>
<td>.0179</td>
<td>.0136</td>
</tr>
<tr>
<td>51-60</td>
<td>.0361</td>
<td>.0277</td>
</tr>
<tr>
<td>61-65</td>
<td>.0434</td>
<td>.0333</td>
</tr>
<tr>
<td>66 and older</td>
<td>.0530</td>
<td>.0407</td>
</tr>
</tbody>
</table>

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

- PEBA contracts with EyeMed Vision – use an in-network provider to minimize out-of-pocket costs

- To view providers: www.eyemedvisioncare.com

- In-network annual eye exam costs $10, in network frames $0 copay, $150 allowance, 20% off balance over $150
MONEYPLUS$  
Enables you to deduct expenses before taxes are calculated - lowering your taxable income!

Pre-tax Insurance Premiums (Eligible Immediately)
  • Pay health, dental, vision and optional life* (up to $50,000) premiums before taxes

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medical Spending Account</th>
<th>Dependent Care Spending Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Details</td>
<td>Allocate pre-tax funds to pay for you/family's eligible medical, dental, vision &amp; prescription expenses</td>
<td>Allocate pre-tax funds to reimburse for dependent care expenses for children age 12 and younger</td>
</tr>
<tr>
<td>Plan max</td>
<td>$2750</td>
<td>$5,000 if married filing jointly or single/head of household. $2,500 if married filing separately.</td>
</tr>
<tr>
<td>Monthly admin fee</td>
<td>$2.32</td>
<td>$2.32</td>
</tr>
<tr>
<td>Timeline for expenses and reimbursement</td>
<td>Expenses must be incurred by calendar year end. You have until March 31st 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.</td>
<td>Expenses must be incurred by March 15th of the following year. Reimbursement requests must be received by March 31st. All remaining funds not used by March 15th will be are forfeited.</td>
</tr>
</tbody>
</table>
# Insurance Enrollment Periods

**OCTOBER 1<sup>st</sup> – OCTOBER 31<sup>st</sup>**

Changes made during October will be effective January 1<sup>st</sup> of the following year.

<table>
<thead>
<tr>
<th>Open Enrollment- every year</th>
<th>Open Enrollment- odd numbered years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add/drop health and/or vision coverage for yourself or dependents</td>
<td>Add/drop dental for yourself or dependents</td>
</tr>
<tr>
<td>Enroll/re-enroll in MoneyPlu$ Dependent Care, and/or Medical Spending Accounts for the following year</td>
<td>Add/drop Dental Basic and or Dental Plus. Note, you must have Dental Basic in order to have Dental Plus coverage.</td>
</tr>
<tr>
<td>Increase Optional Life with medical evidence (if enrolled in the Pre-tax premium feature)</td>
<td>Any special changes allowed for the year</td>
</tr>
</tbody>
</table>
## Changes to Employee Benefits
(Must be made within 31 Days)

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

• Please remember to select a retirement plan or choose non-membership (if applicable) once you receive the email from PEBA Retirement.
• 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/
  • PEBA website to view benefits: https://mybenefits.sc.gov
  • MyRecords website to view paystub, change W-4, address: https://horseshoe.musc.edu/human-resources/univ/employee-corner/my-records
Checkout

Check with your department regarding your training/next steps for remainder of the day.