

# New Hire Information

OurDay | Payroll | Insurance | Retirement







## 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>

2025 Payroll Cycles Calendar Link:  
<https://horseshoe.musc.edu/human-resources/univ/payroll/calendars>

## 2025 MEDICAL UNIVERSITY PAYROLL CYCLES

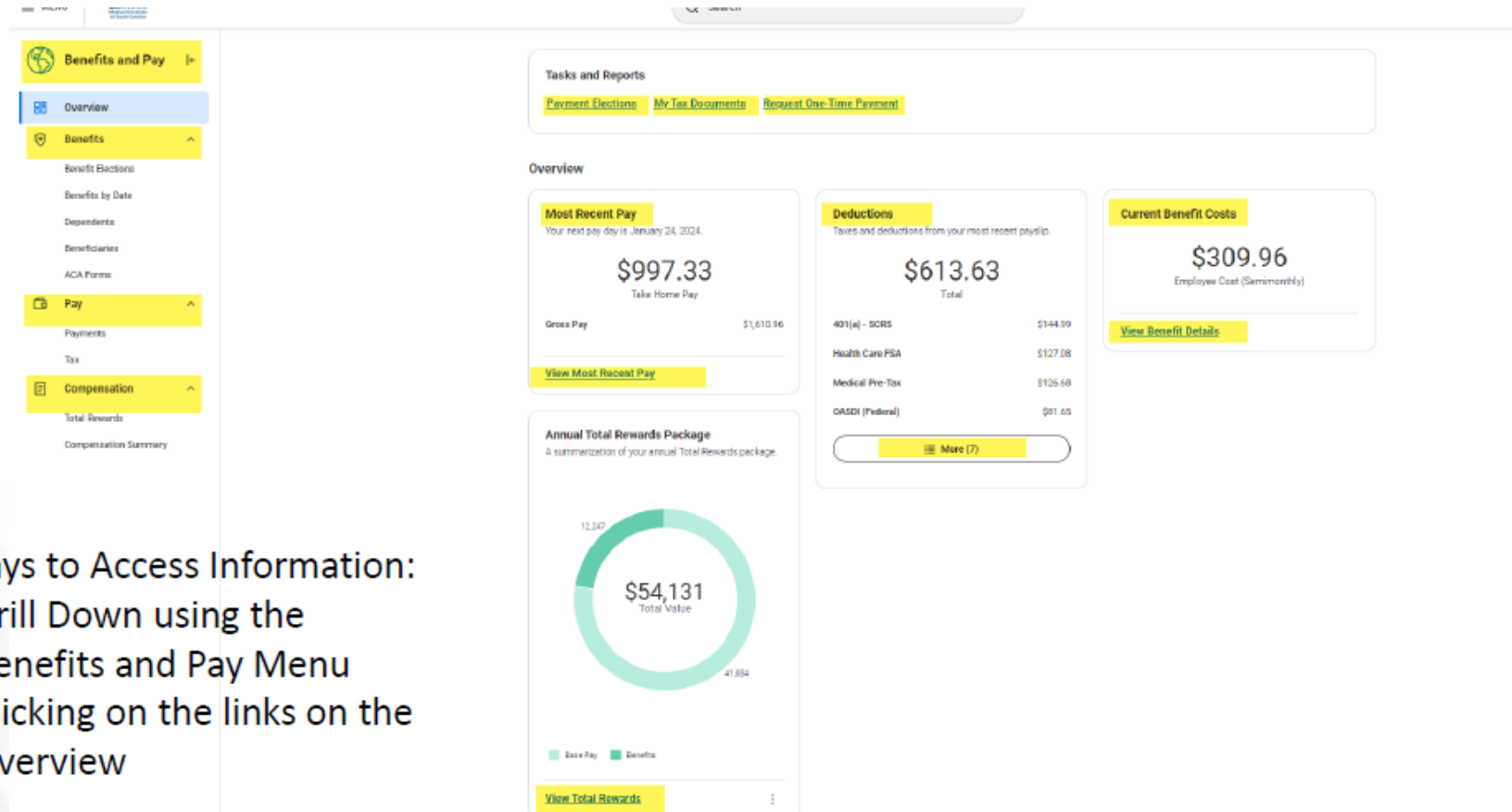
| 2025 BIWEEKLY PAY CYCLES |            |          |                    |                                |                    |          |
|--------------------------|------------|----------|--------------------|--------------------------------|--------------------|----------|
| RUN CONTROL         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

| 2025 MONTHLY PAY CYCLES |            |          |                                |                    |          |          |
|-------------------------|------------|----------|--------------------------------|--------------------|----------|----------|
| RUN CONTROL             | PAY PERIOD |          | COMPENSATION & BENEFITS ACTION | PAYROLL PROCESSING | PAYDAY   |          |
|                         | BEGINNING  | ENDING   | COMPLETED BY 5:00PM            | DATE               |          |          |
| M2025_01                | 01/01/25   | 01/31/25 |                                | 01/16/25           | 01/23/25 | 01/31/25 |
| M2025_02                | 02/01/25   | 02/28/25 |                                | 02/13/25           | 02/20/25 | 02/28/25 |
| M2025_03                | 03/01/25   | 03/31/25 |                                | 03/17/25           | 03/25/25 | 03/31/25 |
| M2025_04                | 04/01/25   | 04/30/25 |                                | 04/16/25           | 04/23/25 | 04/30/25 |
| M2025_05                | 05/01/25   | 05/31/25 |                                | 05/15/25           | 05/22/25 | 05/30/25 |
| M2025_06                | 06/01/25   | 06/30/25 |                                | 06/17/25           | 06/24/25 | 06/30/25 |
| M2025_07                | 07/01/25   | 07/31/25 |                                | 07/17/25           | 07/24/25 | 07/31/25 |
| M2025_08                | 08/01/25   | 08/31/25 |                                | 08/15/25           | 08/22/25 | 08/29/25 |
| M2025_09                | 09/01/25   | 09/30/25 |                                | 09/16/25           | 09/23/25 | 09/30/25 |
| M2025_10                | 10/01/25   | 10/31/25 |                                | 10/17/25           | 10/24/25 | 10/31/25 |
| M2025_11                | 11/01/25   | 11/30/25 |                                | 11/14/25           | 11/21/25 | 11/28/25 |
| M2025_12                | 12/01/25   | 12/31/25 |                                | 12/16/25           | 12/19/25 | 12/31/25 |

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



# Overview of Benefits and Payroll Hub



## 2 Ways to Access Information:

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



# Benefits

## Benefits

Benefits and Pay |<

Overview

Benefits

Benefit Elections

Benefits by Date

Dependents

Beneficiaries

ACA Forms

Pay

Compensation

### Benefit Elections

Current Benefit Elections and Costs: 10 items

| Benefit Plan   | Coverage Begin Date | Reduction Begin Date | Coverage                 | Calculated Coverage | Dependents | Beneficiaries | Employee Cost (Semi-monthly) | Employer Contribution (Semi-monthly) |
|--|---------------------|----------------------|--------------------------|---------------------|------------|---------------|------------------------------|--------------------------------------|
| MoneyPlus - PEBA - ADI Plan  | 01/01/2024          | 01/01/2024           | Employee Only            |                     |            |               |                              |                                      |
| Medical - PEBA - BCBS PPO MUSC Health Plan Pre Tax                                   | 10/27/2019          | 10/27/2019           | Employee + Leifol Spouse |                     |            |               | \$129.68                     | \$511.74                             |
| Dental - PEBA - BCBS Plus Pre Tax  | 10/27/2019          | 10/27/2019           | Employee + Leifol Spouse |                     |            |               | \$22.94                      | \$6.74                               |
| Vision - PEBA - EyeNet MUSC Pre Tax  | 10/27/2019          | 10/27/2019           | Employee + Leifol Spouse |                     |            |               | \$4.30                       |                                      |
| Health Care PSA - PEBA - ADI Plan  | 01/01/2024          | 01/01/2024           | \$9,000.00 Annual        |                     |            |               | \$197.67                     |                                      |
| Basic Life and AD&D - PEBA - MetLife (Employee)                                      | 10/27/2019          | 10/27/2019           | \$9,000                  | \$9,000.00          |            |               |                              | \$2.19                               |
| Long Term Disability - PEBA - The Standard Basic (Employee)                          | 10/27/2019          | 10/27/2019           | 62.5% of Salary          | \$600.00            |            |               |                              | \$1.61                               |
| Supplemental Long Term Disability - PEBA - The Standard Option 1 (90 Day) (Employee) | 10/27/2019          | 10/27/2019           | 65% of Salary            | \$2,219.41          |            |               | \$6.37                       |                                      |
| 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 \$1,610.96

[View Most Recent Pay](#)

Deductions

Taxes and deductions from your most recent payfile.

\$613.63

Total

401(k) - SCRS \$144.99

Health Care FSA \$127.88

Medical Pre-Tax \$136.68

QABER (Federal) \$91.65

[More \(7\)](#)

All Paystips

Paystips: 10 items

| Payment Date | Period Start Date | Period End Date | Company                                      | Gross Amount | Net Amount | View                 | Print                 |
|--------------|-------------------|-----------------|--|--------------|------------|----------------------|-----------------------|
| 8/14/2024    | 12/17/2023        | 12/30/2023      | Medical University Hospital Authority (MUHA) |              |            | <a href="#">View</a> | <a href="#">Print</a> |
| 12/17/2023   | 12/18/2023        | 12/19/2023      | Medical University Hospital Authority (MUHA) |              |            | <a href="#">View</a> | <a href="#">Print</a> |

[View All 10 Paystips](#)

Payment Elections

[Add](#)

3 items

| Pay Type         | Payment Type   | Account | Account Number | Distribution |                      |
|------------------|----------------|---------|----------------|--------------|----------------------|
| Payroll Payments | Direct Deposit | NEW     | *****          | Balance      | <a href="#">Edit</a> |
| Expense Payments | Direct Deposit | NEW     | *****          | Balance      | <a href="#">Edit</a> |

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

OurDay workday.

# Pay-Tax

## Payroll Hub - Worker Tax Information

### Tax Forms Printing Elections

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

### All Tax Documents

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

### Tax Elections

Worker

Company C002 Medical University Hospital Authority (MUHA)

Work State South Carolina

Home State South Carolina

View and Update Federal and State Tax Elections

#### Federal

| Withholding 1 Item   |                |                |                      |                   |                                |                        |              |            |                   |                                    |                |        |                 |              |                 |
|----------------------|----------------|----------------|----------------------|-------------------|--------------------------------|------------------------|--------------|------------|-------------------|------------------------------------|----------------|--------|-----------------|--------------|-----------------|
| Federal W-4 Election | Effective Date | Marital Status | Number of Allowances | Additional Amount | Utility in Job or Spouse Works | Total Dependent Amount | Other Income | Deductions | Nonresident Alien | Exempt from NRIA Additional Amount | Lock in Letter | Exempt | No Wages/No Tax | Last Updated | Last Updated By |
| Q                    | 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



# Insurance Benefits – What You Need to Know

| Eligibility   | Enrollment & Questions  |
|---|---|
| <ul style="list-style-type: none"><li>• Faculty, Classified, Unclassified non-faculty, Residents, Postdocs, and Research Grant employees working <b>50% FTE</b> or more</li><li>• Return-to-work retirees (Staff/Faculty) working <b>75% FTE</b> or more</li><li>• Temporary employees meeting ACA criteria</li></ul> | <ul style="list-style-type: none"><li>• Enroll within <b><u>31 days</u></b> of hire</li><li>• After a <b>qualifying life event</b> (New Born, Divorce, Marriage, Gain or loss of coverage)</li><li>• During Open Enrollment (October)</li></ul> |

Have Questions?  
**Visit:** [www.peba.sc.gov](http://www.peba.sc.gov)  
**Email:** [benefits@musc.edu](mailto:benefits@musc.edu)  
**Message:** Microsoft Teams chat







## 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](http://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.**

[2025 Insurance Benefits Guide](#)

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





# New Hire Benefits Enrollment Checklist

Please complete the following items:



Watch the New Hire Benefits Prerecorded Presentation (Available in [Box](#))



Check for **Two Emails** from PEBA ([noreply@peba.sc.gov](mailto:noreply@peba.sc.gov)):

- **Insurance Enrollment:** Use link to enroll within **31 days**
- **Retirement Enrollment:** Use link to enroll within **30 days**




Look for **Welcome Email** from University Benefits ([benefits@musc.edu](mailto:benefits@musc.edu))



After First Paycheck:

- Log into OurDay
- Go to “**My Payslips**” to verify accuracy of insurance deductions Report discrepancies to: [benefits@musc.edu](mailto:benefits@musc.edu)

## Notes:

- Retirement will be temporarily listed as “**undecided**” on your payslip. Withholding may occur until the system updates your selected plan
- Insurance enrollment is time-sensitive. Complete the task within 2 weeks to avoid delays.
- Transfers must take action to enroll in insurance and retirement; it is not automatic.
- Please complete OurDay onboarding tasks as soon as possible. Benefits Office cannot add insurance and retirement plans until these tasks are complete. 
- New hires who begin employment on the first calendar day of the month will have their insurance benefits effective that same day; if employment starts on any other day, benefits become effective on the first day of the following month.





## Retirement Plans



# PEBA Retirement and Supplemental Plans

| Plan Type  | Details   |
|--|---|
| <b>South Carolina Retirement System (SCRS)</b><br><b>State Optional Retirement Program (ORP)</b> | <ul style="list-style-type: none"> <li>• Enroll within 30 days of hire</li> <li>• Administered by Public Employee Benefits Authority (PEBA)</li> <li>• Info: <a href="http://www.peba.sc.gov">www.peba.sc.gov</a> or New Hire Benefits presentation</li> </ul>  |
| <b>Police Officer Retirement System (PORS)</b>   | <ul style="list-style-type: none"> <li>• Enroll within 30 days of hire</li> <li>• Administered by Public Employee Benefits Authority (PEBA)</li> <li>• Mandatory for Police Officers</li> <li>• Not eligible for SCRS or ORP</li> <li>• Administered by Public Employee Benefits Authority (PEBA)</li> <li>• Info: <a href="http://www.peba.sc.gov">www.peba.sc.gov</a> or New Hire Benefits presentation</li> </ul>  |
| <b>Supplemental Retirement Plans</b>   | <ul style="list-style-type: none"> <li>• Employee contributions only (no employer contributions)</li> <li>• Enroll in these plans anytime</li> <li>• 401k (Pretax &amp; Roth) and 457 (Pretax &amp; Roth)               <ul style="list-style-type: none"> <li>○ Administered by SC Deferred Comp (Empower)</li> </ul> </li> <li>• 403b (Pretax)               <ul style="list-style-type: none"> <li>○ Administered by multiple Vendors (Corebridge Metlife, Empower, TIAA, Fidelity)</li> </ul> </li> </ul> |





# Retirement Participation

## Who Must Enroll in a PEBA Retirement Plan?

- Faculty
- Classified Staff
- Unclassified Non-Faculty
- Anyone who already has an SCRS account (active or inactive) with PEBA

## Who Can Choose to Enroll or Not?

- Research Grant
- Postdoctoral Scholar
- Resident
- Temporary employee
- Making less than \$1,200 per year
- Return-to-work retiree with no SCRS account on file

If employees do not choose a plan (or elect to opt out, if eligible) within 30 days of hire, they will be automatically enrolled in the SC Retirement System (SCRS) as mandated by SC Code of Laws.

Have Questions?

**Visit:** [www.peba.sc.gov](http://www.peba.sc.gov)

**Email:** [benefits@musc.edu](mailto:benefits@musc.edu)

**Message:** Microsoft Teams chat



# 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](mailto:crystal.avant@corebridgefinancial.com)
  - Mark Taylor | 843-300-2775 | [marksc.taylor@corebridgefinancial.com](mailto:marksc.taylor@corebridgefinancial.com)
  - Ryan Radloff | 541-735-0739 | [Ryan.Radloff@corebridgefinancial.com](mailto:Ryan.Radloff@corebridgefinancial.com)
- Empower Retirement (formerly known as MassMutual)
  - Tracy Thrash | 843-323-9931 | [tracy.thrash@empower.com](mailto:tracy.thrash@empower.com)
- TIAA
  - Terry Pait | 704-988-4882 | [tpait@tiaa.org](mailto:tpait@tiaa.org)
- Voya Financial
  - Michael McFaul | 843-754-3814 | [mike.mcfaul@voya.com](mailto:mike.mcfaul@voya.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 \(sc.gov\)](https://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



south carolina  
**opeba**  
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](mailto: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)

**\$23,500 Limit**

Traditional  
**401(k)**  
(Pre-tax)

Roth  
**401(k)**  
(Post-tax)

**\$23,500 Limit**

## Tax Sheltered Annuity Plans

**403(b)**  
(Pre-tax)

MetLife

corebridge  
financial

EMPOWER

TIAA  
CREF

Fidelity  
INVESTMENTS

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

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

- Any participant between ages 60-63 are eligible for the super catch-up of \$11,250.
- 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



# Your Available Insurance Benefits

| Category                                 | Details   |
|--|---|
| <b>Health Plan</b>                       | <ul style="list-style-type: none"> <li>• MUSC Health Plan (Includes Basic Life and Basic Long-Term Disability)</li> <li>• TRICARE Supplement Plan (Military personnel only)</li> </ul>  |
| <b>Dental Plan</b>                       | <ul style="list-style-type: none"> <li>• Basic Dental (Basic Dental is suitable if you do not anticipate needing major dental work)</li> <li>• Dental Plus (Better if you anticipate needing major services, more annual coverage, or orthodontics.)</li> <li>• Changes to existing dental coverage can be made only during open enrollment in odd-numbered years.</li> </ul> |
| <b>Vision Coverage</b>                   | <ul style="list-style-type: none"> <li>• Vision coverage available (Eye Med)</li> </ul>   |
| <b>Life Insurance Coverage</b>           | <ul style="list-style-type: none"> <li>• Optional Life ( Term Life Insurance)-3 times annual salary in increments of \$10,000</li> <li>• Dependent Life – Spouse-\$10,000 or \$20,000</li> <li>• Dependent Life – Child-\$15,000</li> </ul>   |
| <b>Supplemental Long-Term Disability</b> | <ul style="list-style-type: none"> <li>• 90-day benefit waiting period</li> <li>• 180-day benefit waiting period</li> </ul>   |
| <b>MoneyPlus Elections</b>               | <ul style="list-style-type: none"> <li>• Pretax Group Insurance Premium feature</li> <li>• Medical Spending Account (Medical Expenses)</li> <li>• Dependent Care Spending Account (Child care)</li> </ul>   |



# 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 1<sup>st</sup> 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



Changing What's Possible | MUSC.edu



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

## 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](mailto: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: Ron Erjavec 800-646-9336 ext 385, email [rerjavec@selmanco.com](mailto:rerjavec@selmanco.com)
- Refer to [TRICARE Supplement Plan | S.C. PEBA](#) for more information
- [TRICARE Supplement Webinar](#)



## 2025 Comparison of Health Plan Benefits for MUSC Employees

|                         | MUSC Health Plan  |  |  | Dental  |                  |
|-------------------------|---|--|--|---|------------------|
| Monthly Premiums        |   |  |  | Basic   | Plus             |
| 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 | Vision  |                  |
| Annual Deductible       | Tier A  | Tier B   | Tier C   |   |                  |
| Single Family           | \$385   | \$515  |  | Employee  | \$6.30           |
| Coinsurance             | \$770   | \$1090   |  | Employee/Spouse                                       | \$12.60          |
|                         | Plan pays 80%, you pay 20%  | Standard State Health Plan   | Out-of-Network   | Employee/Children                                     | \$13.54          |
|                         | 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%<br>You pay 20%   | Plan pays 60%<br>You pay 40%   | Full Family   | \$19.84          |
| Coinsurance Maximum     |   |  |  |   |                  |
| Single Family           | \$2,200<br>\$4,400  | \$3,000<br>\$6,000   | \$6,000<br>\$12,000  |   |                  |
|                         | (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 | Annual deductible & coinsurance do not apply<br><br>\$25 - Rapid Access Clinic & Primary Care Physician copay<br><br>\$45 - Specialist Physician copay<br>\$0 - copay for ACA approved preventive visits & annual well-woman exam   | \$515 annual deductible first. \$15 copay, then coinsurance:<br>Copay waived if service performed at a Patient Centered Medical Home (PCMH), Adult well visits; 1 visit per year<br><br><u>In-Network</u><br>Plan pays 80%<br>You pay 20%<br>no charge well woman visit, well child care, immunizations<br><br>Maximum Annual Chiropractic payments - \$2,000                |  | <u>Out-of-Network</u><br>Plan pays 60%<br>You pay 40% |                  |
| Outpatient              | \$265 copay for hospital surgical out-patient, \$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: \$175 copay, plus deductible & 20% coinsurance  | Urgent: Deductible & coinsurance; ER: \$193 copay, deductible & coinsurance  |  |   |                  |
| Prescription Drugs      | MUSC Retail Pharmacies<br>Tier 1 (generic-lowest cost alternative): \$10<br>Tier 2 (brand-higher cost alternative): \$34<br>Tier 3 (brand-highest cost alternative): \$57<br>90 day supply<br>Tier 1 (Generic): \$25<br>Tier 2 (Preferred brand): \$90<br>Tier 3 (Non-preferred brand): \$157<br>Copay maximum: \$2,500 | Participating pharmacies only (up to a 31 day supply)<br>Tier 1 (generic-lowest cost alternative): \$13<br>Tier 2 (brand-higher cost alternative): \$46<br>Tier 3 (brand-highest cost alternative): \$77<br>Mail order (up to a 90 day supply)<br>Tier 1 (Generic): \$32<br>Tier 2 (Preferred brand): \$115<br>Tier 3 (Non-preferred brand): \$192<br>Copay maximum: \$3,000 |  |   |                  |

Please refer to the website (<https://www.musc.edu/medcenter/MUSCHealthplan/index.html>) to ensure that you are viewing the latest version of this chart.

<sup>1</sup> Refer to your 2025 insurance Summary for information on how this plan coordinates with Medicare.





2025



# Monthly insurance premiums for active employees of MUSC or MUHA

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

|                   | MUSC Plan | TRICARE Supplement |
|-------------------|-----------|--------------------|
| Employee          | \$97.68   | \$62.50            |
| Employee/spouse   | \$253.36  | \$121.50           |
| Employee/children | \$143.86  | \$121.50           |
| Full family       | \$306.56  | \$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           |

## Employer contributions

|                   | Health     | Dental  | Life insurance | Long term disability |
|-------------------|------------|---------|----------------|----------------------|
| Employee          | \$527.10   | \$13.48 | \$0.38         | \$3.22               |
| Employee/spouse   | \$1,108.84 | \$13.48 | \$0.38         | \$3.22               |
| Employee/children | \$905.94   | \$13.48 | \$0.38         | \$3.22               |
| Full family       | \$1,449.32 | \$13.48 | \$0.38         | \$3.22               |

## Tobacco-use premium

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

- 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](https://peba.sc.gov/dental).

| Dental Plus   | Basic Dental  |
|---|---|
| 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 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. |

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

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

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

- 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](https://southcarolinablues.com))plan.



# Basic Dental Plan versus Dental Plus Plan

## Routine checkup example

Includes exam, four bitewing X-rays and adult cleaning

|  | Dental Plus<br>(in network)        | Dental Plus<br>(out of network)                       | Basic Dental   |
|--|------------------------------------|---|--|
| Dentist's initial charge                     | \$191.00                           | \$191.00  | \$191.00   |
| Allowed amount <sup>3</sup>                  | \$135.00                           | \$171.00  | \$67.60  |
| Amount paid by the Plan (100%)               | \$135.00                           | \$171.00  | \$67.60  |
| Your coinsurance (0%)                        | \$0.00                             | \$0.00  | \$0.00   |
| Difference between allowed amount and charge | \$56.00<br>Dentist writes this off | \$20.00   | \$123.40   |
| You pay                                      | \$0.00                             | \$20.00<br>Difference in allowed<br>amount and charge | \$123.40<br>Difference in allowed<br>amount and charge |

## Two surface amalgam fillings example

|  | Dental Plus<br>(in network)        | Dental Plus<br>(out of network)               | Basic Dental                                   |
|--|------------------------------------|---|--|
| Dentist's initial charge                     | \$190.00                           | \$190.00                                      | \$190.00                                       |
| Allowed amount <sup>3,4</sup>                | \$145.00                           | \$177.00                                      | \$44.80  |
| Amount paid by the Plan (80%)                | \$116.00                           | \$141.60                                      | \$35.84  |
| Your coinsurance (20%)                       | \$29.00                            | \$35.40                                       | \$8.96   |
| Difference between allowed amount and charge | \$45.00<br>Dentist writes this off | \$13.00                                       | \$145.20                                       |
| You pay                                      | \$29.00<br>20% coinsurance         | \$48.40<br>20% coinsurance<br>plus difference | \$154.16<br>20% coinsurance<br>plus difference |

### 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*<br>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 benefit<sup>1</sup> 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 benefit<sup>1</sup> of 65% of your predisability earnings, reduced by deductible income;
- A minimum \$100 monthly benefit; and
- A maximum \$8,000 monthly benefit.

Your premium<sup>1</sup> 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.

<sup>1</sup>Benefits 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<br>January 1 | 90-day<br>waiting period | 180-day<br>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 <b>\$10</b> copay.  | Up to \$35.                  |
| Retinal imaging                                | Up to <b>\$39</b> .   | No reimbursement.            |
| Frames   | A <b>\$0</b> copay and <b>80%</b> of balance over <b>\$150</b> allowance.                                     | Up to \$75.                  |
| Standard plastic lenses                        | A <b>\$10</b> copay.  | Up to \$55.                  |
| Standard progressive lenses                    | A <b>\$35</b> copay.  | Up to \$55.                  |
| Premium progressive lenses                     | <b>\$35–\$80</b> for Tiers 1–3. For Tier 4, you pay copay and <b>80%</b> of cost less <b>\$120</b> allowance. | Up to \$55.                  |
| Standard contact lenses fit & follow-up        | A <b>\$0</b> copay.   | Up to \$40.                  |
| Premium contact lenses fit & follow-up         | A <b>\$0</b> copay and receive 10% off retail price less <b>\$40</b> allowance.                               | Up to \$40.                  |
| Conventional contact lenses                    | A <b>\$0</b> copay and <b>85%</b> of balance over <b>\$130</b> allowance.                                     | Up to \$104.                 |
| Disposable contact lenses                      | A <b>\$0</b> copay and balance over <b>\$130</b> allowance.   | Up to \$104.                 |

The EyeMed Vision Plan Provider Network is Select.

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

## 2025 Monthly premiums

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

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



# 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 |
|--|-------------------|-------------------|---------------------|
| <b>Gross monthly pay<sup>1</sup></b>   | \$3,750.00        | \$3,750.00        |                     |
| <b>State retirement contribution (9%)</b>                                    | - \$337.50        | - \$337.50        |                     |
| <b>Dependent Care Spending Account fee</b>                                   | - \$0.00          | - \$2.32          |                     |
| <b>Medical Spending Account fee</b>  | - \$0.00          | - \$2.32          |                     |
| <b>MoneyPlus pretax payroll deductions</b>                                   |                   |                   |                     |
| <b>Dependent Care Spending Account</b>                                       | - \$0.00          | - \$400.00        |                     |
| <b>Medical Spending Account</b>  | - \$0.00          | - \$56.00         |                     |
| <b>Health and dental premiums</b><br><i>Employee/children coverage level</i> | - \$0.00          | - \$157.58        |                     |
| <b>Taxable gross income</b>  | \$3,412.50        | \$2,794.28        | \$618.22            |
| <b>Estimated payroll taxes (27%)<sup>2</sup></b>                             | - \$921.38        | - \$754.46        | \$166.92            |
| <b>Expenses</b>  |                   |                   |                     |
| <b>Dependent care expenses</b>   | - \$400.00        | - \$0.00          |                     |
| <b>Medical expenses</b>  | - \$56.00         | - \$0.00          |                     |
| <b>Health and dental premiums</b><br><i>Employee/children coverage level</i> | - \$157.58        | - \$0.00          |                     |
| <b>Take-home pay</b>   | <b>\$1,877.54</b> | <b>\$2,039.82</b> | <b>\$162.28</b>     |
| <b>Additional take-home pay per year with MoneyPlus (4.33% increase)</b>     |                   |                   | <b>\$1,947.36</b>   |



# 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                            | \$3,300  | \$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 <sup>st</sup> of the following year to submit for reimbursement. Up to \$660 can be carried over to the next plan year. Otherwise all remaining funds will be forfeited. | Expenses must be incurred by March 15 <sup>th</sup> of the following year. Reimbursement requests must be received by March 31 <sup>st</sup> . All remaining funds not used by March 15 <sup>th</sup> 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 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

| 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: Josh Murchison (518)420-6792 or email [joshua\\_murchison@us.aflac.com](mailto:joshua_murchison@us.aflac.com)
  - American Fidelity Assurance Company: (800)662-1113 or email [muscemployees@americanfidelity.com](mailto: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 to Monique Robinson, University HR Benefits [robinsmo@musc.edu](mailto:robinsmo@musc.edu) or University HR Benefits when applicable ([benefits@musc.edu](mailto:benefits@musc.edu)).



# Faculty Members

## Dual Employment Status and Retirement Contributions

Some Faculty may be dually employed by:

- MUSC University
- MUSC Physicians (MUSC-P)

You will receive **separate paychecks** from each entity. Accordingly, your retirement contributions will be calculated **independently** by each employer:

- For income earned through **MUSC University**, you will participate in the South Carolina Optional Retirement Program (ORP) or South Carolina Retirement System (SCRS).
- For income earned through **MUSC Physicians**, you will be automatically enrolled in a **401(a) defined contribution plan**, administered by Milliman, with contributions based on a tiered structure.
- Please contact **MUSC Physician Benefits Department** for further information on orientation and benefits information for MUSC Physicians at [muscpbenefits@musc.edu](mailto:muscpbenefits@musc.edu).
- **Please review the [MUSC University/MUSC Physicians benefits comparison summary](#) and** contact the respective HR benefits offices if you have questions about how your compensation and retirement benefits are administered




# Final Reminders

- You will be receiving two emails from PEBA ([noreply@peba.sc.gov](mailto: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](http://www.muschealth.org/providerdirectory/providers.aspx)
  - MUSC Horesehoe/OurDay information: <https://horseshoe.musc.edu/>



# MUSC University Benefits Team Contacts

| Name & Title  | Insurance | Retirement   | Phone        | Email  |
|---|-----------|--------------|--------------|--|
| Patrice Gordon, Benefits Manager  |           |              | 843-792-9679 | <a href="mailto:gordonp@musc.edu">gordonp@musc.edu</a>   |
| Kendall Polite, Benefits Specialist   | A - F     |              | 843-792-9677 | <a href="mailto:politeke@musc.edu">politeke@musc.edu</a> |
| Jacqueline Beasley, Benefits Administrator  | G - K     | E - L        | 843-792-7862 | <a href="mailto:beasleja@musc.edu">beasleja@musc.edu</a> |
| Tanisha Gilmore, Benefits Administrator   | L - P     |              | 843-792-6727 | <a href="mailto:gilmoret@musc.edu">gilmoret@musc.edu</a> |
| Yolanda Whitehead, Benefits Administrator   | Q - T     | A - B, M - R | 843-792-5922 | <a href="mailto:whitehey@musc.edu">whitehey@musc.edu</a> |
| Rachel Gittens, Sr Benefits Administrator   | U - Z     | C - D, S - Z | 843-792-6392 | <a href="mailto:gittens@musc.edu">gittens@musc.edu</a>   |
| Monique Robinson, HR Leave Administrator  | A - Z     |              | 843-792-7225 | <a href="mailto:robinsmo@musc.edu">robinsmo@musc.edu</a> |
| General Benefits Email  |           |              |              | <a href="mailto:benefits@musc.edu">benefits@musc.edu</a> |
| <b>You can also reach your assigned contact via Microsoft Teams</b>  |           |              |              |  |

