Benefits Department-FAQ-New Hire-Insurance Benefits

Initial Enrollment

1) Q: How will I enroll in insurance benefits?
   A: MUSC University HR benefits office will initiate the benefits enrollment process. You will need to provide a valid email address to the Benefits department during orientation. The HR office will then enter your information into the PEBA insurance system. You will then receive an email from noreply@peba.sc.gov to make your elections. Please refer to [new hire enrollment](#) for step by step guide.

2) Q: How long do I have to enroll in my insurance benefits?
   A: You will have **31 days** from your date of hire to enroll in your insurance benefits. The 31 day period is called initial enrollment.

3) Q: When will my insurance coverage begin?
   A: If your date of hire is the first calendar day of the month your insurance will start the first of that month. If your date of hire is the first working day of the month (first day of the month that is not a Saturday, Sunday, or observed holiday), and it is not the first calendar day (for example, employee begins on the 2nd or 3rd of the month), you may choose to have your coverage start on the first day of that month or the first day of the next month. If your hire date is after the first calendar day and after the first working day of the month (after the first day that is not a Saturday, Sunday, or observed holiday), your coverage will start on the first day of the next month.

4) Q: I completed my online enrollment however I would like to make another change during my initial enrollment (31 days of hire), what should I do?
   A: Email benefits@musc.edu with a completed [Notice of Election form](#) to make your changes. The HR Benefits team will then mail the paperwork to PEBA insurance. It takes 7 to 10 business days for PEBA insurance to review and approve the changes.

5) Q: What happens when the initial enrollment period ends, will I be able to make changes to my benefits?
   A: Once your initial enrollment period ends, you can make changes to your benefits only if you have a qualifying life event or during the open enrollment period. Qualifying life events include Marriage, New Born, Divorce, Adoption, Loss of other coverage, Gain of other coverage, Court Order or Death. Adding a newborn, marriage, divorce and adoption changes can be made through MyBenefits. If you do not have a qualifying life event then you can change your benefits during the open enrollment period during October. Open Enrollment benefit changes go into effect Jan 1st of the next year.

6) Q: Who is eligible for insurance benefits?
A: Employees in classified, faculty, postdoctoral scholar, research grant, and resident positions are eligible for insurance benefits if they are employed at least 20 hours per week or more (50% FTE). Temporary employees who work at least 30 hours per week (75% FTE) may be eligible for insurance.

7) Q: My spouse works for MUSC University; can my spouse continue to cover me under his/her benefits as I am now eligible for insurance benefits?

A: No, your spouse may not cover you and will be required to remove you from their insurance coverage. If you and your spouse are both employed by the University and are both eligible for PEBA insurance coverage, your spouse may not cover you under his/her PEBA insurance coverage.

8) Q: Both employees work for MUSC University or work for a participating PEBA group, can both parents cover children under one plan?

A: If you and your spouse are both eligible for coverage, only one of you can cover your children under any one plan.

9) Q: I am married, and I am not covering my spouse on my benefits, but I keep getting an error message on MyBenefits, what should I do?

A: If you are married, you will be required to list your spouse as a dependent, even if you are not covering your spouse on any benefits. All married subscribers must add their spouse’s name, social security number, date of birth, and gender in the dependent section.

10) Q: In the new hire orientation, it was communicated that I will receive an email link to enroll in my insurance benefits, I have not received my PEBA insurance enrollment link within 24 hours, what should I do?

A: Check your junk/spam folder first. If you have not received the PEBA insurance email link, please email benefits@musc.edu.

11) Q: What supporting documents do I need to provide to cover a spouse or children?

A: For the full list of dependent documentation, please click Enrollment Documentation Worksheet. All dependent documentation must be turned into PEBA before coverage will be activated.

12) Q: I am having problems uploading my supporting documents to “MyBenefits”, what should I do?
A: Please scan and email supporting documents in a pdf format to benefits@musc.edu

13) Q: What is tobacco surcharge/premiums?

A: Individuals covered on the MUSC Health plan that have used tobacco products or electronic cigarettes in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last six months are required to pay a tobacco surcharge based on their level of health insurance. An electronic cigarette, or e-cigarette, is a hand-held, battery-operated device that emits both vaporized nicotine and non-nicotine solutions for inhalation. Enrollee Only: $40/month, Enrollee/Child(ren): $60/month, Enrollee/Spouse: $60/month and Family: $60/month

Transfers

14) Q: I am a transfer or dependent (spouse or child) of a subscriber enrolled in PEBA insurance, how will I enroll in insurance benefits?

A: Complete a Notice of Election form and email it to benefits@musc.edu for mailing to PEBA. A transfer must keep the same benefits enrolled in with their previous employer.

15) Q: What is considered a transfer employee?

A: PEBA considers you a transfer if you change employment from one participating group to another within 15 calendar days. If you are transferring to another participating group, be sure to tell the benefits administrator at the workplace you are leaving to avoid a lapse in coverage. Email benefits@musc.edu to be sure that your benefits have been transferred over to MUSC University.

16) Q: I am a transfer to MUSC University and I am enrolled in Savings Health Plan, do I have to switch to MUSC Health Plan?

A: Those transfers enrolled in Savings Plan are required to switch to the MUSC Health Plan at MUSC University. They cannot continue with the Savings Health Plan.

After Initial Enrollment-Insurance ID cards

17) Q: When will I receive my insurance benefits ID cards?

A: Insurance benefits cards will be mailed to your home address within 7 to 10 business days after your benefits have been approved by PEBA insurance. All insurance member ID cards will show the policy holder’s name only. Any dependents who have coverage under this policy (for example, a spouse or child) can still use the ID card. You will receive cards for health, prescription, dental plus, and vision benefits. Basic dental cards are not mailed to subscribers, but maybe picked up from the local Human Resources Department. You can also access your digital identification cards from the BlueCross, Express Scripts and EyeMed websites and/or apps. Only the subscriber’s name will be on the cards, but all covered family members can use them.
18) Q: How can I manage and view my benefits?

A: MyBenefits is the fastest, most convenient way for employees to manage and view their benefits online. My Benefits is accessible 24/7. Review the MyBenefits flyer on how to register and the tasks you can complete via this portal.

19) Q: What is a Benefits Identification Number (BIN)?

A: PEBA assigns each subscriber an eight-number Benefits Identification Number (BIN). If you are not covered by a plan that uses the BIN, PEBA will send you your number. Subscribers need their BIN to use MyBenefits, PEBA’s insurance portal. A BIN number is issued after your benefits is approved by PEBA insurance.

20) Q: What is the difference between Dental plus and Basic Dental?

A: Dental plus pays more and has higher premiums and lower out-of-pockets costs. Basic Dental pays less and has lower premiums and higher out-of-pocket costs. Once the initial enrollment period ends, the next available period to change dental plan is during open enrollment in odd-numbered years. Please refer to dental plan comparison guide for additional information.

21) Q: What type of Life insurance is offered by MUSC University?

A: Please review PEBA’s Life insurance webpage for additional information.

22) Q: What is a beneficiary?

A: A beneficiary is the person or people who will receive life insurance payments if you die. You can change your beneficiaries at any time while you are alive. If you have no eligible beneficiaries named, death benefits will be paid to: 1) your estate, 2) your lawful spouse, if living; otherwise; 3) your natural or legally adopted child or children, in equal shares, if living; otherwise; 4) Your parents, in equal shares, if living; otherwise, 5) Your siblings, in equal shares, if living.

23) Q: How do I change beneficiaries?

A: You can change your beneficiaries online through MyBenefits.sc.gov. Changes go into effect the date the change is approved. Please note that MetLife will allow beneficiary changes by power of attorney only if the documents specifically state an attorney-in-fact has the power to change beneficiary designations.

24) Q: What is the difference between a Primary and Contingent Life Insurance Beneficiaries?

A. Primary beneficiary: Receive the benefit if the insured person dies so long as they do not predecease the insured.

B. Contingent beneficiary: Will only receive benefits if primary beneficiary passes prior to insured.
Disability insurance

25) Q: Does MUSC University offer Short Term Disability (STD) or Long-Term Disability (LTD)?

A: Yes, employees may enroll in short term disability insurance throughout the year by contacting one of the approved MUSC vendors. Employees may enroll in long-term disability during the initial enrollment period. If you fail to enroll in LTD benefits after your initial enrollment period, you must complete a medical history statement and submit to The Standard for review. Please review the STD/LTD FAQs and online resources for more information.

26) Q: What is the State vision plan?

A: Please review the Vision Care resources with PEBA.

Money plus elections

27) Q: What is the pretax group insurance money plus feature?

A: The Pretax Group Insurance Premium feature allows you to pay your MUSC Health Plan premiums with money from your paycheck before taxes are withheld. You may also use your pretax income to pay premiums for health, dental, vision and up to $50,000 of optional life before taxes.

28) Q: What is the Medical Spending Account or Dependent Care Spending Account?

A: Please review the Medical Spending and Dependent Care sections within our Benefits website for more information.

COBRA

29) Q: I just received a letter from MUSC University advising of my rights and responsibilities under COBRA, what should I do with this letter?

A: No further action is required. As per federal law, all new subscribers must receive initial COBRA notification in event of a qualifying event. 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.

30) Q: How do I use Tricare Supplement Plan?

A: Please review PEBA’s website for information regarding this plan.

31) Q: How do I get Preauthorization for health treatments?
A: Please call Med-Call at 800-925-9724 prior to receiving treatments for chronic conditions such as asthma, cancer etc. Please note that in addition to regular health coverage, some behavioral health care services as well as radiology (imaging service) and prescription drug benefits also require preauthorization. Please contact Medi-Call if you or your spouse are in your first trimester of pregnancy. If you or your spouse are already pregnant upon your initial enrollment, please contact Medi-Call once you have your insurance cards.

**Affordable Care Act**

32) Q: Will healthcare insurance provided by MUSC University cover pre-existing conditions?

A: Yes. Under the Affordable Care Act, health insurance companies cannot refuse to cover you or charge you more just because you have a “pre-existing condition”. Please refer to [Insurance Benefit Guide](#) for more details regarding any exclusions to this rule.