

New Hire Information

Records | Payroll | Insurance | Retirement





Records & Payroll

MyRecords Employee Portal

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

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



Log Out

 MUSC
Medical University
of South Carolina

University Human Resources

Employee Corner HR Systems Benefits Forms Leaders Careers

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

MyRecords

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

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

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

[Login to MyRecords](#) 



MyRecords Main Menu

Close All Browser Windows to Log Out!



My PayStub



My Immunization/Fit Testing



My Benefits



My Personal Information



My Leave



SuccessFactors



UNIV Change Direct Deposit



ACA Forms



ACA Consent

W4 W-4 Form

WT Withholdings



Contact Us

[Human Resources Home Page](#)

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Pay Cycle

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

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

Payroll Department
792-2191.

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

2021 MEDICAL UNIVERSITY PAYROLL CYCLES

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

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

2021 MONTHLY PAY CYCLES							
RUN CONTROL	PAY PERIOD		Exempt Leave Cutoff	HR CUTOFF FOR DEPTS @ NOON	PR CUTOFF FOR HR @ NOON	FINAL PAYROLL RUN	PAYDAY
	BEGINNING	ENDING					
M2021_01	01/01/21	01/31/21	12/06/20 - 01/16/21	01/19/21	01/21/21	01/26/21	01/29/21
M2021_02	02/01/21	02/28/21	01/16/21 - 02/13/21	02/16/21	02/18/21	02/23/21	02/26/21
M2021_03	03/01/21	03/31/21	02/14/21 - 03/13/21	03/18/21	03/22/21	03/25/21	03/31/21
M2021_04	04/01/21	04/30/21	03/14/21 - 04/10/21	04/15/21	04/19/21	04/22/21	04/30/21
M2021_05	05/01/21	05/31/21	04/11/21 - 05/08/21	05/13/21	05/17/21	05/20/21	05/28/21
M2021_06	06/01/21	06/30/21	05/09/21 - 06/05/21	06/10/21	06/14/21	06/17/21	06/30/21
M2021_07	07/01/21	07/31/21	06/06/21 - 07/17/21	07/20/21	07/22/21	07/27/21	07/30/21
M2021_08	08/01/21	08/31/21	07/18/21 - 08/14/21	08/19/21	08/23/21	08/26/21	08/31/21
M2021_09	09/01/21	09/30/21	08/15/21 - 09/11/21	09/16/21	09/20/21	09/23/21	09/30/21
M2021_10	10/01/21	10/31/21	09/12/21 - 10/09/21	10/14/21	10/18/21	10/21/21	10/29/21
M2021_11	11/01/21	11/30/21	10/10/21 - 11/06/21	11/10/21	11/15/21	11/18/21	11/30/21
M2021_12	12/01/21	12/31/21	11/07/21 - 12/04/21	12/10/21	12/13/21	12/16/21	12/30/21

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



Benefits Information



1 South Park Circle, Suite 100
Charleston, SC 29407

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

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





Topics to be Covered

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





PEBA and University Benefits Website

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

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

[2021_ibg.pdf \(sc.gov\)](#)





Retirement Plans



401(a) State Retirement Participation

Mandatory Participation

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

Optional Participation

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





PEBA Retirement Plan Contributions

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

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





Retirement Plans Overview

Retirement Video

<https://youtu.be/BYuxlkd0NXs>



ORP Vendors

ORP Vendors	Rep Name	Phone Number	Email	Website
AIG Retirement Services (formerly VALIC)	David Kornegay Mark Taylor	843-408-3014 843-300-2775	David.kornegay@aig.com Marksc.taylor@aig.com	Aig.com
Mass Mutual	Hugh Kinlaw	Cell: 413-209-2128	hkinlaw33@massmutual.com	www.retiresmart.com
VOYA	Michael McFaul	843-754-3814	Mike.McFaul@voyafa.com	Stateorp.voya.com
TIAA	Terry Pait	704-988-4882	tpait@tiaa.org	www.tiaa.org/scorp





Police Officers Retirement System

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

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

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

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





Retirement Plan Participation

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



Retirement Plan: Enrollment



south carolina
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.





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

Member Enrollment ①

Update if necessary

About You

FIRST NAME: 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

Select Plan

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

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

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)**

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

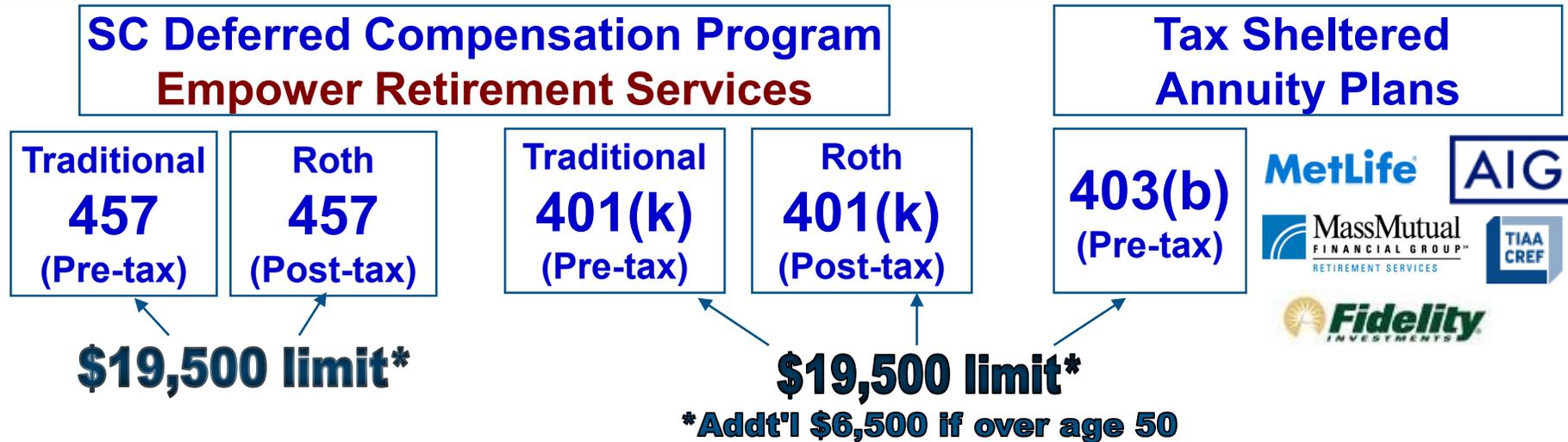
Your part of the enrollment is complete.

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



Supplemental Retirement Plans

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



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

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



Supplemental Retirement Vendors

Vendor	Plans Offered	Rep Name	Phone Number	Email	Website
AIG Retirement Services	ORP, 403b	David Kornegay Mark Taylor	843-408-3014 843-300-2775	David.kornegay@aig.com Marksc.taylor@aig.com	Aig.com
Empower Retirement	401K and 457	Lehe Drawdy	843-830-5212	Lehe.Drawdy@empower-retirement.com	https://southcarolinadcp.gwrs.com
Fidelity	403b only	Jared McVey	704-614-4167	Jared.Mcvey@fmr.com	www.fidelity.com
Mass Mutual	ORP, 403b	Hugh Kinlaw	Cell: 413-209-2128	hkinlaw33@massmutual.com	www.retiresmart.com
MetLife	403b only	Peter Collins	843-343-7634	petercollins@financialguide.com	www.metlife.com/scorp
TIAA	ORP, 403b	Terry Pait	704-988-4882	tpait@tiaa.org	www.tiaa.org/scorp





Insurance Plans Overview



Insurance Guidelines

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



New Hire Benefits Email



Serving those who serve South Carolina

John Doe :

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

[Make your insurance elections.](#)



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

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

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

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

Mailing Address

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

Office Hours

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

Customer Service

803.737.6800
888.260.9430





Insurance Guidelines

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



Covered Dependent Documentation Needed

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

Enrollment Changes

- During the first 31 days of benefits eligibility,
- Annual Open Enrollment,
- Within 31 days of a **Qualifying Life Event, OR**
- Court Order
- Visit: [Home | S.C. PEBA](#)





Tobacco Surcharge

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

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

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





TRICARE Supplement

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



2021 Comparison of Health Plan Benefits for MUSC Employees

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

¹Refer to your 2020 Insurance Summary for information on how this plan coordinates with Medicare.

²Subscribers who use tobacco or cover dependents who use tobacco will pay a tobacco surcharge - \$40 monthly surcharge for subscriber-only coverage, \$60 monthly for other levels of coverage.



2021 Insurance Premiums

	Employee	Employee/spouse	Employee/children	Full family
MUSC Health Plan¹	\$97.68	\$253.36	\$143.86	\$306.56
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$25.96	\$60.12	\$74.26	\$99.98
Basic Dental	\$0.00	\$7.64	\$13.72	\$21.34
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
Tobacco-use premium¹	\$40.00	\$60.00	\$60.00	\$60.00



Basic Dental vs Dental Plus

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

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

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

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

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

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

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

- Open Enrollment changes to Dental coverage are only permitted during odd-numbered years in the month of October – for example: 2021, 2023, etc.
- Dental Plan Details can be found by visiting [Dental benefits | S.C. PEBA](#).
- Dental plus providers can be found by visiting [Find a Dentist | PEBA State Health Plan](#) (southcarolinablues.com)plan.



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

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

To find a network dentist:

1. Go to [Find a Dentist | PEBA State Health Plan \(southcarolinablues.com\)](https://southcarolinablues.com)
2. Click on **Find a Dentist** and choose from the filter options.

For information by phone:

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



Basic & Optional Life Insurance Program

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



Overview of Life Insurance Rates

Please review the link below for life insurance rates:
[2021 life insurance monthly premiums.pdf \(sc.gov\)](#)

Optional Life insurance and Dependent Life-Spouse insurance through age 69²

Coverage level	Age							
	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.58	\$0.78	\$0.86	\$1.22	\$1.94	\$3.36	\$6.00	\$13.50
\$20,000	\$1.16	\$1.56	\$1.72	\$2.44	\$3.88	\$6.72	\$12.00	\$27.00
\$30,000	\$1.74	\$2.34	\$2.58	\$3.66	\$5.82	\$10.08	\$18.00	\$40.50
\$40,000	\$2.32	\$3.12	\$3.44	\$4.88	\$7.76	\$13.44	\$24.00	\$54.00
\$50,000	\$2.90	\$3.90	\$4.30	\$6.10	\$9.70	\$16.80	\$30.00	\$67.50
\$60,000	\$3.48	\$4.68	\$5.16	\$7.32	\$11.64	\$20.16	\$36.00	\$81.00
\$70,000	\$4.06	\$5.46	\$6.02	\$8.54	\$13.58	\$23.52	\$42.00	\$94.50
\$80,000	\$4.64	\$6.24	\$6.88	\$9.76	\$15.52	\$26.88	\$48.00	\$108.00
\$90,000	\$5.22	\$7.02	\$7.74	\$10.98	\$17.46	\$30.24	\$54.00	\$121.50
\$100,000	\$5.80	\$7.80	\$8.60	\$12.20	\$19.40	\$33.60	\$60.00	\$135.00
\$110,000	\$6.38	\$8.58	\$9.46	\$13.42	\$21.34	\$36.96	\$66.00	\$148.50
\$120,000	\$6.96	\$9.36	\$10.32	\$14.64	\$23.28	\$40.32	\$72.00	\$162.00
\$130,000	\$7.54	\$10.14	\$11.18	\$15.86	\$25.22	\$43.68	\$78.00	\$175.50
\$140,000	\$8.12	\$10.92	\$12.04	\$17.08	\$27.16	\$47.04	\$84.00	\$189.00
\$150,000	\$8.70	\$11.70	\$12.90	\$18.30	\$29.10	\$50.40	\$90.00	\$202.50





Short Term Disability

- ***Short term disability not provided by the state Insurance Program***
- AFLAC, American Fidelity Assurance Company, or American Amicable provides short term disability to new hires; no medical evidence needed
- Premiums are available for payroll deduction
- Contact vendor directly to enroll in STD.
- Contact Information:
 - AFLAC Representative: Roger Hough (843)685-5579 or email Roger_Hough@us.aflac.com
 - American Fidelity Assurance Company: Tally DaPore (843)762-0027 or email td@dapore.com
 - American Amicable: Sharon Goodmon-Brown (843)345-0976 or email sharongoodmon@aol.com



Long-Term Disability Insurance

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

Age preceding January 1	90-day waiting period	180-day waiting period
Under 31	0.00062	0.00049
31-40	0.00086	0.00067
41-50	0.00170	0.00129
51-60	0.00343	0.00263
61-65	0.00412	0.00316
66 and older	0.00504	0.00387

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



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

The EyeMed Vision Plan Provider Network is Select.

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





Seeing is believing.

MUSC Health Vision Center now accepting EyeMed!

ENROLL IN EYEMED TODAY

For convenient, on-campus appointments, visit:

MUSCHEALTH.ORG/EYES



MONEYPLUS

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

	Without MoneyPlus	With MoneyPlus	MoneyPlus advantage
Gross monthly pay¹	\$3,750.00	\$3,750.00	
State retirement contribution (9%)	- \$337.50	- \$337.50	
Dependent Care Spending Account fee	- \$0.00	- \$2.32	
Medical Spending Account fee	- \$0.00	- \$2.32	
MoneyPlus pretax payroll deductions			
Dependent Care Spending Account	- \$0.00	- \$400.00	
Medical Spending Account	- \$0.00	- \$56.00	
Health and dental premiums <i>Employee/children coverage level</i>	- \$0.00	- \$157.58	
Taxable gross income	\$3,412.50	\$2,794.28	\$618.22
Estimated payroll taxes (27%)²	- \$921.38	- \$754.46	\$166.92
Expenses			
Dependent care expenses	- \$400.00	- \$0.00	
Medical expenses	- \$56.00	- \$0.00	
Health and dental premiums <i>Employee/children coverage level</i>	- \$157.58	- \$0.00	
Take-home pay	\$1,877.54	\$2,039.82	\$162.28
Additional take-home pay per year with MoneyPlus (4.33% increase)			\$1,947.36



MoneyPlu\$ Flexible Spending Accounts

Benefit	Medical Spending Account	Dependent Care Spending Account
Plan Details	Allocate pre-tax funds to pay for you/family's eligible medical, dental, vision & prescription expenses	Allocate pre-tax funds to reimburse for dependent care expenses for children age 12 and younger
Plan max	\$2750	\$5,000 if married filing jointly or single/head of household. \$2,500 if married filing separately.
Monthly admin fee	\$2.32	\$2.32
Timeline for expenses and reimbursement	Expenses must be incurred by calendar year end. You have until March 31 st of the following year to submit for reimbursement. Up to \$550 can be carried over to the next plan year. Otherwise all remaining funds will be forfeited.	Expenses must be incurred by March 15 th of the following year. Reimbursement requests must be received by March 31 st . All remaining funds not used by March 15 th will be forfeited.



Insurance Enrollment Periods

OCTOBER 1st – OCTOBER 31st

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

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



Changes to Employee Benefits (Must be made within 31 Days)

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



Final Reminders

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





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