

Date Prepared: _____

Retirement Checklist

Retirement (Regular)

Retirement (Disability)

PERSONAL INFORMATION

Last Name: _____ First Name: _____

SSN: _____ Date of Birth: _____ Gender: M F

Home Phone (w/ area code): _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

EMPLOYMENT INFORMATION

Position Title: _____

Department: _____

Annual Salary: _____

Annual Leave Balance: _____ hours / Sick Leave Balance: _____ hours

Last Day Worked: _____ Last Day Paid: _____

Selected Date of Retirement: _____

RETIREMENT INFORMATION

SC State Retirement Plan: SCRS

ORP – MassMutual MetLife TIAA AIG

Supplemental Retirement Plan? Yes No

If yes: 401(k) 457

403(b) – Fidelity MassMutual MetLife TIAA AIG

ANNUAL LEAVE PAYOUT CALCULATION

Attached at the end of this packet.

ORP Retirement Checklist

Name: _____ Employee ID: _____

Department: _____ Contact: _____

Employee:

[] I am aware that I may (or may not) be rehired by my department as a Retiree. If my department rehires me as a Retiree, they must indicate on the ***Notice of Separation*** that I am an ORP Retiree returning to work on: ***month/day/year***. I must have at least a **30 calendar day** break in service before returning to work. I am considered a retiree and I am employed in an at-will status with no grievance rights or faculty tenure.

[] I must contact my ORP provider to discuss the distribution of my account balance: _____. I am eligible to leave the money in the account, as there are no restrictions on when the money must be taken from the SC ORP account. I am also eligible to take a distribution; however, if I request a distribution before age 59 ½ I will be assessed a 10% penalty and taxes will be withheld as outlined by the distribution. I am also eligible to roll the funds to another qualified retirement plan. I should discuss with my ORP provider any restrictions on a distribution or rollover due to the investments I have selected. Should I decide to take a distribution or rollover, I need to speak to the ORP provider to obtain the necessary forms, then send the forms to my benefits counselor for Plan Administrator approval. If my last paycheck or annual leave payout posts to my account after I request a distribution or rollover, I will be required to complete a second request to receive the additional funds.

[] ORP retirees may be paid out up to 360 hours of accrued annual leave at the time of retirement.

[] If I am eligible for Retiree Health, Dental and/or Vision insurance, my Benefits Counselor has given me the ***Retiree Notice of Election (NOE)*** and the ***Employment Verification Form***. These forms need to be mailed to the Employee Insurance Program within 31 days of my retirement date. I am responsible for premium payment to the Employee Insurance Program. Premiums are paid one month in advance.

[] The Affordable Care Act requires employers to offer coverage to all employees who work an average of 30 hours a week. Because of this federal law, if you return to work at MUSC as a retiree employed in a temporary position, and you average 30 hours, you could be eligible to keep benefits through MUSC. **If you and/or your spouse are eligible for Medicare, you are required to keep your benefits through MUSC based on the federal law governing Medicare enrollment.**

[] If my spouse and/or I are of Medicare age, we must contact Social Security/Medicare to determine when to enroll in Part B. Contact Medicare at 800-MEDICARE if you have additional questions.

[] Retirees are eligible for enrollment changes to health, dental and/or vision. PEBA will send communications regarding enrollment options.

[] I have the option of converting/continuing my optional term life insurance within 31 days of my retirement. My retiree coverage will end on January 1 following my 75th birthday. I can also convert my coverage to a whole life policy, which is a permanent form of life insurance. I may be able to continue my insurance coverage and pay premiums directly to MetLife. MetLife will mail me a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA. To continue my coverage, I will complete the form that will be included in my packet from MetLife. Metlife can be reached at 888-507-3767.

[] Employees are still allowed to continue making contributions to their MSAs on an after-tax basis through COBRA. If an employee continues to make contributions to his MSA, you can use it through the end of the current plan year, including the grace period. The grace period is March 31st of the following plan year. If you do not continue his contributions after you leave employment, you have 90 days to submit a claim for any services you received before you left your job. If you are enrolled in a Dependent Care Spending Account, you cannot continue contributing to the account. You can only request reimbursement for eligible expenses incurred while you were employed until the account is exhausted. Please contact the MSA/DCA vendor ASI FLEX if you have any additional questions at 833-726-7587.

[] If I return to work, my contributions to my supplemental retirement plan will continue if Payroll knows that I will be returning to work. Otherwise, I must contact the Benefits Office directly at benefits@musc.edu to resume the contributions.

[] Per HR Policy 51 all Post Retirement employees returning to work will be employed in a temporary position. Temporary employees are typically* not eligible for benefits, annual leave, sick leave or holidays. I am required to continue participating to

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the SCRS or PORS plan if I return to work in any position. Temporary employees are required by State guidelines to take a 15 calendar day break after one year of temporary employment, however, temporary returned retirees at MUSC are exempt per MUSC Legal Counsel. (*temporary employees could be eligible for insurance benefits under the ACA if they have worked enough hours- see Benefits Office)

[] If I return to work as a Retiree I will be employed in a Temporary position. Temporary employees may be eligible for a COLA to their MUSC wages which is subject to the discretion of the Dean or VP of their respective area.

Please communicate the following information with your Business Manager:

[] A *Notice of Separation* form or Teamworks transaction must be sent to HR. The transaction should reflect “49-ORP Retirement”.

[] Should you be rehired, your department must also submit a PEAR to rehire you and submit a NetId Extension Request if they approve your email and/or NetID to remain active during this break.

[] If you will be rehired in your department as a Retiree, a Statement of Understanding must be signed by you, the employee. The form will be provided to you by your Business Manager. A returned retiree is also required to complete all steps required for new hires, including background check, health screening and all required paperwork. You will be asked to submit a driver’s license and social security card.

[] Do you want to join the MUSC Retired Faculty Program? Overseen by the Office of Planned Giving, this program provides opportunities to stay involved with the Medical University and fellow retired faculty members.

This program offers:

- Attend the annual retired faculty event
- Join our e-newsletter for the latest updates and events on campus
- Order business cards
- Obtain a retired faculty email address (please note, this is a new email address and does not provide email forwarding from your address used during employment)

For more information, please call the Office of Planned Giving at 843-792-9562 or visit muscgiving.org/retired-faculty-program.

Retiree/ Employee

Date

To: Individuals eligible for retirement

From: S.C. Public Employee Benefit Authority

RE: Retiree insurance benefits for employee and their eligible dependents

Before you retire, you need to consider how retirement may affect one of your most important assets, your insurance coverage. Eligibility for retirement is not the same as eligibility for retiree insurance coverage. If you retire from a participating employer (state agency, public school district, higher education institution or optional employer), you may be eligible to:

- Continue or enroll in health insurance with prescription drug coverage. If you or your dependent are eligible for Medicare, you should enroll in the Medicare Supplemental Plan.
- Continue or enroll in dental insurance.
- Continue or enroll in the State Vision Plan.
- Convert your \$3,000 Basic Life insurance policy to an individual policy.
- Continue your Optional Life insurance or convert it to an individual policy.
- Convert any Dependent Life insurance you have to an individual policy.
- Continue Supplemental Long Term Disability Insurance (in certain instances).

This packet contains the following information to help you make informed decisions about your insurance when you do retire:

- An *Employment Verification Record* form to confirm your eligibility for state retirement insurance benefits;
- Retiree Eligibility, Funding flyers (one for state agency, public school district, and higher education institution employees and the other for employees of optional employers);
- Information on your prescription drug coverage when you enroll as a retiree; and
- A *Retiree Notice of Election* (enrollment form) and directions on how to complete it.

Applying for coverage

Retiree insurance coverage is not automatic. To enroll in retiree insurance, you will first need to confirm your eligibility for retiree group insurance by completing and submitting an *Employment Verification Record* to PEBA. This may be done up to six months prior to your anticipated retirement date. Determining retiree insurance eligibility is complicated and only PEBA can make that determination. It is very important to contact PEBA before making final arrangements for retirement.

If PEBA determines that you are eligible for retiree insurance coverage, you must complete and submit the *Retiree Notice of Election* and any other applicable forms within 31 days of your retirement date. These completed forms should be submitted to PEBA if you work for a state agency, public school district or higher

education institution. These forms may be submitted to your employer's benefits office if you work for an optional employer.

At retirement, MetLife will mail you a conversion/continuation packet. The packet will include instructions for your options. Call MetLife at 888.507.3767 if you do not receive their packet.

Please refer to the Retiree group insurance chapter of the *Insurance Benefits Guide* for a detailed description of benefits for retirees. If you are eligible for Medicare, please refer to the *Insurance Coverage for the Medicare-eligible Member* guide. Both of these publications are available on PEBA's website at www.peba.sc.gov/iresources.html.



Retiree Insurance Eligibility, Funding

For members who work for a state agency, state institution of higher education or public school district

Eligibility for retiree group insurance is not the same as eligibility for retirement. Determining retiree insurance eligibility is complicated and only PEBA can make that determination. It is very important to contact PEBA before making final arrangements for retirement. As an active employee, your employer pays part of the cost of your health and dental insurance. When you retire, several factors determine if you pay all or part of your insurance premiums. These factors include your years of earned service credit, the type of agency from which you retire and the date you were hired into an insurance-eligible position.

The charts on Page 2 illustrate eligibility and funding guidelines for retiree group insurance.

When reviewing the charts, keep these things in mind:

- For any retiree coverage, your last five years of employment must have been served consecutively in a full-time, insurance-eligible permanent position with an employer that participates in the State Health Plan.
- Changing jobs could affect your eligibility for funding. The information on Page 2 only applies if your last employer prior to retirement is a state agency, state institution of higher education, public school district or other employer that participates in the state's Retiree Health Insurance Trust Fund. Contact your employer if you are unsure whether it participates in the Retiree Health Insurance Trust Fund.
- To receive state-funding toward your premiums, your last five years of employment must have been in service with a state agency, state institution of higher education, public school district or other employer that participates in the state's Retiree Health Insurance Trust Fund.
- If the charter school for which you work does not participate in a PEBA-administered retirement plan and you meet the eligibility requirements for retiree group insurance, employer funding, if any, is at the discretion of your charter school.
- Earned service credit is time earned and established in one of the defined benefit pension plans PEBA administers; time worked while participating in the State Optional Retirement Program (State ORP); or time worked for an employer that participates in the State Health Plan, but not the retirement plans PEBA administers. Earned service credit does not include any purchased service credit not considered earned service in the retirement plans (e.g., non-qualified service).
- For State ORP participants and members whose employer does not participate in a PEBA-administered retirement plan, eligibility is determined as if the participant were a member of the South Carolina Retirement System.

Employees hired into an insurance-eligible position before May 2, 2008

Retirement status	Earned service credit with an employer participating in the State Health Plan	Responsibility for paying premiums
Left employment after reaching service or disability retirement eligibility <i>Learn more about retirement eligibility at www.peba.sc.gov.</i>	Five years, but less than 10 years	You pay the full premium (employee and employer share).
	10 or more years	You pay the employee share of the premium only.
Left employment before reaching retirement eligibility	Less than 20 years	Not eligible for retiree insurance coverage.
	20 or more years	You pay the employee share of the premium only at retirement.

Employees hired into an insurance-eligible position on or after May 2, 2008

Retirement status	Earned service credit with an employer participating in the State Health Plan	Responsibility for paying premiums
Left employment after reaching service or disability retirement eligibility <i>Learn more about retirement eligibility at www.peba.sc.gov.</i>	Five years, but less than 15 years	You pay the full premium (employee and employer share).
	15 years, but less than 25 years	You pay the employee share of the premium and 50 percent of the employer share of the premium.
	25 or more years	You pay the employee share of the premium only.
Left employment before reaching retirement eligibility	Less than 20 years	Not eligible for retiree insurance coverage.
	20 years, but less than 25 years	You pay the employee share of the premium and 50 percent of the employer share of the premium at retirement.
	25 or more years	You pay the employee share of the premium only at retirement.

2020 Monthly insurance premiums for funded retirees



Rates may vary for optional employers. Verify rates with your benefits office.

Retiree eligible for Medicare, spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan ¹	\$79.68	\$217.36	\$125.86	\$270.56
Savings Plan ¹	N/A	N/A	N/A	N/A
Medicare Supplemental ^{1,2}	\$97.68	\$253.36	\$143.86	\$306.56
TRICARE Supplement	N/A	N/A	N/A	N/A
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 premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan ¹	\$235.36	\$281.54
Savings Plan ¹	N/A	N/A
Medicare Supplemental ^{1,2}	\$253.36	\$299.54
TRICARE Supplement	N/A	N/A
Dental Plus	\$60.12	\$99.98
Basic Dental	\$7.64	\$21.34
State Vision Plan	\$11.60	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan ¹	\$235.36	\$281.54
Savings Plan ¹	\$77.40	\$113.00
Medicare Supplemental ^{1,2}	\$253.36	\$299.54
TRICARE Supplement	N/A	N/A
Dental Plus	\$60.12	\$99.98
Basic Dental	\$7.64	\$21.34
State Vision Plan	\$11.60	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

¹ State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life[®] tobacco cessation program.

² If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan ¹	\$97.68	\$253.36	\$143.86	\$306.56
Savings Plan ¹	\$9.70	\$77.40	\$20.48	\$113.00
Medicare Supplemental ^{1,2}	N/A	N/A	N/A	N/A
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 premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse not eligible for Medicare, one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan ¹	\$143.86	\$306.56
Savings Plan ¹	\$20.48	\$113.00
Medicare Supplemental ^{1,2}	\$161.86	\$324.56
TRICARE Supplement	N/A	N/A
Dental Plus	\$74.26	\$99.98
Basic Dental	\$13.72	\$21.34
State Vision Plan	\$12.46	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

¹ State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life[®] tobacco cessation program.

² If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2020 Monthly insurance premiums for partially funded retirees



Rates may vary for optional employers. Verify rates with your benefits office.

Retiree eligible for Medicare, spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan ¹	\$281.02	\$616.20	\$434.88	\$769.92
Savings Plan ¹	N/A	N/A	N/A	N/A
Medicare Supplemental ^{1,2}	\$299.02	\$652.20	\$452.88	\$805.92
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental Plus	\$32.70	\$66.86	\$81.00	\$106.72
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan ¹	\$634.20	\$780.90
Savings Plan ¹	N/A	N/A
Medicare Supplemental ^{1,2}	\$652.20	\$798.90
TRICARE Supplement	N/A	N/A
Dental Plus	\$66.86	\$106.72
Basic Dental	\$14.38	\$28.08
State Vision Plan	\$11.60	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan ¹	\$634.20	\$780.90
Savings Plan ¹	\$476.24	\$612.36
Medicare Supplemental ^{1,2}	\$652.20	\$798.90
TRICARE Supplement	N/A	N/A
Dental Plus	\$66.86	\$106.72
Basic Dental	\$14.38	\$28.08
State Vision Plan	\$11.60	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

¹ State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life[®] tobacco cessation program.

² If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan ¹	\$299.02	\$652.20	\$452.88	\$805.92
Savings Plan ¹	\$211.04	\$476.24	\$329.50	\$612.36
Medicare Supplemental ^{1,2}	N/A	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$32.70	\$66.86	\$81.00	\$106.72
Basic Dental	\$6.74	\$14.38	\$20.46	\$28.08
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse not eligible for Medicare, one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan ¹	\$452.88	\$805.92
Savings Plan ¹	\$329.50	\$612.36
Medicare Supplemental ^{1,2}	\$470.88	\$823.92
TRICARE Supplement	N/A	N/A
Dental Plus	\$81.00	\$106.72
Basic Dental	\$20.46	\$28.08
State Vision Plan	\$12.46	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

¹ State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life[®] tobacco cessation program.

² If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

2020 Monthly insurance premiums for non-funded retirees



Rates may vary for optional employers. Verify rates with your benefits office.

Retiree eligible for Medicare, spouse eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan ¹	\$482.38	\$1,015.04	\$743.92	\$1,269.28
Savings Plan ¹	N/A	N/A	N/A	N/A
Medicare Supplemental ^{1,2}	\$500.38	\$1,051.04	\$761.92	\$1,305.28
TRICARE Supplement	N/A	N/A	N/A	N/A
Dental Plus	\$39.44	\$73.60	\$87.74	\$113.46
Basic Dental	\$13.48	\$21.12	\$27.20	\$34.82
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Retiree eligible for Medicare, spouse not eligible for Medicare

	Retiree/spouse	Full family
Standard Plan ¹	\$1,033.04	\$1,280.26
Savings Plan ¹	N/A	N/A
Medicare Supplemental ^{1,2}	\$1,051.04	\$1,298.26
TRICARE Supplement	N/A	N/A
Dental Plus	\$73.60	\$113.46
Basic Dental	\$21.12	\$34.82
State Vision Plan	\$11.60	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse eligible for Medicare

	Retiree/spouse	Full family
Standard Plan ¹	\$1,033.04	\$1,280.26
Savings Plan ¹	\$875.08	\$1,111.72
Medicare Supplemental ^{1,2}	\$1,051.04	\$1,298.26
TRICARE Supplement	N/A	N/A
Dental Plus	\$73.60	\$113.46
Basic Dental	\$21.12	\$34.82
State Vision Plan	\$11.60	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

¹ State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life[®] tobacco cessation program.

² If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

Retiree not eligible for Medicare, spouse not eligible for Medicare

	Retiree	Retiree/spouse	Retiree/children	Full family
Standard Plan ¹	\$500.38	\$1,051.04	\$761.92	\$1,305.28
Savings Plan ¹	\$412.40	\$875.08	\$638.54	\$1,111.72
Medicare Supplemental ^{1,2}	N/A	N/A	N/A	N/A
TRICARE Supplement	\$62.50	\$121.50	\$121.50	\$162.50
Dental Plus	\$39.44	\$73.60	\$87.74	\$113.46
Basic Dental	\$13.48	\$21.12	\$27.20	\$34.82
State Vision Plan	\$5.80	\$11.60	\$12.46	\$18.26
Tobacco-use premium ¹	\$40.00	\$60.00	\$60.00	\$60.00

Retiree not eligible for Medicare, spouse not eligible for Medicare, one or more children eligible for Medicare

	Retiree/children	Full family
Standard Plan ¹	\$761.92	\$1,305.28
Savings Plan ¹	\$638.54	\$1,111.72
Medicare Supplemental ^{1,2}	\$779.92	\$1,323.28
TRICARE Supplement	N/A	N/A
Dental Plus	\$87.74	\$113.46
Basic Dental	\$27.20	\$34.82
State Vision Plan	\$12.46	\$18.26
Tobacco-use premium ¹	\$60.00	\$60.00

¹ State Health Plan subscribers who use tobacco or cover dependents who use tobacco will pay a \$40 per month premium for subscriber-only coverage. The premium is \$60 for other levels of coverage. The premium is automatic for all State Health Plan subscribers unless the subscriber certifies no one he covers uses tobacco, or covered individuals who use tobacco have completed the Quit For Life[®] tobacco cessation program.

² If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.

Your prescription drug coverage when you enroll in the State Health Plan as a retiree

1. It is important to send your *Retiree Notice of Election* form to PEBA at least 31 days before your retirement date. Once the *Retiree Notice of Election* form is processed by PEBA, it may take up to 10 business days to activate your prescription benefits as a retiree.
2. PEBA automatically enrolls Medicare-eligible retirees and their Medicare-eligible dependents in Express Scripts Medicare. This drug program is a Medicare Part D prescription drug program. PEBA does not charge an additional premium for prescription drug coverage.
3. New prescription ID cards will be sent to each Express Scripts Medicare participant. If you (or your dependent) are not eligible for Medicare, you will not receive a new prescription ID card.
4. If you (or your dependent) are eligible for Medicare, you will receive a letter from Express Scripts, the State Health Plan's pharmacy benefits manager, when your prescription drug coverage is activated. If you do not want to remain enrolled in Express Scripts Medicare, you may opt out by calling Express Scripts by the deadline in the letter. Typically, a member has 21 days to opt out. If a member opts out, he will automatically be enrolled in the non-Medicare prescription drug program offered by PEBA.
5. If you enroll in prescription drug coverage with another Medicare Part D plan (not the State Health Plan), you will lose all prescription drug benefits with the State Health Plan. Your monthly health premiums will remain the same.
6. For most members, Express Scripts Medicare is more advantageous than the non-Medicare drug program offered to active employees.

Advantages of Express Scripts Medicare

Express Scripts Medicare offers additional benefits to members. Some of the additional benefits are:

- **Lower drug costs:** The formulary, the list of drugs covered, and the tier ratings for the non-Medicare plan are determined by PEBA; while the formulary and tier ratings for the Medicare Part D plan are determined by the Centers for Medicare and Medicaid Services (CMS). In some cases, CMS tier ratings for some drugs may be lower.
- **Prorated copayments:** Copayments for the non-Medicare plan are based on a 30-day supply of the drug. Copayments for Express Scripts Medicare are prorated based on the number of days the prescription will cover. For example, if a member is prescribed a Tier 2 medication and the doctor writes the prescription for 10 tablets to be taken for 10 days, the copayment is reduced to reflect a 10-day supply (\$14) instead of a 30-day supply (\$42).
- **Larger formulary:** Members enrolled in the Medicare Part D plan have access to all drugs available on the non-Medicare plan **plus** any additional drugs covered by CMS. Members are not losing access to any drugs by enrolling in the Medicare Part D plan.
- **Dispense as Written protection:** If a generic equivalent is available, but the member's physician wants the member to take the brand name, the member enrolled in Express Scripts Medicare is not required to pay-the-difference in most cases as he would if he were enrolled in the non-Medicare prescription drug plan. The member will pay the brand copay. For example, Diovan HCT has a generic equivalent. As of May 26, 2017, the brand-name Vytorin is a Tier 3 (\$70) drug on Express Scripts Medicare formulary. A member who is not enrolled in Express Scripts Medicare would pay the difference, and the drug would cost the member more.
- **Low-income subsidies:** Some people with limited resources and income may be able to get extra help to pay for the costs—monthly premiums, annual deductibles and prescription copayments—related to a Medicare prescription drug plan. The member's resources must be limited to \$14,390 for an individual or \$28,720 for a married couple living together. If you would like to find out if you are eligible for extra help, contact the Social Security Administration.

Reasons a member might consider opting out of the Medicare Part D plan

- **Manufacturer discount cards/programs:** Under CMS regulations, manufacturer coupons cannot be used with a Medicare Part D prescription drug plan. If you use coupons or discount cards to obtain prescriptions, you should determine if the additional benefits of Express Scripts Medicare offset the savings of any coupons or discount cards.
- **TRICARE members:** Prescription benefits offered through TRICARE and TRICARE for Life do not coordinate with Medicare Part D plans. Express Scripts Medicare is a Part D plan. If you would like to use both prescription drug plans, you must opt out of Express Scripts Medicare. You will then be enrolled in PEBA's non-Medicare prescription drug program.
- **IRMAA (Income Related Monthly Adjustment Amounts):** High-income earners enrolled in a Medicare Part D plan may pay a monthly fee to the Social Security Administration. Check with Social Security for information about income thresholds and monthly adjustments (www.socialsecurity.gov/online/ssa-44.pdf). If you will pay an IRMAA fee, you should determine if the additional benefits of the Medicare Part D plan outweigh the monthly adjustment.



Retirees

If you are eligible for retiree group insurance when you retire, you may choose to continue or convert your life insurance through MetLife. Retiree life insurance coverage does not include Accidental Death and Dismemberment benefits. Optional Life coverage is eligible for conversion or continuation; Basic Life and Dependent Life coverage are eligible for conversion.

PEBA sends a bi-weekly file with employee status changes to MetLife. MetLife will use this information to mail a conversion/continuation packet to eligible retirees. Packets are sent via U.S. mail three to five business days after MetLife receives the file.

The continuation and conversion application period is time-sensitive. You have 30 days from the date your coverage as an active employee ends to continue coverage. You have 31 days from the date your active employee coverage ends to convert coverage. If you miss these deadlines, you will forfeit your right for retiree group life insurance.

If you have questions about your options for life insurance in retirement, contact MetLife at 888.507.3767 once you receive your conversion/continuation packet.

Continuation

You may continue your Optional Life coverage upon retirement. The [rates](#) match what you paid while you were an employee.

The minimum amount that can be continued is \$10,000. You cannot increase your coverage, but you can decrease it. Rates are based on your age and will increase when your age category changes. Your coverage will reduce at ages 70, 75 and 80. When your coverage reduces or ends, you can convert the amount of reduced or lost coverage within 31 days as described in the Conversion section below.

MetLife will mail you a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA. To continue your coverage, follow the instructions included in your packet from MetLife. Coverage must be continued within 30 days of the date of coverage is lost due to approved retirement or approved disability retirement.

If you have questions about your options for continuing your insurance coverage once you receive your conversion/continuation packet, contact MetLife at 888.507.3767. If you continue your coverage, you will receive a bill and pay your premiums directly to MetLife.

Retiree life insurance beneficiary designation

When you elect to continue your Optional Life coverage upon retirement, you will need to designate a beneficiary on the *Retiree Life Continuation Enrollment Form* that you receive in your conversion/continuation packet from MetLife.



Once you are enrolled, you may review or update your beneficiary designation information by visiting MetLife's website at metlife.com/mybenefits. Register and create your own unique user ID and password. Using the website will allow you to make designations quickly and easily, limiting paperwork and speeding up processing time.

Conversion

You may convert your Basic, Optional and Dependent Life coverage upon retirement to an individual whole life insurance policy, a permanent form of life insurance, without providing evidence of insurability. Your premium for the new policy will be set at MetLife's standard rate for the amount of coverage that you wish to convert and your age. You may not apply for more than the amount of life insurance you had under your terminated group life insurance.

MetLife will mail you a conversion/continuation packet. Packets are sent via U.S. mail three to five business days after MetLife receives the eligibility file from PEBA.

MetLife has contracted with Massachusetts Mutual Life Insurance Company (MassMutual) to help with converting coverage. To apply, contact MassMutual at 877.275.6387 and refer to the *Conversion Notice* included in the packet. The policy will be issued without medical evidence if you apply for and pay the premium within 31 days. If you miss the deadline, you will forfeit your right to convert your life insurance.

ORP – Leaving Covered Employment – Exiting

What are my distribution options?

Upon termination of employment, you may choose to purchase an annuity or take a lump-sum distribution or a partial distribution. Your State ORP account balance is based on the total accumulation of employee and employer contributions deposited into your State ORP account, investment gains or losses, and fees and expenses allocated to your account. State ORP investment providers offer a variety of retirement payment options designed to allow you to tailor your retirement plan to meet your financial needs.

In the event of your death, your beneficiary may receive the cash value of your account through annuities, lump-sum distributions, or periodic withdrawals.

What happens if I leave state employment?

Since there isn't a vesting requirement, you have immediate rights to your State ORP account balance. Your account balance is an accumulation of employee and employer contributions deposited into your State ORP account, investment gains or losses on those contributions, and fees and expenses allocated to your account. If you terminate employment, your State ORP investments remain in the investment products you select unless you request that they be transferred or rolled over to another eligible retirement plan, or unless that investment product is no longer offered. You can change jobs without losing your accumulated State ORP account balance. You may request a refund of your State ORP balance when you reach age 59 ½ or when you terminate employment. After receiving your refund from State ORP, you may participate in similar plans through other employers. You may also choose to roll over your account balance to another eligible retirement plan or an Individual Retirement Account (IRA) as allowed by the Internal Revenue Code (IRC).

Call your Vendor to Rollover or take a Distribution--

- **MassMutual**

800-528-9009 (Participant Services)

www.massmutual.com/serve

- **MetLife Resources**

800-543-2520 (Participant Services)

<http://www.metlife.com/scorp>

- **TIAA**

800-842-2252 (Participant Services)

<http://www.tiaa-cref.org/scorp>

- **VALIC**

800-448-2542 (Participant Services)

<http://www.valic.com/scstateorp>

Supplemental Retirement Plans Contact Information

401(k), 457, Roth 401(k) https://southcarolinadcp.gwrs.com	South Carolina Deferred Compensation Program	Dallas Brewer 843-300-9825 dallas.brewer@empower-retirement.com
403(b) www.myretirementmanager.com	AIG Retirement Services	David Kornegay 843-408-3014 david.kornegay@aig.com Mark Taylor 843-300-2775 marksc.taylor@aig.com
	Fidelity	Jared McVey 704-614-4167 jared.mcvey@fmr.com
	MassMutual	Hugh Kinlaw 413-209-2128 hkinlaw33@massmutual.com
	MetLife	Peter Collins 843-343-7634 petercollins@financialguide.com
	TIAA	Terry Pait 704-988-4882 tpait@tiaa.org Andre Brown 843-998-6502 andre.brown@tiaa.org

Employment verification record

If you are within six months of your anticipated retirement date, please complete this form as thoroughly as possible. The information will be used to assist us in determining your insurance eligibility at retirement.

Please sign and date this form before returning it to PEBA.

1. BIN or last four digits of SSN	2. Last name	3. First name	
4. Current Address (Street, City, State, Zip)		Use this address for: <input type="checkbox"/> Both Insurance and Retirement <input type="checkbox"/> Insurance only <input type="checkbox"/> Retirement only	
5. Date of birth	6. Telephone number	7. Email address	
8. Actual or anticipated date of retirement: _____		9. Have you applied, or do you intend to apply, for disability retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. System enrolled (check all that apply): <input type="checkbox"/> SCRS <input type="checkbox"/> PORS <input type="checkbox"/> JSRS <input type="checkbox"/> GARS <input type="checkbox"/> State ORP <input type="checkbox"/> None <input type="checkbox"/> Other retirement plan			
11. Name of current employer	Dates of employment (example March 2001 to January 2009)	Status <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Hours per week

Benefits administrator's signature: _____ Date: _____
(required for State ORP participants and employees of non-PEBA retirement benefit employers)

12. List previous employment with employers participating in one of the retirement systems administered by PEBA and/or with an optional employer participating in PEBA's insurance benefits.			
Name of employer	Dates of employment (ex. March 2001 to January 2009)	Status	Hours per week
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
13. Have you purchased, or do you intend to purchase, service credit?		<input type="checkbox"/> Yes (list time) <input type="checkbox"/> No	
Please explain any breaks in the last five years: _____ _____ _____			
Employee signature: _____ Date: _____ (required if updating your address)			

RETIREE NOTICE OF ELECTION (NOE)

R

SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY

You must also complete a *Certification Regarding Tobacco Use* form within 31 days of enrolling in health coverage and whenever the status of tobacco use changes for you or a dependent covered under your health insurance.

See Instructions - if completing by hand use black ink

Clear Form

ELIGIBILITY	Select One <input type="checkbox"/> Regular Retiree <input type="checkbox"/> Disability Retiree <input type="checkbox"/> Police Retiree	Indicate Record of Service (Attach Employment Record) _____ Yrs. _____ Mos. _____ Days	Select One <input type="checkbox"/> 5-14 Year Retiree <input type="checkbox"/> 15-24 Year Retiree <input type="checkbox"/> Age 55/25 Years Retiree Ending Date _____				
	Verification of eligibility <i>(required of retirees from employers other than state agencies and school districts)</i> Benefits Administrator Signature _____ Employer ID: _____						
ACTION	Select One <input type="checkbox"/> New Subscriber - Date of Retirement _____ <input type="checkbox"/> Termination <input type="checkbox"/> Previously Enrolled as a Retiree - returning to Retiree status <input type="checkbox"/> Change <i>(Specify)</i> _____ SSN Change - Incorrect # _____ Date of Change Event _____ <i>(Attach copy of Social Security card)</i>					PEBA Use Only Employer ID: _____ Effective Date: _____ Group ID: _____	
ENROLLEE INFO	1. Social Security number or BIN		2. Last Name		3. Suffix	4. First Name	
	5. M.I.		6. Date of Birth (MM/DD/YYYY)				
	7. Sex <input type="checkbox"/> M <input type="checkbox"/> F	8. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated		9. Home Phone #		10. Email Address	
	11. Mailing Address		12. Apt.	13. City		14. State	
				15. Zip Code		16. County Code	
COVERAGE	17. HEALTH PLAN <i>(Refuse or select one plan and one level of coverage)</i> PLAN <input type="checkbox"/> Refuse <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Standard <input type="checkbox"/> Savings (not Medicare-eligible) <input type="checkbox"/> TRICARE Supplement (not Medicare-eligible)			COVERAGE LEVEL <input type="checkbox"/> Retiree <input type="checkbox"/> Retiree/Spouse <input type="checkbox"/> Retiree/Child(ren) <input type="checkbox"/> Family			
	18. DENTAL <i>(Refuse or select one plan and one level of coverage)</i> PLAN <input type="checkbox"/> Refuse <input type="checkbox"/> Dental Plus <input type="checkbox"/> Basic Dental			COVERAGE LEVEL <input type="checkbox"/> Retiree <input type="checkbox"/> Retiree/Spouse <input type="checkbox"/> Retiree/Child(ren) <input type="checkbox"/> Family			
	19. VISION CARE <i>(select one)</i> <input type="checkbox"/> Refuse <input type="checkbox"/> Retiree <input type="checkbox"/> Retiree/Spouse <input type="checkbox"/> Retiree/Child(ren) <input type="checkbox"/> Family						
MEDICARE	20. List yourself and any other persons to be covered who are eligible for Medicare Part A and/or Part B.						
	Name		Medicare #		Eligible due to		
					<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Renal Disease		
DEPENDENTS	21. Always list spouse. List eligible children to be covered. If they are not listed, they will not be covered. For a child age 19-24 to be eligible for Dependent Life-Child coverage, your child must be eligible according to the requirements on the instructions page for this NOE.						
	Add (A) or Delete (D)	Dependent SSN	Last Name	First Name	Sex	Relationship	
		Spouse					
		Child					
		Child					
		Child					
CERTIFICATION & AUTHORIZATION	22. CERTIFICATION: I have read this NOE and made authorizations herein and selected the coverage noted. I have provided Social Security numbers and documentation establishing my dependent(s)' eligibility for the plan(s) selected. I understand and agree that all selected plans will not become effective unless and until this NOE is submitted and the first payment is made. I understand my COBRA continuation coverage rights and responsibilities, as explained in the election notice and attachments provided to me. I also understand that the State reserves the right to alter benefits or premiums at any time to preserve the financial stability of the Plan. I further acknowledge that the eligibility status of any covered individual is subject to audit at any time. AUTHORIZATION: I authorize any healthcare provider, prescription drug dispenser and claims administrator to release any information necessary to evaluate, administer and process claims for any benefits. DISCLAIMER: THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.						
	Enrollee/Guardian Signature					Date	

Certification Regarding Tobacco or E-cigarette Use

Check the appropriate box, sign and return to S.C. PEBA, 202 Arbor Lake Drive, Columbia, SC 29223.

Subscriber name: _____

Subscriber BIN/SSN: _____

Non-tobacco or e-cigarette user

- ☐ I certify that I am eligible for the non-tobacco-use premium by checking this box and returning this form to PEBA. By checking this box, I certify truth and understanding of the following:
- I certify that all persons covered on my health insurance coverage through PEBA (including myself and any dependents) are not currently using, and have not used, any tobacco products or electronic cigarettes in any form (cigarettes, cigars, pipe, oral tobacco products, etc.) within the last six months.
 - I certify that if this information changes at any time in the future, while I have health insurance coverage through PEBA, I will notify PEBA of such change within 31 days through completion and resubmission of this form.
 - I certify that this information is true and correct to the best of my knowledge.
 - I understand that if it is determined that I (or any of my covered dependents) have used tobacco products or electronic cigarettes within the last six months or if I (or any of my covered dependents) start using tobacco products or electronic cigarettes subsequent to the date of this certification without notifying PEBA, I will be subject to penalties including, but not limited to, payment of premium difference since last certification plus a 10 percent penalty and elimination of the user's out-of-pocket maximum for current year and subsequent year.
 - I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the tobacco-use premium I have already paid.
- ☐ I certify that I am eligible for the non-tobacco-use premium by checking this box and returning this form to PEBA. By checking this box, I certify truth and understanding of the following:
- I certify that all covered individuals who use tobacco or electronic cigarettes have completed the Quit for Life® smoking cessation program.
 - I certify that this information is true and correct to the best of my knowledge.
 - I understand that this change in premiums will be prospective (apply only to premiums I pay in the future). I will not be refunded any part of the tobacco-use premium I have already paid.

Tobacco or e-cigarette user

- ☐ I acknowledge that I will pay the tobacco-use premium by checking this box. I declare that one or more persons covered on my health insurance coverage through PEBA uses tobacco products or electronic cigarettes in some form or that I choose not to disclose my status as it relates to tobacco or e-cigarette use. I understand that by not making an election I am choosing to pay the tobacco-use premium. Please do not send me this certification again unless upon request.

Subscriber signature: _____

Date: _____

Benefits administrator signature: _____

Date: _____

The language used in this document does not create an employment contract between the employee and the agency. This document does not create any contractual rights or entitlements. The agency reserves the right to revise the content of this document in whole or in part. No promises or assurances, whether written or oral, which are contrary to or inconsistent with the terms of this paragraph create any contract of employment.