EMPLOYEE INSURANCE PROGRAM
B&CB
SC BUDGET AND CONTROL BOARD

# THE INSURANCE ADVANTAGE

*October 2011 Active Employee Open Enrollment Edition — Not Available After January 1, 2012*

## IT'S TIME TO MAKE CHOICES FOR 2012

Open enrollment is here! Use this newsletter to learn about your insurance options for 2012 and what changes you can make during open enrollment, October 1-31, 2011.

By January, you will receive your 2012 *Insurance Benefits Guide*, detailing all the benefits programs offered through the Employee Insurance Program.

Any changes you make during open enrollment will go into effect January 1, 2012.

### REMINDER

Documentation is required to enroll a dependent. See the chart on page 4 to determine what documents you should submit.

## INSIDE



## Enrollment Options Quick Guide

During open enrollment, you can make these changes to your benefits:

**Health:** You may enroll in, change or drop health plans for yourself and/or your eligible family members.
**Dental:** You may enroll in or drop State Dental Plan or Dental Plus coverage for yourself and/or your eligible family members.
**Vision:** You may enroll in or drop vision coverage for yourself and/or your eligible family members.
**Optional Life:** You may enroll in, increase, decrease or cancel your Optional Life Insurance coverage.
**Dependent Life:** You **cannot** enroll your spouse in Dependent Life-Spouse coverage without medical evidence of good health. You **can** enroll your eligible child in Dependent Life-Child coverage. If your eligible family members are already enrolled in Dependent Life coverage, you may decrease or cancel that coverage.
**Long Term Care:** With medical evidence of good health, you and your eligible family members can enroll in Long Term Care insurance.
**MoneyPlu$:** You may enroll or re-enroll in MoneyPlu$ accounts.

Be sure to read "Open Enrollment Options for Active Employees" on page 2 for details about available plans and changes.

## Documentation is Now Required to Cover Spouses, Children

NEW!

**The Employee Insurance Program now requires documentation when new dependents are added during open enrollment, due to a special eligibility situation or as a family member of a new hire.**

If you are enrolling a new dependent, you have to provide documentation to your benefits

**See DEPENDENTS on page 4**

# Open Enrollment Options for Active Employees

During open enrollment, which occurs in odd-numbered years, you have more options than you do during annual enrollment. Open enrollment is October 1-31, 2011. Any changes you make will be effective January 1, 2012.

## Health Insurance

If you want to change plans for 2012, review the comparison chart on pages 8-9. More in-depth information on these plans may be found in your 2011 *Insurance Benefits Guide* (IBG).

**You and your eligible family members may enroll in or change to:**

- The State Health Plan Savings Plan (You may be eligible to open a Health Savings Account in 2012. Read page 6 to learn more.)
- The State Health Plan Standard Plan
- An HMO offered in the county where you live or work (see pages 8-9 to learn where these plans are offered).

The chart on page 10 shows the 2012 premiums. A brief comparison chart of the health plans is on pages 8-9. For details on these plans, read your IBG. **Be sure to consider differences in deductibles and copayments when switching health plans.** If you have specific questions about any of the plans, contact information is on page 15 of this newsletter.

**You may also drop health insurance for yourself and/or your covered family members.**

## Dental Insurance

**You may enroll in or drop State Dental Plan and Dental Plus insurance for yourself and/or your eligible family members.** See "Save on Your Smile with Dental Plus" on page 11 for more information on Dental Plus.

## State Vision Plan

**You may enroll in or drop vision coverage for yourself and/or your eligible family members.**

## Optional Life Insurance

**You may enroll in, increase, decrease or cancel your Optional Life Insurance coverage.**

- Employees who are not enrolled in Optional Life can enroll for up to $50,000 of Optional Life coverage, in $10,000 increments, without medical evidence of good health.
- Employees who are currently enrolled in Optional Life can increase coverage, in $10,000 increments, up to $50,000, without medical evidence of good health.
- The maximum amount of Optional Life coverage is $500,000.

## Dependent Life Insurance

**You cannot enroll your spouse in Dependent Life-Spouse (DLS) coverage without medical evidence of good health. If your spouse is currently enrolled in**

**See ENROLLMENT on page 7**

# MyBenefits is the Quick and Easy Way to Enroll

During open enrollment (**October 1-31, 2011**), subscribers can change their coverage anywhere they have Internet access using MyBenefits, the online enrollment system from the Employee Insurance Program (EIP). Using MyBenefits saves a phone call or visit to your benefits office and ensures speedy transmission of your coverage changes.

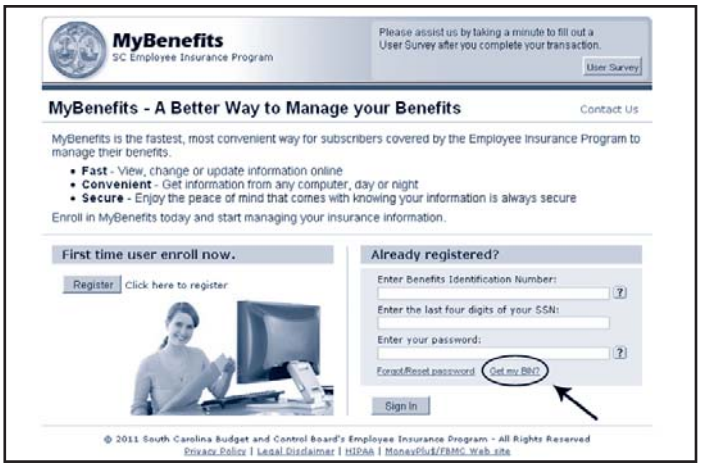
More than 20,000 subscribers used MyBenefits to make their enrollment changes last year.

**Check with your benefits administrator if you find you do not have access to MyBenefits.**

## Register for MyBenefits

First-time users must register before they can access their benefits information. To log into MyBenefits, visit EIP's website, www.eip.sc.gov, and select "MyBenefits" from the menu on the left of the home page. From the "MyBenefits" information page, select "Click here to go to MyBenefits."

To register, you will need your Benefits Identification Number (BIN), which can be found by clicking "Get my BIN" at the bottom right of the MyBenefits home page and following the instructions. Your BIN will appear at the top of the MyBenefits home page.




Once you have your BIN, you can click "Register" at the bottom left of the MyBenefits homepage. You must type the letters and/or numbers exactly as they appear in the box on the security screen. Then, enter your personal information and create a password. The password must be eight characters long and include at least one number and one special character (! : # $ % * [ ] { } @). You will need to choose and answer four security questions, then MyBenefits will create a registration confirmation page that includes all of this information.

## Can't Remember Your Password?

If you can't remember your MyBenefits password, simply click on "Forgot/Reset Password" on the MyBenefits home page. You will be asked to answer one of the four security questions you chose when you set up your account. Answer the questions correctly, and you can change your password. If you can't remember the answer to your security questions, on the third incorrect attempt, your account will be reset and you will be given an opportunity to register as a new user.

### Important Reminders

- **If you enroll a dependent, be sure to submit legible photocopies of eligibility documentation to your BA.** For more information see "Documentation is Now Required to Cover Spouses, Children" on page 1.
- To see the benefits you have now, be sure to print your statement from MyBenefits.
- You can also use MyBenefits year-round to review your benefits, update your contact information and change your beneficiaries.

## How to Use MyBenefits

After you register, log in by entering your BIN, the last four digits of your Social Security Number (SSN) and your password on the bottom right side of the screen under "Already Registered." This will take you to the main menu. The question, "What would you like to do?" appears. You can begin to make your coverage changes by selecting "Open Enrollment."

## Open Enrollment — Changing Your Insurance Coverage

When you select "Open Enrollment" from the menu, your current coverage, along with the premiums, will be shown at the top of the page. Under "Make Coverage Changes," you will see options available to you during open enrollment and their premiums. (If you are an employee of a local subdivision, contact your benefits administrator for 2012 premiums.)

After you have made changes, choose "Next." You will then see a summary page comparing your previous choices to those you have just entered. If you are satisfied with the changes, choose "Apply."

To authorize the changes, you must "sign" the authorization by entering the last four digits of your SSN. Then click on "Sign." **The transaction is not complete until it is electronically signed.** Print a copy of the Summary of Change (SOC) for your records.

If you change your mind about your selections before open enrollment ends, you can make your changes online anytime during the open enrollment period (October 1-31, 2011). **No open enrollment changes can be made after 11:59 p.m. on October 31, 2011.** You can also use MyBenefits year-round to review your benefits, update your contact information and change your beneficiaries.

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# Contact Carriers for Replacement ID Cards

To order replacement insurance cards or to obtain claims information, you should contact the appropriate carrier (e.g., BlueCross BlueShield, EyeMed, Fringe Benefits Managment Company, a Divison of WageWorks), either by phone or by visiting the carrier's website.

A flyer, "How to Order Replacement ID Cards" with instructions and the contact information for the carriers, can be found at www.eip.sc.gov under "Publications." Contact information is also on page 15 of this newsletter.

To order a replacement card or to ask about a claim, you will need to know your Benefits Identification Number (BIN). The BIN number can be obtained by clicking on "Get My BIN" on the MyBenefits home page.

If you enroll in a new plan during open enrollment, you will receive your ID card in the mail no later than January 1, 2012.

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## DEPENDENTS From page 1

administrator (BA). You may have to pay a fee to receive it from the governmental agency that has the original. We encourage you to request your documentation as soon as possible, since it may take several weeks and many agencies increase fees for speeding up delivery.

Documents required for enrollment are listed in the table to the right. Please submit photocopies only. **Submitted documents cannot be returned. If you cannot provide documentation to your BA at the time of enrollment, the transaction will not be processed.**

EIP is also conducting a dependent eligibility audit for subscribers whose family members were enrolled before the documentation requirement began. These subscribers will receive letters requesting specific documents to prove eligibility. **The documents required for the eligibility audit are not the same as those listed in the chart on this page.** For more information on audit requirements, visit www.eip.sc.gov/audit.

According to most experts, 4 to 8 percent of the dependents covered under an employer-sponsored plan are ineligible for coverage. These dependents are often divorced spouses, grandchildren or other family members who are not eligible for benefits.

In 2010, the average cost per dependent under the State Health Plan was more than $2,645. If only 4 percent of covered dependents turn out to be ineligible, conducting this audit will save our self-insured plan more than $19 million a year.

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**Dependent Documentation Requirements**

| Dependent Type | Documents Required for Enrollment |
|---|---|
| Legal Spouse | Marriage license **or** page 1 of your federal tax return (be sure to black out all financial information) |
| Former Spouse | Divorce decree ordering the subscriber to cover the former spouse |
| Common Law Spouse | Common Law Marriage Affidavit |
| Natural Child | Long-form birth certificate showing the subscriber as the parent |
| Stepchild | Long-form birth certificate showing the name of the natural parent, plus proof that the natural parent and the subscriber are married (see Legal Spouse/Common Law spouse requirement from above) |
| Adopted Child | Court documentation verifying completed adoption **or** a letter of placement from an adoption agency, an attorney or the S.C. Department of Social Services, verifying the adoption is in progress |
| Foster Child | A court order or other legal document placing the child with the subscriber, who is a licensed foster parent |
| Other Children | Court order or other legal document granting legal custody of the child to the subscriber. Documentation must verify the subscriber has guardianship responsibility for the child, not merely financial responsibility. |
| Incapacitated Child | Incapacitated Child Certification Form plus proof of relationship. See the appropriate child type (natural, step, adopted, foster or other) in the list above for acceptable proof of relationship. |

# Notification of Grandfathered Status Under PPACA

EIP believes the plans it offers are "grandfathered health plans" under the Patient Protection and Affordable Care Act (PPACA). As a grandfathered plan, EIP will be able to minimize the increase in State Health Plan and HMO premiums while it assesses the future financial impact of the act. As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that the plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in PPACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 803-734-0678 (Greater Columbia area) and 888-260-9430 (toll-free outside the Columbia area), or online at www.eip.sc.gov.

You may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.

# Certify Your Tobacco Use Online With MyBenefits

NEW!

During open enrollment, October 1-31, 2011, you can certify whether you use tobacco online through MyBenefits. When you log in to MyBenefits, select the "Open Enrollment" option. The option to certify tobacco use status online will be available only during open enrollment, and changes made will be effective January 1, 2012. If you wait until after October to certify, you must use the paper Certification of Tobacco Use form, available on the EIP website, www.eip.sc.gov. **Subscribers who have already certified their tobacco use status do not need to recertify unless there has been a change in tobacco use.**

## 2012 Surcharge Rates

The health insurance surcharge rates for those who use tobacco have not changed for 2012. The surcharge for subscribers who have certified they use tobacco or for those who have not certified at all is:

- **$40-per-month for subscriber-only coverage**
- **$60-per-month for a subscriber with dependent coverage.**

The subscriber will pay one surcharge, regardless of the number of tobacco users covered under his insurance. **You will pay this charge, unless you certify no one covered under your health insurance uses tobacco, and no one has used it during the past six months.**

More information about the surcharge is on the EIP website.

## If You're Ready to Quit

EIP cares about your health, and would like everyone to be eligible for the non-tobacco-user premium. Help is always available for those who want to quit using tobacco.

State Health Plan and BlueChoice HealthPlan HMO subscribers and their covered dependents can participate in the **Quit for Life® Program brought to you by the American Cancer Society® and Alere Wellbeing** by calling 866-QUIT-4-LIFE (866-784-8454).*

CIGNA HMO subscribers can call 866-417-7848 to participate in the **CIGNA Quit Today℠ Smoking Cessation Program**.*

*You cannot complete your tobacco-use certification through these tobacco-cessation programs. You must certify through EIP online through MyBenefits during open enrollment or by completing the paper form available at www.eip.sc.gov after October 31.

***Due to federal healthcare reform, if your physician provides a letter stating that it is unreasonably difficult due to a medical condition for you to stop using tobacco or it is medically inadvisable for you to attempt to stop using tobacco, you may qualify for a waiver of the tobacco surcharge.***

# Realize Tax Savings With MoneyPlu$ Programs

For details on the MoneyPlu$ programs, read the *Tax-Favored Accounts Guide*. It is available through your benefits administrator and online at www.eip.sc.gov under "Publications."

## Pretax Group Insurance Premium Feature

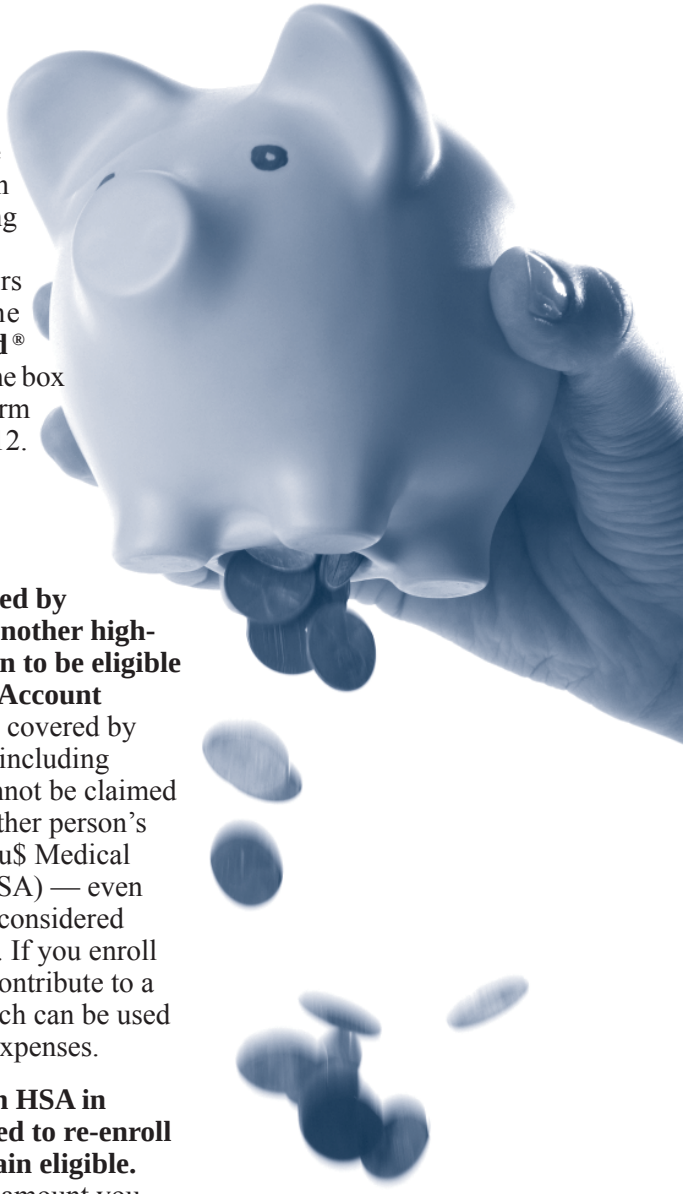
This feature allows you to pay premiums for health, vision, dental and Optional Life (for coverage up to $50,000) *before taxes are taken from your paycheck.*

- Once enrolled in the pretax premium feature, you do not need to re-enroll each year.

## Dependent Care Spending Account and Medical Spending Account

**You must enroll or re-enroll in a Dependent Care Spending Account (DCSA) and/or a Medical Spending Account (MSA) or a limited-use MSA to participate in 2012.** If you have an MSA and are re-enrolling or are adding a DCSA, you can enroll online at www.myFBMC.com. DCSA subscribers can also re-enroll online. Otherwise, you must submit a MoneyPlu$ enrollment form through your benefits administrator (BA). Go to the EIP website and choose "Forms." It is listed under MoneyPlu$. Your BA can also provide the form.

- To participate in an MSA or a limited-use MSA, you must be an active employee and, by January 1, 2012, have worked full-time for one year for an employer participating in EIP programs.
- Full MSA subscribers may sign up for the **myFBMC Card® Visa® Card**. Check the box on the enrollment form to use the card in 2012.



## Health Savings Account

**You must be covered by the Savings Plan or another high-deductible health plan to be eligible for a Health Savings Account (HSA).** You cannot be covered by any other health plan, including Medicare, and you cannot be claimed as a dependent on another person's tax return. A MoneyPlu$ Medical Spending Account (MSA) — even a spouse's MSA — is considered other health insurance. If you enroll in an HSA, you may contribute to a limited-use MSA, which can be used for dental and vision expenses.

- **If you enrolled in an HSA in 2011, you do not need to re-enroll for 2012 if you remain eligible.** You may change the amount you contribute monthly. To start, stop or change your contributions, complete a MoneyPlu$ enrollment form and enter the new amount ($0 to stop contributions) on the form. Return the form to your benefits administrator.
- If you enroll in the Savings Plan in October, your enrollment will go into effect January 1. As of that date, you will be eligible to contribute to an HSA. **You can enroll in the MoneyPlu$ HSA in October and begin contributing to your new HSA January 1, 2012, *if your MSA (if you have one) has a $0 balance on December 31, 2011.*** Otherwise, you must wait until April 1, 2012, to contribute to your HSA.

| MoneyPlu$ Fees | |
|---|---|
| Pretax Group Insurance Premium Feature | $0.28 per month |
| Dependent Care Spending Account | $3.50 per month |
| Medical Spending Accounts (full and limited-use) | $3.50 per month |
| myFBMC Card® Visa® Card (for full MSAs) | $10 per year |
| Health Savings Account (fee charged by FBMC) | $1 per month |
| Health Savings Account (fee charged by NBSC). *This fee is waived for accounts with balances of $2,500 or more.* | $1 per month/ $10 per year |
| Health Savings Account (check processing fee charged by NBSC). *Other NBSC fees may apply.* | $0.35 per check |

See MONEYPLU$ on page 15

ENROLLMENT From page 2

**DLS coverage, you may decrease or cancel his coverage.** You can increase coverage throughout the year with medical evidence of good health. To do so, see your benefits administrator.

**You may enroll in or drop Dependent Life-Child (DLC) coverage** for any eligible children during open enrollment and throughout the year. Eligibility for DLC coverage is not subject to federal health care reform. When you enroll your child, age 19-24, in Dependent Life coverage, you are certifying that he is a full-time student or incapacitated child. Subscribers enrolling incapacitated children must submit a paper NOE along with the Incapacitated Child form. Subscribers enrolling a full-time student can enroll online, but must also provide documentation of student status.

## Long Term Care Insurance

With medical evidence of good health, active employees and their qualified family members may apply to enroll or may increase coverage during October enrollment and throughout the year.

## MoneyPlu$

To participate in MoneyPlu$ accounts in 2012, you must enroll or re-enroll in the MoneyPlu$ Medical Spending or Dependent Care Spending accounts during October enrollment. If you enroll in the Savings Plan during October, you may be eligible to enroll in a Health Savings Account for 2012. Please see page 6 for information about eligibility and enrollment in MoneyPlu$.

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# BlueCross BlueShield of South Carolina Becomes New Mental Health Insurance Administrator

NEW!

Beginning January 1, 2012, BlueCross BlueShield of South Carolina (BCBSSC) will replace APS Healthcare as the administrator of the mental health and substance abuse benefits for the State Health Plan Standard and Savings plans and the Medicare Supplemental Plan. Companion Benefit Alternatives (CBA), the mental health and substance abuse division of BCBSSC, will manage the benefits. New ID cards will be mailed to all State Health Plan subscribers by January 1, 2012.

The provider network will change. Members will be able to access the provider directory at www.southcarolinablues.com by using the "Doctor/Hospital Finder" or on www.companionbenefitalternatives.com using a searchable/printable PDF directory.

The benefits and exclusions will remain the same. Claims for mental health and substance abuse are subject to the same deductibles, coinsurance and coinsurance maximums as medical claims. There is not a separate annual and lifetime maximum for mental health and substance abuse claims.

Beginning January 1, 2012, subscribers should call 800-868-1032 to preauthorize services. Although your provider may make the call for you, it is your responsibility to see that the call is made and the preauthorization has been granted.

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# MetLife Offers Will Preparation, Estate Resolution Services

MetLife offers several benefits to Optional Life subscribers at no additional cost. These benefits include a Will Preparation Service for employees and their spouses and Estate Resolution Services for the beneficiaries and estate representative of covered employees.

To have a will prepared, the subscriber and/or his spouse may meet with a local Hyatt Legal Plans network attorney. The attorney will prepare or update the subscriber and/or his spouse's will. If he uses an attorney who is not part of the network, he will be reimbursed according to a fee schedule.

For estate representatives, MetLife Estate Resolution Services℠ provides a Hyatt Legal Plans network attorney to help the estate representative with the paperwork associated with distribution of assets after a death. This includes preparing documents and appearing in court to help transfer assets; transferring non-probate assets, such as joint bank accounts; and assisting with tax preparation. In addition, any beneficiary of the life insurance is entitled to telephone or office advice concerning the employee's estate.

Interested subscribers should contact Hyatt Legal Plans at 800-821-6400 for more information. **Subscribers should say they are covered under the State of South Carolina or Group No. 143046.**

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# Comparison of Health Plan Benefits Offered for 2012[1]

**This chart is for comparison purposes only. For more information on these plans, please refer to your 2011 *Insur***

| Plan | SHP Savings Plan | | SHP Standard Plan[2] | | BlueChoice HealthPlan HMO[2] |
|---|---|---|---|---|---|
| **Availability** | Coverage worldwide | | Coverage worldwide | | Available in all South Carolina counties<br><br>Emergency and urgent coverage worldwide |
| **Active Employee Monthly Premiums** | **Tobacco users will pay a $40- or $60-per-month surcharge *in addition* to their health prem** | | | | |
| *Subscriber Only*<br>*Subscriber/Spouse*<br>*Subscriber/Children*<br>*Full Family* | **$ 9.70**<br>**$ 77.40**<br>**$ 20.48**<br>**$113.00** | | **$ 97.68**<br>**$253.36**<br>**$143.86**<br>**$306.56** | | **$201.82**<br>**$558.76**<br>**$384.74**<br>**$769.48** |
| | **Please note that premiums for optional employer groups, such as local subdivisions, may**<br>**To verify your rates, contact your benefits office.** | | | | |
| **Annual Deductible**<br>*Single*<br>*Family* | **(no per-occurrence deductibles)**<br>**$3,000**<br>**$6,000[3]** | | **$350**<br>**$700** | | **$250**<br>**$500** |
| **Coinsurance** | **In-network**<br>Plan pays 80%<br>You pay 20% | **Out-of-network**<br>Plan pays 60%<br>You pay 40% | **In-network**<br>Plan pays 80%<br>You pay 20% | **Out-of-network**<br>Plan pays 60%<br>You pay 40% | HMO pays 85% after copays or deductible<br>You pay 15% |
| **Coinsurance Maximum**<br>*Single*<br>*Family* | **$2,000**<br>**$4,000**<br>**(excludes deductible)** | **$4,000**<br>**$8,000**<br>**(excludes deductible)** | **$2,000**<br>**$4,000**<br>**(excludes deductible)** | **$4,000**<br>**$8,000**<br>**(excludes deductible)** | **$2,000**<br>**$4,000**<br>**(excludes deductible)** |
| **Physicians Office Visits** | Chiropractic payments limited to **$500** a year, per person | | Chiropractic payments limited to **$2,000** a year, per person | | **$15** PCP copay<br>**$15** OB/GYN well-woman exam<br>**$40** specialist copay |
| | No per-occurrence deductible or copays | | **$10** per-occurrence deductible, then: | | |
| | **In-network**<br>Plan pays 80%<br>You pay 20% | **Out-of-network**<br>Plan pays 60%<br>You pay 40% | **In-network**<br>Plan pays 80%<br>You pay 20% | **Out-of-network**<br>Plan pays 60%<br>You pay 40% | |
| **Hospitalization/ Emergency Care** | No per-occurrence deductibles or copays | | Outpatient facility services:<br>**$75** per-occurrence deductible<br>Emergency care: **$125** per-occurrence deductible | | Inpatient: **$200** copay<br>Outpatient: **$100** copay/ first 3 visits<br>Emergency care: **$125** copay, HMO pays 85% after copays<br>You pay 15%<br>Urgent care: **$35** copay, then HMO pays 100% |
| **Prescription Drugs** | Participating pharmacies and mail order only: You pay the State Health Plan's allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount. | | Participating pharmacies only (up to 31-day supply): **$9** Tier 1 (generic-lowest cost alternative), **$30** Tier 2 (brand-higher cost alternative), **$50** Tier 3 (brand-highest cost alternative)<br>Mail order (up to 90-day supply): **$22** Tier 1, **$75** Tier 2, **$125** Tier 3<br>Copay maximum: **$2,500** | | Participating pharmacies only (31-day supply): **$8/$15** generic, **$35** preferred brand, **$55** non-preferred brand, **$80/$125** specialty pharmaceuticals<br>Mail order (Up to 90-day supply): **$20/$37.50** generic, **$87.50** preferred brand, **$137.50** non-preferred brand |

[1] Premiums for subscribers of optional employer groups (such as cities, counties and other local subdivisions) may increase, decrease or rema group's rating. If you are a subscriber of an experience-rated group, your benefits office will announce next year's rates.

[2] Refer to your 2011 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.

[3] If more than one family member is covered, no family member will receive benefits, other than preventive, until the $6,000 annual family dedu

| rance Benefits Guide. |
|---|
| CIGNA HMO[2] |
| **Not available** in *Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick or Saluda counties;* emergency and urgent coverage worldwide |
| ium. |
| **$ 379.18**<br>**$ 891.48**<br>**$ 712.96**<br>**$1,282.60** |
| **vary.** |
| None |
| HMO pays 80% after copays<br>You pay 20% |
| **$2,000**<br>**$4,000**<br>**(includes inpatient, outpatient, copays and coinsurance)** |
| **$15** PCP copay<br>**$15** OB/GYN exam<br>**$30** specialist copay |
| Inpatient: **$500** copay per admission, then HMO pays 80%<br>Outpatient facility: **$250** copay per admission, then HMO pays 80%<br>Emergency room: **$100** copay, then HMO pays 100% |
| Participating pharmacies only (up to 30-day supply):<br>**$7** generic, **$25** preferred brand, **$50** non-preferred brand<br>Mail order (up to 90-day supply): **$14** generic, **$50** preferred brand, **$100** non-preferred brand |

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ctible is met.

# Plan Changes for 2012

## State Health Plan

***Standard Plan and Savings Plan***

• Premiums have changed. Refer to the chart on page 10 for 2012 premiums.

## BlueChoice HealthPlan HMO

• Premiums have changed. Refer to the chart on page 10 for 2012 premiums.

## CIGNA HMO

• Premiums have changed. Refer to the chart on page 10 for 2012 premiums.

## Dental Plus

• Premiums have changed. Refer to the chart on page 10 for 2012 premiums.

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# What Will You Pay? An Explanation of Coinsurance, Copayments and Deductibles

When making decisions about benefits, subscribers may wish to consider the out-of-pocket payments that they will make in addition to their premiums. Different plans require copayments, coinsurance or deductibles that must be paid by subscribers when they use their benefits.

*Copayments* are fees that must be paid at each visit to a health, dental or vision provider and when buying prescription drugs. These fees can vary by the type of provider that the subscriber sees and by the services that he receives. Copayments are designed to offset some of the cost of care, while discouraging unnecessary office or emergency room visits.

*Coinsurance* requires the subscriber to pay a percentage of the covered cost of his health care, while the insurance plan pays the rest. Coinsurance applies after the subscriber has met his annual deductible. Coinsurance payments are subject to a maximum for the plan year. After the subscriber has reached the coinsurance maximum, the insurance plan pays 100 percent of the covered expenses for the rest of the year.

An *annual deductible* is the amount a subscriber must pay before the plan will pay any benefits.

A *per-occurrence deductible* is the amount a subscriber must pay before the plan begins to pay benefits for services in a provider's office, emergency room or outpatient facility. Subscribers are responsible for paying per-occurrence deductibles, even after they have met the annual deductible for the plan year. Per-occurrence deductible payments cannot be applied to the annual deductible or coinsurance maximum.

For specific information about how the plan you are considering handles copayments, coinsurance and deductibles, see your 2011 *Insurance Benefits Guide*.

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# EIP Answers Subscriber Questions Online

The Employee Insurance Program (EIP) has developed many online resources to help you during open enrollment and throughout the year. The **Frequently Asked Questions** section of the website and educational presentations, such as the **Open Enrollment Video**, help to guide you though your enrollment options and the benefits offered by EIP.

## Open Enrollment Video

The Open Enrollment Video explains your options during the enrollment period. The video is available from September 5 through October 31 on the EIP website. Choose "Presentations" in the left-hand menu. The video will provide you with updated information on your insurance coverage options for 2012 and guide you through the open enrollment process.


## Frequently Asked Questions

The Frequently Asked Questions (FAQ) section of the EIP website, www.eip.sc.gov/faq, answers more in-depth questions about benefits than the Open Enrollment video. This section addresses some of the most common questions EIP receives and includes links to any necessary forms or additional information. Lists of questions and answers have been compiled for:

- Federal Health Care Reform
- Wellness Incentive Program
- Dependent Eligibility Audit
- Tobacco Use Certification
- State Vision Plan
- State Health Plan Savings Plan
- State Health Plan Prescription Drug Benefit
- Health Savings Accounts and
- General Questions

In addition to these topics, the staff of the EIP call center has helped to develop an FAQ section called "Most Common Subscriber Problems." This section answers more complex questions, such as:

- What do I need to do if I'm going for a routine physical (wellness exam)?
- Do I need a referral or preauthorization before having surgery or seeing a specialist?
- I'm having a baby. Do I need to notify my health plan before receiving maternity services?
- We're planning a trip. Does my health plan offer coverage outside of South Carolina?
- Can I keep my health, dental and vision insurance when I retire?
- What happens to my life insurance when I retire?
- What do I need to do if I or my spouse becomes eligible for Medicare?
- What should I do if I've been called to active-duty military service?
- How do I add my newly adopted child to my insurance?

**See FAQ on page 11**

## 2012 Active Employee Monthly Premiums[1]

**Tobacco users will pay a $40- or $60-per-month surcharge *in addition* to health premiums**

| | Savings | Standard | BlueChoice HealthPlan | CIGNA HMO | Dental | Dental Plus[2] | State Vision Plan |
|---|---|---|---|---|---|---|---|
| Employee | $ 9.70 | $ 97.68 | $201.82 | $379.18 | $ 0.00 | $22.36 | $ 7.76 |
| Employee/spouse | $ 77.40 | $253.36 | $558.76 | $891.48 | $ 7.64 | $45.16 | $15.52 |
| Employee/children | $ 20.48 | $143.86 | $384.74 | $712.96 | $13.72 | $52.06 | $16.48 |
| Full family | $113.00 | $306.56 | $769.48 | $1,282.60 | $21.34 | $67.50 | $24.24 |

[1] Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.
[2] If you enroll in Dental Plus, you must also be enrolled in the State Dental Plan. You pay the combined premiums for the plans.

# Access Your Vision Benefits Online

A subscriber to the State Vision Plan, which is offered through EyeMed Vision Care, can now access his explanation of benefits (EOB), monitor his claim status and benefit usage, and print an ID card online. Sign up now in the secure member area at www.eyemedvisioncare.com/members to go paperless today.

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## FAQ From page 10

- What changes can I make to my insurance when I get married?
- What should I do if I'm getting divorced?
- What can I do to continue my insurance if I have lost my job?
- Who should I contact to report the death of a subscriber or his covered spouse or child?
- I have a question about a claim. Who should I contact?
- How can I get a copy of my benefits statement?
- I am being charged a fee for using tobacco. No one on my insurance uses tobacco. How can I get this charge removed?
- I need to change my contact information (address, phone number, etc.). Can you send me a form?
- How can I get a copy of my life insurance policy?
- I need to order another insurance card. Who should I contact?
- My health claims are not being paid because the carrier states it does not pay for pre-existing conditions. What does this mean and how can I correct it?

During open enrollment, check to see if your question is addressed in one of the FAQ sections.

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# Have You Moved? Let EIP Know!

Many subscribers do not have an up-to-date address on file with EIP. If you recently moved or if you plan to move soon, please use EIP's online enrollment system, MyBenefits, to make sure your address is correct. You can change your contact information using MyBenefits any time during the year.

EIP will send valuable benefits information to the address on file.

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# Save on Your Smile with Dental Plus

During this open enrollment period, you may want to consider enrolling in Dental Plus. Although Dental Plus premiums will increase in 2012, Dental Plus has a higher allowed amount for services than the State Dental Plan. As a result, Dental Plus saves you a substantial amount compared to the State Dental Plan alone if you or a covered family member needs dental care.

**You can only add or drop these plans during open enrollment. Once you enroll in the State Dental Plan or Dental Plus, you are locked into that coverage for two years, until the next open enrollment period (October 2013) or until you become eligible to change your coverage due to a special eligibility situation. Premiums for Dental Plus are listed on page 10 of this newsletter.**

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# PREVENTION

## Take Charge of Your Health

Good health involves more than just seeing the doctor when you're feeling sick. It also means taking steps to maintain your health when you're feeling well. As a subscriber to an Employee Insurance Program health plan, you have access to many preventive benefits to help you get fit and stay healthy. Here are some of the preventive benefits available through EIP and how to use them.

## Prevention Partners: Online Help for Your Health

From online registration for workshops to e-newsletters, the Prevention Partners section of the EIP website is the place to learn how to improve your health.

Just go to www.eip.sc.gov and select "Prevention Partners" from the column on the left. The site features links to information on diabetes, hypertension, workplace screenings and weight management. Prevention Partners offers chronic disease workshops that are free to subscribers and their family members.

| The Prevention Partners Team | | |
|---|---|---|
| Elliott McElveen | Workplace screenings | 803-737-0112 |
| Pam Jackson | BA Training, website postings | 803-734-0706 |
| Ramsey Makhuli | Chronic disease and caregiver workshops | 803-737-3823 |
| Diane Conte | Weight and stress management, preventive benefits | 803-737-3822 |

To find out what is available, select "Training Calendar." You can then see and register online for the programs that interest you. After you register, you will receive an email confirmation.

Prevention Partners offers more than workshops. The Prevention Partners' team also provides you with the resources you need to:

- **Get ahead of your health**: Prevention Partners' Workplace Screening Program may help you learn if you are at risk for disease even before you experience symptoms.
- **Stop smoking**: Click on the "Tobacco Cessation" button on the right to learn about the tobacco cessation programs offered by your health plan.
- **Start moving**: With events such as the Wellness Walks, Prevention Partners provides opportunities for you to be more active.

The *Health Bulletin* e-newsletter, published five times a year, provides information about fitness, nutrition, health, self-care and new developments in public health. Select "Newsletters" to see links to the latest issue, as well as back issues. You can also use the search feature to find stories on a specific subject.

Prevention Partners is a great resource for variety of health-related websites. Select "Links" from the bar at the top of the page, then scroll down. It includes lists of sites related to Health Information and Tools; Health Institutes and Professionals; Nutrition and Recipes; Fitness and Exercise; and Women's Health.

The Prevention Partners section of the website is updated regularly, so check it often.

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# Take Advantage of Your Health Plan's Colonoscopy Benefit

A colorectal cancer screening for individuals age 50 and older is among the leading preventive services both in terms of its health impact and cost effectiveness. The health plans offered through the Employee Insurance Program cover colonoscopies for eligible members.

## State Health Plan (Standard and Savings Plans)

A routine colonoscopy is covered once every 10 years, starting at age 50, even when no symptoms are present. The plan does not cover the consultation before the routine colonoscopy. The plan also covers diagnostic colonoscopies. All colonoscopies are subject to the plan's deductibles and coinsurance. Your out-of-pocket cost may differ based on place of service. For more information, call BlueCross BlueShield of South Carolina at 803-736-1576 (Greater Columbia area) or 800-868-2520 (toll-free outside the Columbia area).

## BlueChoice HealthPlan HMO

Routine screening colonoscopies are covered at 100 percent. (There is no copayment or deductible.) This is true even if a polyp is found and removed, as long as the primary diagnosis shows the claim was for routine care. There is no age requirement for a routine screening.

Diagnostic colonoscopies are covered like any other outpatient procedure. They are subject to the outpatient copayment and coinsurance for the facility charges and the deductible and coinsurance for the physician and anesthesia charges. For more information, call BlueChoice at 803-786-8476 (Greater Columbia area) or 800-868-2528 (toll-free outside the Columbia area).

## CIGNA HMO

A routine colonoscopy is covered once every 10 years, starting at age 50, at 100 percent if it is billed as an office surgery. If the services are provided at an outpatient facility, this is how it is covered: Facility – there is a $250 copayment and then the HMO pays 80 percent; surgeon – the HMO pays 80 percent; anesthesia – the HMO pays 80 percent; and pathology – the HMO pays 80 percent. For more information, call CIGNA at 800-244-6224.

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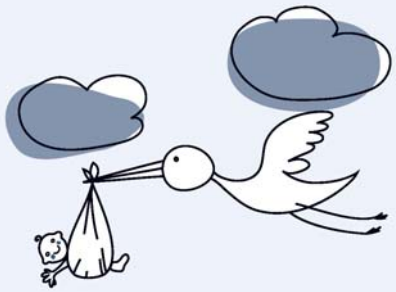
# Attention Mothers-To-Be

If you are a mother-to-be enrolled in the State Health Plan, **you must call Medi-Call within the first three months of your pregnancy to enroll in the Maternity Management Program**. Contact information for Medi-Call is on page 15.

Medi-Call administers the Employee Insurance Program's comprehensive maternity program, "Coming Attractions." You can notify Medi-Call of your pregnancy and enroll in "Coming Attractions" online through your Personal Health Record's maternity screening. You do not have to wait until you see a physician to enroll in "Coming Attractions."



Your maternity nurse is a valuable resource who is available to help you with both routine and special needs throughout your pregnancy and post-partum period. Once you are enrolled, you can correspond online with your case manager and receive relevant articles from recognized medical resources. To access your Personal Health Record, visit www.SouthCarolinaBlues.com and log in to My Health Toolkit.

**Your baby is not automatically added to your coverage.** You must add your child to your insurance by completing an NOE within 31 days of his birth.

Helpful information about how to manage maternity care with EIP coverage can be found in the Maternity Flyer under "Publications" on EIP's website, www.eip.sc.gov.

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# How the SHP Standard Plan Covers Pap Tests

The State Health Plan (SHP) covers a yearly Pap test, a valuable preventive service, for women age 18-65 with no deductibles or coinsurance when you use a network provider. If you ask for a Pap test, some providers will conduct additional examinations or tests similar to those provided during an annual physical. The SHP Standard Plan does not cover an annual physical. The Pap benefit includes payment for only the lab work associated with the Pap test. For this reason, it is a good idea to contact the provider before scheduling a Pap test to determine the cost of the exam and related services.

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# Wellness Incentive Program Means Free Generic Prescriptions for Some SHP Subscribers

**State Health Plan subscribers and dependents who are not eligible for Medicare and do not have other primary coverage may be eligible for the Wellness Incentive Program.** Members meeting these criteria who have diabetes, cardiovascular disease or congestive heart failure can qualify for a copayment waiver for certain generic drugs by completing the steps outlined below.

The program, which began in January 2011, has already helped more than 2,800 State Health Plan members save money on their prescription medications and/or diabetes supplies.

To initially qualify for the Wellness Incentive Program, the member must:

- **Receive a letter of invitation** from BlueCross BlueShield of South Carolina (BCBSSC) to participate in its Diabetes/Cardiovascular Health Management Program.*
- **Complete the BCBSSC Health Management Survey** for his specific condition on My Health Toolkit.
- **See a doctor about his condition**. This visit can be to a medical doctor (M.D.), a Doctor of Osteopathy (DO), a Physician Assistant (PA) or an Advanced Practice Registered Nurse (APRN).
- **Have any applicable lab tests performed.**
- **A member may be asked to complete four phone calls** with a BCBSSC health coach. As an alternative, participants with diabetes may complete the Prevention Partners' Club Sugar or complete an American Diabetes Association (ADA) or American Association of Diabetes Educators (AADE) approved diabetes education course. Participants with cardiovascular disease may complete a phase 2 cardiac rehabilitation prescribed by a physician.

Once a member qualifies for the waiver, he will no longer be responsible for copayments for qualified generic medications. These include some diabetes medications and supplies, lipid-lowering medications and antihypertensives. The generic drugs must be purchased through a network pharmacy or the mail order pharmacy.

The waiver will last 12 months. A member participating in the program will be notified 90 days before his waiver expires. Members may re-qualify at any time during the 12-month waiver by taking the BCBS Trale Personal Health Assessment online, completing another doctor's visit, having new lab tests performed and, if applicable, completing another educational course or series of phone calls with a health coach. Please note that the Trale Assessment is not the same assessment that you completed to qualify for the waiver initially. The assessment you take to requalify is a general health and wellness assessment. You will receive immediate feedback on changes to your behavior that will improve your health.

Some required lab tests are offered as part of the Prevention Partners Preventive Workplace Screening Program (for heart disease) or Club Sugar (for diabetes). Doctors' office visits will be covered under the member's health plan and are subject to standard coinsurance and deductibles.

For more information about the Wellness Incentive Program, visit the EIP website at www.eip.sc.gov and click on "FAQ." Information is also available by calling BCBSSC at 800-868-2520.

*If you do not receive a letter of invitation and you believe you are eligible for the Wellness Incentive Program, contact BCBSSC at 800-868-2520.*

## How to Register for My Health Toolkit

My Health Toolkit is operated by BlueCross BlueShield of South Carolina (BCBSSC). When a subscriber creates a profile on My Health Toolkit, he creates a username and password. He can then use this information to log in to My Health Toolkit to view claims information, deductible and out-of-pocket statuses, request a new ID card, participate in the BCBSSC Health Management program and complete the disease-specific Health Management Survey for the Wellness Incentive Program.

Detailed instructions on how to complete the Health Management Survey can be found in a flyer on EIP's website, www.eip.sc.gov. Go to "Publications" and look under "State Health Plan" for "How to Complete Your Health Management Survey."

# EIP Receives Early Retiree Reinsurance Program Funds

The Early Retiree Reinsurance Program (ERRP) is a $5 billion fund established by the Patient Protection and Affordable Care Act (PPACA) to reimburse health plans, both public and private, for the healthcare claims of retirees who are age 55 or older but not yet Medicare eligible.

For 2012, EIP used the ERRP reimbursement to reduce the overall premium increase from 6.15 percent to 4.5 percent. No action is required by plan participants for EIP to receive these funds.

For more information on ERRP, see the federal notice on page 16 of this newsletter.

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## MONEYPLU$ From page 6

- **The HSA contribution limits for 2012 are $3,100 for individual accounts and $6,250 for family accounts.** A subscriber age 55 or older may contribute an additional $1,000 in 2012. HSA contributions may be made in a lump sum, in equal amounts (such as through payroll deduction) or in any other combination of payments. Your total for the year may not exceed the limit.

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# Contact Information

### BlueChoice HealthPlan HMO
- Member Services Phone: 803-786-8476 (Greater Columbia area); 800-868-2528 (toll-free outside the Columbia area)
- Web: www.BlueChoiceSC.com

### BlueCross BlueShield Of South Carolina
*(State Health Plan)*
- **Health** - Customer Service Phone: 803-736-1576 (Greater Columbia area); 800-868-2520 (toll-free outside the Columbia area)
- Health Fax: 803-264-4204
- **Medi-Call**: 803-699-3337 (Greater Columbia area); 800-925-9724 (toll-free outside the Columbia area)
- Medi-Call Fax: 803-264-0183
- **BlueCard Program Phone**: 800-810-BLUE (2583)
- Web: www.SouthCarolinaBlues.com

*(SHP Behavioral Health)*
- **Mental Health and Substance Abuse** - Customer Service Phone: 803-736-1576 (Greater Columbia area); 800-868-2520 (toll-free outside the Columbia area)
- Mental Health Precertification/ Case Management: 800-868-1032
- Mental Health Fax: 803-264-4204
- **Tobacco Cessation**: 866-784-8454
- Web: www.companionbenefitalternatives.com

*(State Dental Plan and Dental Plus)*
- **Dental** - Customer Service Phone: 888-214-6230
- Dental Fax: 803-264-7739
- Web: www.SouthCarolinaBlues.com

### CIGNA Healthcare HMO
- Member Services Phone: 800-244-6224
- Web: www.cigna.com

### Employee Insurance Program
- Contact your Benefits Administrator for enrollment assistance.

### EyeMed Vision Care
*(State Vision Plan)*
- Customer Care Center Phone: 877-735-9314
- Web: www.eyemedvisioncare.com

### Fringe Benefits Management Company, a Division of WageWorks *(MoneyPlu$)*
- Customer Care Center Phone: 800-342-8017
- Claims Fax: 888-800-5217
- Web: www.myFBMC.com

### Medco
*(State Health Plan Prescription Drug Program)*
- Customer Service Phone: 800-711-3450
- Web: www.medco.com

### MetLife *(Life Insurance)*
- Customer Service Phone: 800-638-6420, prompt 2
- Customer Service Fax: 570-558-8645
- Statement of Health Phone: 800-638-6420, prompt 1
- Statement of Health Fax: 859-225-7909
- Web: www.metlife.com

### The Prudential Insurance Company of America
*(Long Term Care)*
- Customer Service Phone: 877-214-6588
- Fax: 877-773-9515

### Standard Insurance Company
*(Long Term Disability)*
- Customer Service Phone: 800-628-9696
- Fax: 800-437-0961
- Medical Evidence of Good Health Phone: 800-843-7979
- Web: www.standard.com

S.C. Budget and Control Board
Employee Insurance Program
1201 Main Street, Suite 300
P.O. Box 11661
Columbia, SC 29211

# Notice About the Early Retiree Reinsurance Program

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, copayments, deductibles, coinsurance or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you in your health plan coverage terms and conditions, for as long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for that purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

You are responsible for providing a copy of this notice to your family members who participate in this plan.

For more information about the Early Retiree Reinsurance Program, see page 15.

Total printing cost: $39,675; Total number printed: 330,000; Unit cost: $0.120

Please Recycle After **January 1, 2012**