New Employee Benefits Summary

Clemson University Office of Human Resources
www.clemson.edu/employment

108 Pearman Blvd @ Old Stadium Road
Clemson, South Carolina 29634-5337
(864) 656-2000
**ADDITIONAL RESOURCES**

Office of Human Resources New Employee Information – clemson.edu/employment/new_employee

Office of Human Resources Benefits Information – clemson.edu/employment/benefits

Office of Human Resources Policy and Procedure Manual – clemson.edu/employment

SC Public Employee Benefit Authority (PEBA) – peba.sc.gov/newemployees.html


PEBA Select Your Retirement Plan Guide – peba.sc.gov/assets/selectyourretirementplanguide.pdf

PEBA Navigating Your Benefits Resources – peba.sc.gov/nyb.html

**S.C. Public Employee Benefit Authority (PEBA)**

*State Insurance and Retirement Benefits*

Street Address: 202 Arbor Lake Drive Columbia, SC 29223

Mailing Address: P.O. Box 11661 Columbia, SC 29211-1661

Customer Service: 1-888-260-9430

Website: www.peba.sc.gov

**GENERAL BENEFITS INFORMATION**

**Eligibility Requirements:**

- **State Insurance and Tax-Free Savings Accounts**
  - Full-time equivalent (FTE), grant, time-limited project, and temporary positions with 30 or more standard hours per week
  - Temporary and variable hour workers who average 30 or more hours per week over a designated measurement period

- **Federal Health Insurance Marketplace**
  - As an alternative to state insurance coverage, please visit www.HealthCare.gov for information regarding coverage through the federal health insurance marketplace.

- **Non-State Insurance**
  - All faculty and staff paid positions, excluding student workers
  - Contact the third-party vendors for details on enrollment

- **State Retirement and Supplemental Retirement Plans**
  - All paid positions, excluding student workers

- **Paid Leave Benefits**
  - See enclosed OHR Leave Benefits Summary

- **Employee Tuition Assistance Program**
  - Full-time equivalent (FTE), grant, and time-limited project positions with 30 or more standard hours per week
  - In Clemson University employment for at least twelve consecutive months
  - In good standing as it relates to conduct and job performance

- **Employee Assistance Program**
  - All faculty and staff positions and their dependents/household members, excluding student workers

- **PerksCard & TicketsAtWork Discount Programs**
  - All faculty and staff paid positions, excluding student workers
Effective Dates:
- State Insurance
  - Employed 1st day of the month – coverage begins on that day
  - Employed 1st working day of the month – coverage may begin the 1st day of that month or the following month
  - Employed after the 1st day of the month – coverage begins the 1st day of the following month
- State Retirement
  - Date of hire or eligibility

**Enrollment Deadline for State Insurance and State Retirement:** 30 days from hire date

**Deduction Frequency:**
- State Insurance
  - Staff: (semi-monthly)
  - Faculty: Aug check (full month’s premium), Sept-April checks (semi-monthly), and May check (3 months of premiums for May-July coverage)
- State Retirement: Employee contributions are deducted for all eligible compensation and based on elections
- Supplemental Retirement Plans and Tax-Free Savings Accounts:
  - Staff: (semi-monthly)
  - Faculty: Sept-April checks (semi-monthly)

**COMMUNICATIONS**
The Office of Human Resources will notify employees via email of benefits news/opportunities. This information needs to be reviewed closely and any questions submitted through ASK-HR.

**IMPORTANT STATE INSURANCE INFORMATION**

**Spouse/Children coverage:** Eligible dependents may be added to coverage with valid documentation

**No Pre-Existing Conditions for Health Plans**

**Health Insurance Cards:** Issued by the vendor within three weeks of enrollment

**Important Points for State Standard Health Plan and Savings Plan:**
- Worldwide access to network hospital/physicians through the Blue Card Program.
- Mandatory preauthorization program (Medi-Call) for certain covered services.
- Notify the Benefits staff in the Office of Human Resources to accelerate the insurance enrollment process for time sensitive medical/prescription needs.

**Health Risk Appraisal (CU 4 Health wellness screening):** The Joseph F. Sullivan Center

**Making Changes to Insurance Programs:** Eligible employees may make certain changes to insurance coverage during designated enrollment periods and within 31 days of a family status change or special eligibility situation.

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**OHR Annual Benefits Events**

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
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<tbody>
<tr>
<td>State Optional Retirement Plan Open Enrollment Period</td>
<td>January 1 to March 1</td>
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<tr>
<td>State Insurance Open Enrollment Period</td>
<td>October 1 to October 31</td>
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<tr>
<td>Pro Benefits EXPO</td>
<td>October</td>
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<tr>
<td>Financial Literacy Series Seminars</td>
<td>Available Throughout the Year</td>
</tr>
<tr>
<td>Planning for the Future Seminars</td>
<td>Available Throughout the Year</td>
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</table>

*More information about these events is available at [www.clemson.edu/employment/benefits](http://www.clemson.edu/employment/benefits)*
Health Insurance
Employees may choose between two employer/employee-paid health insurance plans provided by BlueCross BlueShield of South Carolina. The State Health Plan: Savings Plan has high deductibles and low premiums and the State Health Plan: Standard Plan has lower deductibles and higher premiums. Both plans include prescription coverage.

Dental Insurance
Two state dental plan options are available: the State Dental Plan, which helps offset dental expenses, and Dental Plus, a supplement to the State Dental Plan.

Vision Insurance
Two vision programs are available: the Vision Care Discount Program, which offers discounted vision-care services to employees eligible for state insurance benefits, and the State Vision Plan, a comprehensive vision insurance.

Life Insurance
Clemson provides a no cost $3,000 Basic Life Insurance policy to employees enrolled in a state health plan. Employees may also enroll in Optional Life Insurance coverage up to a policy maximum of $500,000. Spouse and child policies are also available. Medical review is required for select policies.

Long Term Disability (LTD) Insurance
Clemson provides a no cost Basic LTD policy to employees enrolled in a state health plan. This basic policy may provide a maximum benefit of up to $800 per month after 90 calendar days of disability. Supplemental coverage that replaces up to 65% of monthly salary (with a maximum benefit of $8,000 per month) is also available.

Pre-Tax Programs
Tax-favored programs allowing employees to save money on eligible medical and dependent-care costs are available. These accounts allow employees to pay for eligible expenses with funds deducted from their salary before it is taxed.

Retirement Benefits
Both the South Carolina Retirement System (SCRS) and the Police Officers Retirement System (PORs) are tax-deferred defined benefit plans with a lifetime monthly benefit based on the employee’s years of service, salary and age at retirement. The Optional Retirement Plan (ORP) is a tax-deferred defined contribution plan with a benefit based on the performance of invested funds.

Supplemental Retirement Programs
Employees may make contributions to optional retirement programs up to the IRS maximum limits, including S.C. Deferred Compensation Plans (457; 401(k)) and voluntary investment programs (403(b)) offered by various vendors. There is no employer match with these plans.

Tuition Assistance
The goal of the Employee Tuition Assistance Program is to encourage professional growth, enhance employee performance and support employee career development. Eligible employees may take up to 6 credit hours per academic term at no cost or a reduced cost subject to available course offerings.

Additional Benefits
Paid and unpaid leave benefits, the Employee Assistance Program (EAP,), the Perks Card, adoption assistance, in-person and online training courses, CU Well, Fike Recreation Center discounts and various other faculty and staff discounts are available at Clemson.

Benefits eligibility is based on position and employment status. Visit clemson.edu/employment/benefits or contact the Office of Human Resources at (864) 656-2000 for details on eligibility.
Benefits eligibility through the South Carolina Public Employee Benefit Authority (PEBA) means you have many choices to make. This document provides an overview of the benefits available to you, and should not be relied on to make coverage decisions. The Insurance Benefits Guide, found at www.peba.sc.gov, can explain your coverage options in detail. Read the guide to learn about the specifics, special terms and premiums for these benefits.

The State Health Plans

Standard Plan & Savings Plan

The State Health Plan is a self-funded insurance plan, as opposed to a for-profit plan, with medical benefits and claims administered by BlueCross BlueShield of South Carolina. It includes the Standard Plan and the Savings Plan. The Standard Plan has a $490 deductible for single members and $980 for families. The Savings Plan is a high-deductible plan – a $3,600 deductible for single members and $7,200 for families – which offers premiums that are much lower than those for the Standard Plan. Its members are also eligible for a Health Savings Account (see back). Military subscribers can choose the separate GEA TRICARE Supplement Plan.

Prescription Coverage

The State Health Plan Prescription Drug Program is a part of the State Health Plan, administered by Express Scripts, and is covered in the health plan’s premium. For Standard Plan subscribers, it offers prescription filling at in-network pharmacies only for a small copayment, including $9 for a generic medication, or $42 or $70 for higher tiers of drugs, as well as a $3,000 copayment maximum and no deductibles. Savings Plan subscribers who use in-network pharmacies, meanwhile, pay the full allowed amount for prescriptions until their Savings Plan deductible is met, and afterward they pay 20 percent of the allowed amount, until the coinsurance maximum is reached.

The State Dental Plan & Dental Plus

Both the State Dental Plan and Dental Plus cover dental services at the same percentage of the allowed amount. Dental Plus has a higher allowed amount, however, which means you pay less when you go to the dentist. The State Dental Plan is available at no cost for an eligible single employee, but has premiums for covering family members. Dental Plus has a separate, additional premium, even for single employees, which is paid entirely by the subscriber. Open enrollment for the State Dental Plan and Dental Plus occurs only in odd-numbered years. To participate in Dental Plus, you must enroll in the State Dental Plan. You and all covered dependents must be covered at the same level.

The State Vision Plan & Vision Care Discount Program

The State Vision Plan, which has an additional premium paid entirely by the employee, offers a schedule of covered services including exams. Contacts are an eligible benefit every year, or glasses are an eligible benefit every other year for those who do not get contacts. Members pay a copayment at in-network providers and are partially reimbursed at out-of-network providers. The Vision Care Discount Program, a separate benefit, is available at no cost for eligible members, and offers discounts with participating providers.

Basic Life Insurance, Optional Life, Dependent Life

State Health Plan and GEA TRICARE Supplement Plan subscribers are automatically enrolled into Basic Life Insurance, which provides $3,000 in term life insurance as well as $3,000 in Accidental Death and Dismemberment coverage to eligible employees age 69 and younger. Optional Life Insurance is available with coverage in $10,000 increments of up to three times your salary, with some restrictions. Premiums are determined by age and no employer contributions are available for premiums. You can also enroll dependents into Dependent Life Insurance. Dependent Life-Spouse premiums work the same as Optional Life, and you can cover your spouse for up to 50 percent of your Optional Life coverage up to $100,000. With Dependent Life-Child, one premium covers all eligible children and is available only as a $15,000 policy. PEBA life insurance has options for continuation into retirement or conversion.
Basic Long Term Disability & Supplemental Long Term Disability

Basic Long Term Disability is available to eligible members enrolled in the State Health Plan or GEA TRICARE Supplement Plan at no cost and with no need to enroll. After a 90-day benefit waiting period, the benefit pays 62.5 percent of your pre-disability earnings, reduced by deductible income up to $800 a month. With Supplemental Long Term Disability, you could receive 65 percent of the first $12,307 of your monthly pre-disability earnings, reduced by deductible income, up to $8,000. You can also choose between a 90-day and 180-day benefit waiting period. Premiums are paid entirely by the member and are determined by your age, plan choice and income.

MoneyPlus Flexible Spending Accounts & Health Savings Accounts

Through MoneyPlus, you can enroll in the Pretax Group Insurance Premium Feature, which means your premiums are paid before taxes are taken out of your paycheck. You can also select pretax payroll deduction options for different kinds of spending accounts, increasing your spending potential through your reduced taxes. Dependent Care Spending Accounts (DCSAs) are available to all PEBA-insurance-eligible members for the payment of eligible day care expenses. Medical Spending Accounts (MSAs) are available to Standard Plan participants to pay eligible medical expenses, while Health Savings Accounts (HSAs) are available to Savings Plan participants for the same purpose, but only when they do not have any other non-high-deductible insurance plans which could disqualify them. Contributions to DCSAs and MSAs cannot roll over from one year to the next, but contributions to HSAs can, and can be kept even when you leave or retire from your job. Each kind of account comes with a small monthly fee.

Who Can You Cover?

You may cover yourself, an eligible spouse, and eligible dependent children. Dependent verification documents like birth certificates and marriage certificates are required when covering qualified family members.

An eligible spouse
- Can be defined as a spouse by South Carolina law, or
- Include former spouses who are required to be covered by a divorce decree

An eligible child
- Must be younger than age 26, and
- Must be the subscriber’s natural child, adopted child (including child placed for legal adoption), stepchild, foster child, a child for whom the subscriber has legal custody or a child the subscriber is required to cover due to a court order

Talk to your benefits counselor about dependent eligibility details.

Insurance cards

If you enroll in the State Health Plan Standard Plan, or Savings Plan, BlueCross BlueShield of South Carolina (BlueCross) will send you health insurance cards for you and your covered family members. You will also receive two pharmacy benefits cards from Express Scripts. Benefits administrators provide State Dental Plan subscribers with a card on which they can write their name and Benefits Identification Number. Dental Plus subscribers also receive an insurance card from BlueCross, which serves as the dental plan contractor. State Vision Plan subscribers receive two paper cards from EyeMed Vision Care.

When Medical Emergencies Occur Before You Receive Your Insurance Cards

If you need emergency medical care before you receive your insurance cards, you can still provide proof of your coverage by obtaining your Benefits Identification Number (BIN). To do this, visit www.mybenefits.sc.gov and select Get my BIN. You should then give your BIN to your medical care provider. If you have problems or questions when trying to get verification of your benefits, you or the emergency medical care provider should contact BlueCross for assistance.
### In network vs. Out of network

<table>
<thead>
<tr>
<th>Premium</th>
<th>For active employees, ranges from $97.68 for single coverage to $306.56 for full family</th>
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<tbody>
<tr>
<td>Annual deductible</td>
<td>$490 for single coverage and $980 for full family</td>
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<tr>
<td>Coinsurance</td>
<td>Plan pays 80% You pay 20%</td>
</tr>
<tr>
<td>Coinsurance maximum</td>
<td>Single: $2,800 Family: $5,600 Excludes deductibles and copayments</td>
</tr>
<tr>
<td>Physician’s office visits</td>
<td>$14 copayment Plan pays 80% You pay 20% Chiropractic payments limited to $2,000 a year, per person</td>
</tr>
<tr>
<td>Hospitalization/emergency care</td>
<td>Outpatient services: $105 copayment Emergency care: $175 copayment Plan pays 80% You pay 20%</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>Participating pharmacies only (up to 31-day supply) Tier 1 (generic-lowest cost alternative): $9 Tier 2 (brand-higher cost alternative): $42 Tier 3 (brand-highest cost alternative): $70 Mail order/retail network pharmacies (up to 90-day supply) Tier 1 (generic-lowest cost alternative): $22 Tier 2 (brand-higher cost alternative): $105 Tier 3 (brand-highest cost alternative): $175 Copayment maximum: $3,000</td>
</tr>
</tbody>
</table>

Find more about the Standard Plan at [www.peba.sc.gov/assets/sbstandardplan.pdf](http://www.peba.sc.gov/assets/sbstandardplan.pdf)

Consider enrolling in a Medical Spending Account in addition to the State Health Plan - Standard Plan. More information can be found at [www.peba.sc.gov/moneyplus.html](http://www.peba.sc.gov/moneyplus.html)

The Standard Plan and Savings Plan both offer value-based benefits at no cost to members, including preventive screenings, flu vaccines, tobacco cessation, diabetes education and more.

Learn more at [www.PEBAPerks.com](http://www.PEBAPerks.com).

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This overview is not meant to serve as a comprehensive description of the benefits offered by the South Carolina Public Employee Benefit Authority (PEBA). The Standard Plan Summary of Benefits and Coverage is available at [www.peba.sc.gov](http://www.peba.sc.gov)
Find more about the Standard Plan at www.peba.sc.gov/assets/savingsplan.pdf

Consider enrolling in a Health Savings Account in addition to the State Health Plan-Savings Plan. More information can be found at www.peba.sc.gov/moneyplus.html

The Standard Plan and Savings Plan both offer value-based benefits at no cost to members, including preventive screenings, flu vaccines, tobacco cessation, diabetes education and more.

Learn more at www.PEBAPerks.com.

This overview is not meant to serve as a comprehensive description of the benefits offered by the South Carolina Public Employee Benefit Authority (PEBA). The Standard Plan Summary of Benefits and Coverage is available at www.peba.sc.gov
South Carolina public employees help make the Palmetto State a better place — and PEBA helps make life better for public employees. In 2018, we are boosting several key preventive health benefits. It’s always better to address a health issue early, before it becomes a health crisis. We hope you’ll take action, especially since these programs are available at no cost to you at network providers. The goal is to improve the state of your health — and the state of South Carolina.

Value-based benefits at no cost to you

**Diabetes education**: Living with diabetes can be challenging. Learn ways to manage the disease through a consultation with a health professional.

**Preventive screening**: By getting screened for health risks — with a blood pressure check, cholesterol check and other assessments — you might identify potential health problems. Screenings are worth more than $300 and can be done right at your workplace or at a nearby screening location.

**Colonoscopy**: This procedure can find and remove colon growths before they develop into cancer. This benefit covers not only the colonoscopy, but also associated services.

**Adult vaccinations**: Vaccines save lives and improve the quality of life by preventing serious infectious diseases and their consequences. Following recommendations from the Centers for Disease Control (CDC), this benefit covers vaccines for adults, such as shingles, pneumonia and HPV.

**Flu vaccine**: Health providers encourage virtually everyone to receive the flu vaccine. It helps protect you from influenza, or lessen your symptoms if you do contract the flu.

**No-Pay Copay**: Receive a year’s worth of free generic drugs for high blood pressure, high cholesterol, congestive heart failure or diabetes. Many diabetic supplies are also covered at network pharmacies.

**Tobacco cessation**: Tobacco use is the number one preventable cause of death and disease in the United States. A Quit for Life health coach can help you make a plan and guide you through the steps to becoming tobacco-free. Medications for tobacco cessation are available at no cost to you.

For details about PEBA Perks, visit PEBAperks.com.

Get on-the-go health information sent to your mobile phone by dialing 844.284.5417.
A team approach to health care

When you’re dealing with a chronic medical condition, coordinating your health services is important. You might have multiple doctors and lots of different medications. A patient-centered medical home, or PCMH, can make things easier.

PCMHs use a team approach to deliver care. This approach promotes ongoing, personal relationships between you, your primary care doctor and a dedicated care team. The goal is true partnership between patients and providers.

BlueCross BlueShield of South Carolina has PCMH practices across the state. A PCMH is a regular doctor’s office, but it has met special criteria to be certified as a PCMH.

PCMHs are especially helpful for people who have high blood pressure, heart failure or diabetes. But anyone can go to a PCMH. With a medical “home,” you can count on a trusted team to provide coordinated care — from basic preventive care to acute care you might need in urgent situations.

What makes a PCMH different?

Patient-centered medical homes are not just another trendy development in health care. Growing evidence shows that they are saving money, reducing hospital visits and helping to improve health for patients of diverse backgrounds. A PCMH has met extensive requirements to provide care that is:

- Comprehensive
- Patient-focused
- Coordinated
- Accessible
Benefits of the PCMH approach

- Your health care providers coordinate care to help you reach your health goals.
- Care is personalized and consistent. You will see a member of your care team who knows you and your history.
- Results of all your procedures are coordinated by members of your PCMH team. That way, they have a complete picture of your health.
- Your team can help you manage your health conditions, including getting the preventive and follow-up care you need.
- PCMHs have extended office hours and same-day visits, when necessary.
- You can talk to an on-call physician after hours.

Find a PCMH near You

- Visit stateSC.SouthCarolinaBlues.com. Click on Coverage Information, then Patient-Centered Medical Home.
- Or, call the customer service number on the back of your member ID card.
You’ve got a health coach in your corner!

Ready to get on track with your health but not sure where to start? You don’t have to figure it out on your own. The State Health Plan includes one-on-one coaching from a health care professional at no cost to you.

Health coaching is part of PEBA’s health management benefit. State Health Plan primary members have access to a team of nationally accredited health coaches including registered nurses, dietitians, health educators, respiratory therapists, certified diabetes educators, licensed behavioral health specialists and other health and well-being professionals. Wherever you are in your health and wellness journey, we can connect you to the right coach.

Healthy lifestyle coaching
You’ve decided it’s time for improvement — kicking a bad habit, exercising more or switching up your diet. Or maybe you need guidance as you adjust to a major change in your life, such as pregnancy. By working with a health coach, you have support each step of the way. Together, you can create an action plan to meet your personal goals.

We offer telephonic health coaching for:
- Back care
- Maternity preconception, maternity and postpartum care
- Tobacco-free living
- Weight management (adults and children)
Behavioral health and chronic disease coaching

It can feel overwhelming to live with a chronic health condition. Are you seeing the right doctors and taking the right medications? Are you doing what’s needed to keep your symptoms in check? Your personal health coach can help you better understand your condition and the steps you can take to achieve your best health.

We offer telephonic health coaching for:

- Addiction recovery
- Attention deficit hyperactivity disorder (ADHD)
- Asthma (pediatric and adult)
- Bipolar disorder
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes (adult and pediatric)
- High cholesterol
- Hypertension (high blood pressure)
- Hyperlipidemia
- Metabolic health
- Migraine

Connect to your coach!

Learn more by calling 855.838.5897 or visit www.peba.sc.gov, select Insurance Benefits, then click Health and wellness.

South Carolina

The information contained in this flier is for educational purposes only. It does not represent a standard of care. Your physician must determine the appropriateness of the information in light of all your circumstances. It is important to discuss options with your physician when deciding on the best treatment for you.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.
Dealing with a chronic health condition can be challenging. This program aims to make it a little easier. It lets eligible State Health Plan primary members get free generic medications to treat their conditions.

The Public Employee Benefit Authority (PEBA) will waive Copays on some medications for members and their covered dependents. The program is for adult members with high blood pressure, high cholesterol, congestive heart failure or diabetes. It also covers children younger than 18 who have diabetes. The goal is to encourage members to take their medications and stay as healthy as possible.

**Guidelines**

- The State Health Plan must be your primary insurance.
- Members must purchase the medications through a network pharmacy or the mail-order pharmacy.
- If you qualify for the program, the waiver lasts 12 months. We will notify you 90 days before your waiver is set to expire.
- You can also receive free diabetic testing supplies.

**Questions?**

- Please see the lists of covered generic drugs at StateSC.SouthCarolinaBlues.com. Look for the Health & Wellness tab. Then click on No-Pay Copay.
- For BlueCross BlueShield of South Carolina customerservice, go to stateSC.SouthCarolinaBlues.com. Log in to My Health Toolkit®. Then click on Ask Customer Service.
- You also can call BlueCross customer service. Call 803.736.576 in the Columbia area or 800.868.2520 outside the Midlands.
### Qualification and requalification for members 18 and older

<table>
<thead>
<tr>
<th>Condition</th>
<th>Complete the health survey in your Personal Health Record</th>
<th>Complete Personal Health Assessment (PHA)</th>
<th>Participate in health management program</th>
<th>Visit your doctor</th>
<th>Complete lab tests (vary by conditions)</th>
<th>Complete four coaching calls or attend approved class*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong></td>
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<tr>
<td>First-time qualification</td>
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<td><strong>Cardiac conditions</strong></td>
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* When required by your condition. Please see the Requalification section of the No-Pay Copay FAQs on www.StateSC.SouthCarolinaBlues.com.

### Qualification and requalification for members younger than 18

<table>
<thead>
<tr>
<th>Condition</th>
<th>Complete the health survey in your Personal Health Record</th>
<th>Participate in health management program</th>
<th>Visit your doctor</th>
<th>Complete lab tests (vary by conditions)</th>
<th>Receive health coaching or attend approved class</th>
</tr>
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*Get started by completing your Personal Health Record at www.StateSC.SouthCarolinaBlues.com.*
Regular prenatal care and following your doctor’s recommendations can help keep you and your baby healthy. If you are a mother-to-be, you are encouraged to enroll and participate in a free maternity management program.

**Coming Attractions!**

Medi-Call administers PEBA’s comprehensive maternity management program, **Coming Attractions**. This program supports mothers throughout their pregnancy and post-partum care. It also assists with Neonatal Intensive Care Unit infants or other babies with special needs until they are one year old.

Once enrolled in the Coming Attractions program, expectant mothers will receive a welcome mailer and educational materials throughout their pregnancy and the baby’s first year of life.

**Enrolling in Coming Attractions**

You do not have to wait until you have seen your physician to enroll in Coming Attractions, and enrollment is easy.

To enroll:

- Visit [StateSC.SouthCarolinaBlues.com](http://StateSC.SouthCarolinaBlues.com) and log in to your My Health Toolkit® account. Select Wellness, then click on Health Coaching. From My Activity Center, click on Assessments and complete the available maternity health screening, which is listed as MM Maternity Screening.

- Call Medi-Call at **803.699.3337** or **800.925.9724** to talk to a maternity nurse to complete a maternity health screening.

**After Enrollment**

A Medi-Call maternity nurse will complete a Maternity Health Screening when you enroll. It is used to identify potential high-risk factors during your first trimester. If high-risk factors are identified, you will be scheduled for follow-up calls. If no risks are identified, you are encouraged to call with any changes in your condition. Otherwise, your maternity nurse will call you during your second and third trimesters.

Your maternity nurse also will call you after your baby is born to assist with any needs. If you enroll in the program through the Member Portal, you can use the online system to correspond with your nurse and receive articles of interest from recognized medical sources. Also, you can call your maternity nurse at any time if you have questions. A nurse will be there to help you with both routine and special needs throughout your pregnancy and the postpartum period.

**Preauthorizing Your Hospital Stay**

Please note that if you do not preauthorize a hospital admission related to your pregnancy or to have your baby, you will pay a $200 penalty for each admission, as you would for any admission, whether the admission was maternity related or not. Also, the coinsurance you pay will not count toward your coinsurance maximum.

**Breast Pumps**

Specific models of breast pumps are be covered and available at no cost to female subscribers and female spouses of subscribers. To use this coverage, you will need to obtain the pump through a BlueCross-contracted provider. While a physician prescription is not required, having a prescription is preferred and will help the order to be processed more quickly. For more information, click [here](http://here).
**Length of Hospital Stay**

By federal law, group health plans generally cannot restrict benefits for the length of any hospital stay in connection with childbirth for the mother or the newborn to fewer than 48 hours after a vaginal delivery or fewer than 96 hours after a caesarean section. The plan may pay for a shorter stay, however, if the attending physician, after consultation with the mother, discharges the mother or newborn earlier. Also by federal law, group health plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). A member may be required to obtain precertification to use certain providers or facilities, or to reduce out-of-pocket costs.

**Midwife services**

The State Health Plan recognizes only certified nurse midwives as providers of midwife covered services. A certified nurse midwife is an advance practice registered nurse who is licensed by the State Board of Nursing, or by a sister state having substantially-equivalent license standards, as a midwife. Services from an active practice registered nurse are covered even if these services are not performed under the immediate direction of a doctor. The services of lay midwives and midwives licensed by the South Carolina Department of Health and Environmental Control are not reimbursed.

**Adding Your Newborn to Your Health Coverage**

Newborns are *not* automatically added to your health coverage. When your baby is born, contact the Clemson University Office of Human Resources within 30 days to add the child to your coverage.

You may also choose to enroll in or increase your Optional Life insurance, without needing to provide medical evidence, in $10,000 increments up to $50,000. You may enroll in or make adjustments to your flexible spending accounts at the same time.

**Documentation requirements**

In addition to the enrollment form, you will be required to provide a copy of your child’s long-form birth certificate to the Office of Human Resources at the time of enrollment. The hospital will give you the application for a birth certificate before you are discharged. Be sure to request the long form, which is required because it includes the names of the parents.

Even if you do not have a copy of the birth certificate yet, you must complete an enrollment form to add your child within 30 days of birth.

**Proof of insurance**

Don’t worry while enrollment is processing - most providers will render services to a newborn without proof of insurance. Once the documentation is received, the coverage will be effective as of your child’s date of birth, and providers will be able to submit claims for services. If a provider requires proof of insurance, PEBA will accept an official document from the hospital instead of the birth certificate. The document must include the child’s name, date of birth and parents’ names. It must also be signed by the attending physician or a hospital staff member.

*This flyer does not constitute a comprehensive or binding representation regarding the employee benefits offered by PEBA. The terms and conditions of insurance plans offered by PEBA are set out in the applicable plan documents and are subject to change. The language on this flyer does not create any contractual rights or entitlements for any person. More information is available at [www.peba.sc.gov](http://www.peba.sc.gov).*
Well child care benefits, including checkups and immunizations, aim to promote good health and both early detection and prevention of illness in children enrolled in the State Health Plan. Covered children are eligible for well child care exams until they turn age 19.

**How It Works**
This benefit covers well child care exams and immunizations, which must be performed by a network professional. When these services are received from a State Health Plan or BlueCard network doctor, benefits will be paid at 100 percent of the allowed amount.

The State Health Plan covers services specific to certain ages as recommended by the American Academy of Pediatrics. The State Health Plan will not pay for services from out-of-network providers.

Some services may not be considered part of Well Child Care. For example, if during a well-child visit a fever and sore throat were discovered, the lab work to verify the diagnosis would not be part of the routine visit. These charges, if covered, would be subject to the copayment, deductible, and coinsurance, as would any other medical expense.

**Well Child Exams**
The plan pays 100 percent of the allowed amount for approved routine exams, Centers for Disease Control-recommended immunizations, American Academy of Pediatrics-recommended services specific to certain ages, and lab tests when an in-network doctor provides these checkups:

<table>
<thead>
<tr>
<th>Child’s Age</th>
<th># of Allowed Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 1 year old</td>
<td>up to six visits</td>
</tr>
<tr>
<td>1 year old</td>
<td>up to three visits</td>
</tr>
<tr>
<td>2 years old</td>
<td>up to two visits</td>
</tr>
<tr>
<td>3 years old until he turns 19 years old</td>
<td>one visit a year</td>
</tr>
</tbody>
</table>

*The well child care exam must occur after the child’s birthday*

**Immunizations**
Benefits are provided for all immunizations at the appropriate ages that the American Academy of Pediatrics (AAP) recommends for children through age 18. To ensure that the immunization will be covered, the child must have reached the age at which the AAP schedule says the immunization should be given.

If your covered child has delayed or missed receiving immunizations at the recommended times, the Plan will pay for immunizations through age 18, for the vaccines listed, subject to the age limitations. Please contact your pediatrician for the most up-to-date information about immunizing your child.

More information can be found in the PEBA Insurance Benefits Guide at [peba.sc.gov](http://peba.sc.gov).
The Clemson University Office of Human Resources provides employees and their family members with tobacco-cessation programs free of charge.

If you are ready to quit tobacco, HELP IS HERE!

### Tobacco-Cessation Resources

#### Quit for Life Program

*American Cancer Society*

The Quit for Life Program, which is available at no charge to State Health Plan subscribers and their covered family members, is one of the most successful programs of its kind.

- A professionally trained Quit Coach works with participants to create personalized quit plans.
- The program provides **free** nicotine replacement therapy (e.g., patches, gum or lozenges) and prescription smoking-cessation drugs (e.g., bupropion or Chantix).

To inquire, call 1 (866) 784-8454 or visit www.quitnow.net/SCStateHealthPlan

#### Employee Assistance Program

*Deer Oaks*

Deer Oaks EAP offers free wellness coaching on line or by telephone to all Clemson University faculty and staff and their dependents/household members.

Deer Oaks’ certified wellness coaches are trained by the Mayo Clinic and are available to help identify and maintain strategies that support the goal of tobacco cessation.

To inquire, call toll free 1-866-327-2400 or visit www.deeroaks.com

### Benefits of Quitting Smoking

- **Decrease your cancer risks**
  Your risk of cancer of the lung, mouth, throat, esophagus, bladder, kidney and pancreas decreases.

- **Save money**
  When you give up a one-pack-a-day habit (an average cost of $6.18), you save approximately $2,200 a year.

- **Increase your lung power**
  In two to three months your lung function improves: less wheezing, coughing and shortness of breath.

- **Increase your heart’s strength**
  In as little as two weeks your heart attack risk may begin to drop and your lung function improves. In a year, your risk of coronary heart disease is half that of a smoker. In 15 years, your risk of heart disease is the same as that of a nonsmoker.

- **Get healthier looking skin**
  Quitting can help clear up blemishes and protect your skin from premature aging and wrinkling.

- **Get a good night’s sleep**
  Smoking irritates the membranes in the nose and throat, which can block the airways and cause snoring.

- **Enjoy better tasting food**
  Smoking dulls your sense of smell and taste. As you regain your senses after you quit smoking, eating becomes a more pleasurable experience; you can actually taste your food.

- **Get your freedom back**
  No more sneaking outside to grab a quick smoke; no more dreading long flights; no more making excuses. You can breathe easier and enjoy your newfound freedom from smoking.

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*benefits per Quit.com*
It’s easy to manage your medicine anytime, anywhere

**MOBILE** **WEB**

Helpful information about your State Health Plan prescription plan benefits is just a click away with Express-Scripts.com and Express Scripts mobile app*

- Save time and money with home delivery
- Refill and renew your prescriptions
- See order status, claims and payment history
- Find and compare prices with Price a Medication
- Check for drug interactions and alerts
- Save time and money with home delivery

*Some features may not be available for all benefit plans.

Scan this QR code to download the Express Scripts mobile app, or go to Express-Scripts.com/mobileapp to learn more.
You can now get your State Health Plan prescription plan information online!

It’s easy to register at Express-Scripts.com or download our mobile app. Then you’ll be able to:

- Check order status
- Refill and renew your prescriptions
- Contact a pharmacist 24/7
- Find lower-cost options
- Locate an in-network pharmacy near you

Get started today - it’s quick and confidential
Just have your member ID number¹ handy, then:

- Go to Express-Scripts.com or download the Express Scripts mobile app
- Select “Register Now”
- Complete the information
- Click the “Register Now” button and you’re done
- Click continue to access your prescription information

On the last page, you have the option to set your preferences² now or later under “My Account.” If you have iPhone or iPad devices and have enabled Apple’s touch ID authentication, you can use it to login to your Express Scripts account on the mobile app.

Questions? Call Express Scripts Member Services toll free at 855.612.3128

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¹ Your member ID number is located on your State Health Plan prescription drug identification card.
² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, Android™, Windows Phone®, Amazon and Blackberry® mobile devices.

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Express Scripts administers your State Health Plan prescription drug benefit for S.C. PEBA.
©2016 Express Scripts Holding Company. All Rights Reserved. 16EME34845 OT46S48W_CRIP16_XXXX
Most of us know what it’s like to go to the doctor or pick up a prescription medication. But, do you know what to do when your prescription requires a prior authorization before it can be filled as part of your state Health Plan prescription drug benefits?

A prior authorization, like other kinds of coverage review, is a research-based tool Express Scripts, your pharmacy benefits manager, uses for some prescriptions to ensure your health and safety and to help keep costs down for you, the Plan and your employer, who pays most of your premiums. Prior authorizations aren’t needed every time, but they are used when effective, lower-cost alternatives exist.

How do prior authorizations work?

If your pharmacist tells you your prescription needs a prior authorization, then he, your doctor or you will need to contact Express Scripts at 855.612.3128. Express Scripts will work with your doctor or pharmacist to determine if the medication can be covered.

What if I can’t obtain a prior authorization?

You can still purchase your medication without one, but you will have to pay full price rather than your State Health Plan copayment. If a prior authorization can’t be obtained immediately but you need the medication and cannot pay the total cost, consider asking your pharmacist to fill a lesser quantity that is affordable at full price. If you receive a letter denying a prior authorization, it will also provide you with information on the appeals process.

For questions or concerns, contact Express Scripts at 855.612.3128. Or, you can register online through www.Express-Scripts.com to see your prescription history, manage your medication, and learn more about drugs and price estimates. The Express Scripts mobile app (www.Express-Scripts.com/mobileapp) offers all this as well as powerful tools for dosage, reordering and safety reminders.
TRICARE is the Department of Defense health benefit program for the military community. The TRICARE Supplement Plan is secondary coverage to TRICARE. It pays the subscriber’s share of covered medical expenses under the TRICARE Prime (in-network), Extra, and Standard options. Eligible participants have almost 100 percent coverage. Underwritten by Transamerica Premier Life Insurance Company, the plan is administered by Selman & Company.

The TRICARE Supplement Plan is designed for TRICARE-eligible active employees until they become eligible for Medicare. It is an alternative to the State Health Plan.

Eligibility
PEBA nor Clemson confirms eligibility for the TRICARE Supplement Plan. Eligible individuals must be registered with the Defense Enrollment Eligibility Reporting System (DEERS) and must not be eligible for Medicare. Employees must drop their State Health Plan coverage to enroll in the TRICARE Supplement Plan. Employees should confirm their eligibility for TRICARE with DEERS before enrolling in the TRICARE Supplement.

As a subscriber, employees may cover eligible dependent children; however, dependent eligibility for the TRICARE Supplement Plan is based on TRICARE eligibility rules and is different from PEBA’s dependent eligibility rules.

How to enroll
If you are eligible for TRICARE and eligible for coverage with the South Carolina state health insurance program, you can enroll yourself and your eligible dependents within 31 days of the date you are hired or become eligible for TRICARE. You also can enroll during open enrollment, which is offered annually in October. If you enroll during open enrollment, coverage becomes effective on January 1.

Membership in the Government Employees Association (GEA) is required for enrollment in the TRICARE Supplement Plan. Information about the Government Employees Association is provided in the TRICARE Supplement Plan welcome packet. Dues are included in the plan’s monthly premium. For more information, contact the Government Employees Association at 800.446.7600 or www.geausa.org.

Upon enrollment, you will receive a packet with your certificate of insurance, ID card, claim forms, and instructions on how to file claims.

Plan features
The TRICARE Supplement Plan provides you with additional coverage, which, when combined with the other TRICARE coverage, usually pays 100 percent of your out-of-pocket expenses. Some of the plan’s features include:

- No deductibles, coinsurance, or out-of-pocket expenses for covered services
- Choice of any TRICARE-authorized provider, including network, non-network, participating, and nonparticipating providers
- Reimbursement of prescription drug copayments
- Portability that allows you to continue coverage by paying the premiums directly to Selman & Company if you leave your job

More Information
For more information about the Government Employees Association (GEA) TRICARE Supplement Plan contact Selman & Company at www.selmantricareresource.com/SC or 800.638.2610. For more information about TRICARE for Life, visit www.tricare4u.com or call 866.773.0404.

This flyer does not constitute a comprehensive or binding representation regarding the employee benefits offered by PEBA. The terms and conditions of insurance plans offered by PEBA are set out in the applicable plan documents and are subject to change. The language on this flyer does not create any contractual rights or entitlements for any person. More information is available at www.peba.sc.gov.
You might need just a couple of routine visits to your dentist every year or you could have greater dental needs, like oral surgery, restorative work or your child may need braces. Whatever your dental needs, what will your state dental coverage pay?

### State Dental Plan

- $1,000 benefit period maximum payment for Classes I, II and III
- 100 percent reimbursement of the **allowed amounts** for Class I (preventive) procedures
- 80 percent reimbursement of the **allowed amounts** for Class II (restorative) procedures
- 50 percent reimbursement of the **allowed amounts** for Class III (prosthodontic) procedures
- $25 individual deductible, limited to three per family, applies to Class II and III procedures
- Coverage for orthodontic services up to a $1,000 lifetime maximum payment for dependent children up to age 19 – payable at 50 percent of the allowed amounts up to the lifetime maximum
- Coverage, excluding orthodontics, for children up to age 26

### Dental Plus

- $2,000 benefit period maximum payment for Classes I, II and III (includes the State Dental Plan’s $1,000 Benefit Period maximum payment)
- 100 percent reimbursement of the **allowed amounts** for Class I (preventive) procedures
- 80 percent reimbursement of the **allowed amounts** for Class II (restorative) procedures
- 50 percent reimbursement of the **allowed amounts** for Class III (prosthodontic) procedures
- Coverage for children up to age 26
- No additional deductible amounts
- No additional benefits for orthodontic services

**Allowed Amounts**
Allowed amounts for covered dental benefits are determined by the State of South Carolina Public Employee Benefit Authority. Allowed amounts may vary by network dentist and/or the physical location of the dentist.

Allowed amounts for covered dental benefits will differ for services rendered by a network provider versus a non-network provider. **Seeking services from a network provider will decrease your out-of-pocket expenses and make your annual maximum benefits go farther.**

**Coverage Examples**
Compare your out of pocket expenses with the State Dental Plan only and with Dental Plus in the examples on the following page. You will realize greater savings by seeking services from an in network dentist.
## Coverage Examples

### State Dental Plan Only - Routine Dental Visit

**Scenario:** routine check-up (including exam, four bitewing x-rays, and adult cleaning) for a member with the State Dental Plan only.

<table>
<thead>
<tr>
<th>Description</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist’s charge (average)</td>
<td>$191.00</td>
<td>$191.00</td>
</tr>
<tr>
<td>Allowed amount (payable at 100 percent)</td>
<td>$135.00</td>
<td>$171.00</td>
</tr>
<tr>
<td>Amount paid by the State Dental Plan and Dental Plus</td>
<td>$56.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>You pay</td>
<td>$0.00</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

### State Dental Plan and Dental Plus – In-Network

**Scenario:** routine check-up (including exam, four bitewing x-rays, and adult cleaning) for a member with the State Dental Plan and Dental Plus.

<table>
<thead>
<tr>
<th>Description</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$190.00</td>
</tr>
<tr>
<td>Allowed amount (payable at 100 percent)</td>
<td>$135.00</td>
<td>$171.00</td>
</tr>
<tr>
<td>Amount paid by the State Dental Plan and Dental Plus</td>
<td>$45.00</td>
<td>$13.00</td>
</tr>
<tr>
<td>You pay</td>
<td>$29.00 (20 percent coinsurance)</td>
<td>$48.40 (20 percent coinsurance plus difference between allowed amount and charge)</td>
</tr>
</tbody>
</table>

### State Dental Plan and Dental Plus – Out-Of-Network

**Scenario:** routine check-up (including exam, four bitewing x-rays, and adult cleaning) for a member with the State Dental Plan and Dental Plus.

<table>
<thead>
<tr>
<th>Description</th>
<th>In-Network</th>
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</tr>
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<tbody>
<tr>
<td>Dentist’s charge (average)</td>
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<td>Allowed amount (payable at 100 percent)</td>
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<td>$171.00</td>
</tr>
<tr>
<td>Amount paid by the State Dental Plan and Dental Plus</td>
<td>$45.00</td>
<td>$13.00</td>
</tr>
<tr>
<td>You pay</td>
<td>$29.00 (20 percent coinsurance)</td>
<td>$48.40 (20 percent coinsurance plus difference between allowed amount and charge)</td>
</tr>
</tbody>
</table>

### State Dental Plan Only - Non-Routine Dental Procedure

**Scenario:** two surface amalgam fillings for a member with the State Dental Plan only.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount paid by the State Dental Plan and Dental Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist’s charge (average)</td>
<td>$190.00</td>
</tr>
<tr>
<td>Allowed amount (payable at 80 percent)</td>
<td>$44.80</td>
</tr>
<tr>
<td>Amount paid by the State Dental Plan</td>
<td>$35.84</td>
</tr>
<tr>
<td>Difference between allowed amount and charge</td>
<td>$154.16</td>
</tr>
<tr>
<td>You pay</td>
<td>$154.16</td>
</tr>
</tbody>
</table>

### State Dental Plan and Dental Plus – Non-Routine Dental Procedure

**Scenario:** two surface amalgam fillings for a member with the State Dental Plan only.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount paid by the State Dental Plan and Dental Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist’s charge (average)</td>
<td>$190.00</td>
</tr>
<tr>
<td>Allowed amount (payable at 80 percent)</td>
<td>$44.80</td>
</tr>
<tr>
<td>Amount paid by the State Dental Plan</td>
<td>$35.84</td>
</tr>
<tr>
<td>Difference between allowed amount and charge</td>
<td>$154.16</td>
</tr>
<tr>
<td>You pay</td>
<td>$154.16</td>
</tr>
</tbody>
</table>

**Note:** Examples assume that the $25 annual deductible has already been satisfied.

Call us toll free at 888-214-6230 or locally at 803-264-7323 for more information. Or visit our website, www.StateSC.SouthCarolinaBlues.com.
Use your **Dental Resource Center** (go2dental.com/scplan) to find Dental Plus network providers, costs, and even assess your personal dental risks

- **Dental Cost Estimator**
  With this feature, you can look up typical costs (not allowed amounts) for dental procedures and prices typically seen where you live. You can compare these to the State Dental Plan’s allowed amounts (StateSC.SouthCarolinaBlues.com under the **Coverage Information** tab, then **Dental** and finally **Dental Fee Schedule**) to get a sense of how much of your bill you may be responsible for.

- **Find a dentist**
  State Dental Plan members who also enroll in Dental Plus will have no balance billing for routine visits after both of these plans pay for service. For Dental Plus subscribers who go to out-of-network providers, the allowed amount is based on usual and customary charges for the area, and subscribers may be balance billed. The **Find a Dentist** feature can connect you to in-network providers, and you can narrow your search by location or specialty. Dental Plus also gives you access to network providers nationwide when living or traveling outside of South Carolina.

- **Learn your risks, learn your procedures**
  You can also take risk assessments to learn how susceptible you may be to oral diseases and tooth decay, watch animations of dental procedures, ask dentists questions and read a wide variety of oral health topics.

Check your benefits in **My Health Toolkit®**
(StateSC.SouthCarolinaBlues.com)

This online service provides more than just a breakdown of your general health insurance benefits and claims—it gives you an overview of your dental benefits, too, including what percentage of the allowed amount your insurance will pay for any procedure, and an account of how much of your annual maximum benefit payment you have used.
What's Online for State Health Plan Members

State of South Carolina Plan members are also part of the BlueCross family! We want to help you get the most out of your membership by understanding your benefits and the online tools available to you.

This guide shows you where to find popular resources and answers to common questions. We recommend keeping it at your desk or by a computer, so it's available when you need it.

Register for your My Health Toolkit® account today!

Go to StateSC.SouthCarolinaBlues.com and select Register Now.

Scan this code from your mobile device to launch My Health Toolkit.

www.StateSC.SouthCarolinaBlues.com
When you’re a member of the State health Plan, you have one main place to find answers about your health care. My Health Toolkit is a one-stop shop for managing your health benefits – customized just for you!

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**Learn more about your coverage**

Wondering if something is covered by your health plan? Look up your medical and dental coverage, deductible and out-of-pocket spending.

**Check medical claims**

Need to know if a claim has been paid? View the status of any current or previous medical claim, the date of service and the amount charged by your provider.

**Replace your identification card**

Lost your identification card? You can easily order a new one or access an electronic version on the spot.

**View your medical history**

Can’t remember the last time you had a physical? View claims information for medical visits and prescriptions in your confidential Personal Health Record. You can also add details about your family medical history and future medical appointments.

---

**Find a doctor or hospital**

Not sure where to go for medical care? Use the Doctor and Hospital Finder to view a list of doctors and medical facilities in your area. Filter your search and compare results side by side. You can even view feedback from other members about a specific doctor!

**Estimate costs ahead of time**

Want to compare costs before you schedule treatment? Plug in your zip code and the name of a medical procedure into the Treatment Cost Estimator. You’ll see real-time cost estimates for nearby hospitals, surgery centers, and physician offices.
How to log in to My Health Toolkit

It’s easy to register:
1. Go to StateSC.SouthCarolinaBlues.com.
2. Select the Register button.
3. Enter the Member ID shown on your BlueCross membership card and your date of birth.
4. Follow the instructions to Create Your Profile.

Stay connected while on the go:
You can also log in to My Health Toolkit from your mobile device. Our mobile site provides quick access to the most popular tools, like the Doctor and Hospital Finder or your electronic member ID card.

Health and wellness
Go to StateSC.SouthCarolinaBlues.com and select Health and Wellness to learn about:
• Free preventive health screenings
• The Generic Copay Waiver program
• Health tips and wellness challenges
• Recipes to help you eat right

Health Management Programs
• Disease Management
• Wellness Coaching
• Maternity Management
• Tobacco Cessation
Coverage information

Go to StateSC.SouthCarolinaBlues.com and select Coverage Information.
Select Medical to learn about:
- Benefits
- Physician and hospital networks
- Preauthorization requirements
- The health savings plan
- Patient-centered medical homes (PCMH)

Select Dental to learn about:
- State Dental Plan and Dental Plus
- The Dental Plus network
- Interactive tools in the Dental Resource Center

Select Prescription Drugs to learn about:
- Frequently asked questions
- Claims, benefits and eligibility

Member resources

Go to StateSC.SouthCarolinaBlues.com and select Member Resources to:
- Watch helpful videos to learn more about your benefits
- Order a new ID card for your medical, dental or prescription drug benefits
- Check out member discounts on a wide range of products and services

Download forms and documents for:
- Health claims
- Dental claims
- Health Insurance Portability and Accountability Act (HIPAA) authorization

Other health or dental coverage
For a complete list of in-network providers near you, visit www.peba.sc.gov. You can also call 877.735.9314.

For LASIK providers, call 877.5LASER6

**SUMMARY OF BENEFITS**

<table>
<thead>
<tr>
<th>Vision care Services</th>
<th>In-network Member cost</th>
<th>Out-of-network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with dilation as necessary</td>
<td>$10 copay</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Retinal imaging</td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 copay, $150 allowance</td>
<td>Up to $75</td>
</tr>
<tr>
<td>Standard progressive lens</td>
<td>$10 copay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Standard polycarbonate</td>
<td>$10 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>$35 copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$55 - $80 copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$55</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$65</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$80</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lens options</td>
<td>$35 copay, 80% of charge</td>
<td>less $120 allowance</td>
</tr>
<tr>
<td>UV treatment</td>
<td>$0</td>
<td>Up to $5</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>$0</td>
<td>Up to $5</td>
</tr>
<tr>
<td>Standard plastic scratch coating</td>
<td>$0</td>
<td>Up to $5</td>
</tr>
<tr>
<td>Standard polycarbonate – adults</td>
<td>$30 copay</td>
<td>Up to $5</td>
</tr>
<tr>
<td>Standard polycarbonate – kids under 19</td>
<td>$0</td>
<td>Up to $5</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>$45</td>
<td>N/A</td>
</tr>
<tr>
<td>Premium anti-reflective coating</td>
<td>$57 - $68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$57</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 3</td>
<td>80% of charge</td>
<td>N/A</td>
</tr>
<tr>
<td>Transitions</td>
<td>$60</td>
<td>Up to $5</td>
</tr>
<tr>
<td>Photochromic plastic</td>
<td>20% off retail</td>
<td>N/A</td>
</tr>
<tr>
<td>Polarized</td>
<td>20% off retail</td>
<td>N/A</td>
</tr>
<tr>
<td>Other add-ons and services</td>
<td>20% off retail</td>
<td>N/A</td>
</tr>
<tr>
<td>Contact lens fit and follow-up</td>
<td>$0 copay, paid in full and two follow up visits</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Standard contact lens fit &amp; follow-up</td>
<td>$0 copay, 10% off retail price, then apply $55 allowance</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Contact lenses</td>
<td>$0 copay, $130 allowance, 15% off balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 copay, $130 allowance, plus balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 copay, paid in full</td>
<td>Up to $200</td>
</tr>
<tr>
<td>Medically necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser vision correction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LASIK or PRK from U.S. laser network</td>
<td>15% off the retail price or 5% off the promo price</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses or contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Benefits are: not provided from services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye; eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any workers’ compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plans (non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered and the services rendered to the insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered – fund as a Bilical lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benfit allowance provides no remaining balance for future use with the same benefits. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. *Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed’s Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.
What’s in it for me?

Options. It’s simple really. We’re dedicated to helping you see clearly— and that’s why we’ve built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.

<table>
<thead>
<tr>
<th>Benefits snapshot</th>
<th>With EyeMed</th>
<th>Out-of-network reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam, with dilation as necessary (once every year)</td>
<td>$10</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Frames (once every two years)</td>
<td>$0 copay, $150 allowance; 20% off balance over $150</td>
<td>Up to $75</td>
</tr>
<tr>
<td>Single Vision Lenses (once every year)</td>
<td>$10</td>
<td>Up to $25</td>
</tr>
<tr>
<td>or Contacts (once every year)</td>
<td>$0 copay, $130 allowance; 15% off balance over $130</td>
<td>Up to $104</td>
</tr>
</tbody>
</table>

And now it’s time for the breakdown . . .

Here’s an example of what you might pay for a pair of glasses with us versus what you’d pay without vision coverage. So, let’s say you get an eye exam and choose a frame that costs $163 with single vision lenses that have UV and scratch protection. Now let’s see the difference...

<table>
<thead>
<tr>
<th>With EyeMed</th>
<th>Without insurance**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam $10 copay</td>
<td>Exam $10 copay</td>
</tr>
<tr>
<td>Frame $163</td>
<td>Frame $163</td>
</tr>
<tr>
<td>- $150 allowance</td>
<td></td>
</tr>
<tr>
<td>$13</td>
<td></td>
</tr>
<tr>
<td>-$2.60 (20% discount off balance)</td>
<td></td>
</tr>
<tr>
<td>$10.40</td>
<td></td>
</tr>
<tr>
<td>Lens $10 copay</td>
<td>Lens $78</td>
</tr>
<tr>
<td>$0 UV treatment add-on</td>
<td>$23 UV treatment add-on</td>
</tr>
<tr>
<td>+ $0 scratch coating add-on</td>
<td>+$25 scratch coating add-on</td>
</tr>
<tr>
<td>$10</td>
<td>$126</td>
</tr>
<tr>
<td>Total $30.40</td>
<td>Total $395</td>
</tr>
</tbody>
</table>

92% SAVINGS with us*

Download the EyeMed Members App

It’s the easy way to view your ID card, see benefit details and find a provider near you.

---

*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.
For those who choose to not enroll in the State Vision Plan, the Vision Care Discount Program provides another option. It is available with no premiums to pay, and no need to be enrolled in any health plan, including the State Health Plan.

**Who’s Eligible**
Any individual who is eligible for insurance benefits from PEBA may use the discounts. Family members of the above are also eligible to use the discount program. You may need to show employment-related identification to prove you are eligible.

**Included Benefits**
As part of the discount program, providers have agreed to charge no more than $60 for a routine, comprehensive eye exam. If you are fitted for contact lenses, you may pay more because it can require additional services. Providers, including opticians, also have agreed to give a 20 percent discount on all eyewear except for disposable contact lenses.

**Participating Providers**
Participating providers are found in South Carolina, Georgia, and North Carolina. Consider asking your provider if they provide discounts through the state’s Vision Care Discount Program before your appointment. Neither PEBA nor the state recommends any specific provider.

**Coordination of Benefits**
You may not use the discount program and the State Vision Plan benefits, if any, at the same time. However, if you are enrolled in the State Vision Plan, has used the vision plan for an eye exam, and would like a second eye exam during the same year when it cannot yet be covered by the State Vision Plan, you can have one for $60 through the discount program.

**No Claims to File**
With the Vision Care Discount Program, you do not file claims and will not receive reimbursement for vision examinations or eyewear, including contacts. If you have a MoneyPlus Medical Spending Account or a Limited-use Medical Spending Account, you can file for reimbursement for vision care expenses.
State Life Insurance Benefits

Employee Basic Life Insurance
- **$3,000 term life insurance** available to employees under age 70 enrolled in a state health plan
- Accidental death and dismemberment benefits included
- Value added benefits included
- Premium paid by employer

Employee Optional Life Insurance
- Coverage up to three times annual salary if enrolled within 31 days of employment
- Medical evidence of good health required for additional coverage
- **Maximum coverage level of $500,000**
- Value added benefits included
- Premium based on amount of coverage and employee’s age

Spouse Life Insurance
- Newly hired employee can enroll eligible spouse in $10,000 or $20,000 of life insurance without medical evidence of good health
- May **elect to enroll eligible spouse in up to 50% of employee’s total** Optional Life Insurance coverage, **not to exceed $100,000**, with medical evidence of good health
- Employee is automatic beneficiary
- Premiums based on employee’s age and amount of coverage

Child Life Insurance
- **$15,000 per eligible child**
- Can enroll eligible children throughout the year without medical evidence of good health
- Premium totals $1.10 per month, regardless of number of children covered

State Long-Term Disability Benefits

Basic Long Term Disability Insurance
- Employee automatically enrolled with selection of a health plan
- Benefit includes 62.5 percent of employee’s pre-disability earnings reduced by deductible income, **up to a maximum of $800 per month**, if approved
- **90-day waiting period** must be satisfied before benefit begins
- Premiums paid by employer

Supplemental Long Term Disability (SLTD) Insurance
- Newly hired employees may elect to enroll without medical evidence of good health
- Enrollment after new hire period or a decrease in waiting period requires medical evidence of good health
- Benefit includes **up to 65% of employee’s pre-disability earnings** reduced by deductible income, up to a maximum of $8,000 per month, if approved
- Choice of **90-day waiting period OR 180-day waiting period**
- Premiums based on employee’s age, income, and plan chosen
What is MoneyPlus?
MoneyPlus, administered by ASIFlex, is a tax-favored accounts program made available through the Internal Revenue Service (IRS) code to stretch your medical and dependent care dollars. With MoneyPlus, you elect to contribute an annual amount from your salary, and it is deducted from your paycheck, before taxes, to pay your eligible medical and dependent care expenses. As you incur eligible expenses during the plan year, you request reimbursement from ASIFlex.

MoneyPlus Medical Spending Account

Minimum Annual Deposit: None
Maximum Annual Deposit: $2,700

What is a MoneyPlus Medical Spending Account?
A MoneyPlus Medical Spending Account (MSA) is an IRS-approved, tax-free account that saves you money on eligible medical expenses. You authorize per-pay-period deposits to your MoneyPlus account from your salary before taxes. Then, as you incur eligible expenses, you request tax-free withdrawals from your account to reimburse yourself. Your annual MoneyPlus MSA contribution is available to you at the beginning of your plan year. You can carry over into 2020 up to $500 in unused funds. You must reenroll each year.

Who is eligible for a MoneyPlus MSA?
To participate in a Medical Spending Account, you must be eligible for state health insurance benefits, however, you are not required to be enrolled in an insurance program to participate in MoneyPlus. Retirees (age 65 & older), are not eligible to participate in MoneyPlus. You must re-enroll each year during open enrollment to contribute to your account the following plan year.

Ineligible expenses
- Insurance premiums
- Vision warranties and service contracts
- Cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition.

Can I use the ASIFlex Card?
Yes. The ASIFlex Card is a stored-value card. It is a convenient option that allows electronic reimbursement of eligible expenses from your MSA. For more information on the card, see the Medical Spending Account Flyer, available through your benefits administrator or online at www.peba.sc.gov.

Is there a carryover provision?
Yes, you may carry over up to $500 of unused funds into the new plan year in your Medical Spending Account. You will forfeit any unused funds over $500.

Partial List of Eligible Expenses for MoneyPlus Medical Spending Account*
- Acupuncture
- Ambulance service
- Birth control pills and devices
- Breast pumps
- Chiropractic care
- Contact lenses (corrective)
- Dental fees
- Diagnostic tests/health screenings
- Doctor fees
- Drug addiction/alcoholism treatment
- Drugs
- Experimental medical treatment
- Eyeglasses
- Guide dogs
- Hearing aids and exams
- In vitro fertilization
- Injections and vaccinations
- Nursing services
- Optometrist fees
- Orthodontic treatment
- Over-the-counter items (some require prescription)
- Prescription drugs to alleviate nicotine withdrawal symptoms
- Smoking cessation programs/treatments
- Surgery
- Transportation for medical care
- Weight-loss programs/meetings
- Wheelchairs
- X-rays

*IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply and will be sent to you following enrollment.
Limited-Use Medical Spending Account

What is a Limited-Use Medical Spending Account?
If you are making contributions to an HSA, you also may be Eligible for a Limited-Use Medical Spending Account (MSA). This account may be used for expenses not covered by the Savings Plan. Eligible expenses include dental and vision care. Except for the restriction on what kinds of expenses are Reimbursable, a Limited-use MSA works the same as a Medical Spending Account. See your enrollment book for details.

MoneyPlus Dependent Care Account

Minimum Annual Deposit: None
Maximum Annual Deposit: Depends on your tax filing status.

What is a MoneyPlus Dependent Care Account?
A MoneyPlus Dependent Care Account is an IRS tax-favored account you can use to pay eligible dependent care expenses to ensure your dependents (child or elder) are taken care of while you and your spouse (if married) work. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax-free. Funds not used within the calendar year they are deposited are at risk of being forfeited to ASIFlex. The funds can be used only for expenses incurred during the current plan year. If you have money left in your account on December 31, you have until March 15 to spend funds deposited during 2019. You will have until March 31 to request reimbursement from your prior year’s funds for expenses incurred on or before March 15.

Who is Eligible for a MoneyPlus Dependent Care Account?
You can enroll in a Dependent Care Account within 31 days of the date you are hired if you are eligible for PEBA insurance benefits. If you do not enroll at that time, you can only enroll during an October enrollment period. You must re-enroll during each open enrollment period to continue your account. You can also enroll in, or make changes to, your Spending Account(s) within 31 days of a change in family status. Changes during the year must be necessary and appropriate. See your enrollment book for details.

MoneyPlus Guidelines

1. The IRS does not allow you to pay your medical or other insurance premiums through your MoneyPlus Medical Spending Account.
2. You may not receive insurance benefits or any other compensation for expenses that are reimbursed through your MoneyPlus account.
3. Expenses reimbursed from a MoneyPlus account cannot be deducted on your federal tax return.
4. You may not be reimbursed for a service that you have not yet received.
5. Health or fitness club membership fees are not allowed reimbursed through your MoneyPlus account.
6. Cosmetic surgery, treatments or medications not deemed medically necessary to alleviate, mitigate or prevent a medical condition are not reimbursed through your MoneyPlus account.

More Information
Learn more about your MoneyPlus options at www.peba.sc.gov/moneyplus.html.

MoneyPlus Health Savings Account

What is a MoneyPlus Health Savings Account?
Providing economical health care in the face of rising costs is a major issue facing the nation. As part of an effort to cope with this challenge, PEBA Insurance Benefits offers the State Health Plan Savings Plan coupled with a Health Savings Account (HSA).

An HSA is a tax-free account that can be used to pay health care expenses. Unlike money in a MoneyPlus Medical Spending Account, the funds do not have to be spent in the plan year they are deposited. Money in the account, including interest, accumulates tax-free, so the funds can be used to pay qualified medical expenses in the future. An important advantage of an HSA is that it is owned by the employee. If you leave your job, you can take the account with you.

Who is eligible to contribute to a MoneyPlus HSA?
- Employees must be covered by the State Health Plan Savings Plan.
- Employees cannot be covered by any other type of health plan, including Medicare. However, they may be covered for specific injuries, accidents, disability, dental care, vision care and long-term care.
- Participants cannot be claimed as a dependent on another person’s tax return.
Multiply monthly salary by rate factor from table

Coverage will reduce to 65 percent at age 70, 42 percent at age 75 and 31.7 percent at age 80. Rates shown per $10,000 of coverage.

Optional Life and AD&D and Dependent Life Spouse and AD&D

Supplemental Long Term Disability

How to calculate SLTD monthly premium
1. Divide gross annual salary by 12 to determine monthly salary
2. Multiply monthly salary by rate factor from table
3. Drop digits to right of two decimal places; do not round
4. If number is even, this is the monthly premium
5. If number is odd, add .01 to determine monthly premium

Dependent Life Child and AD&D

$1.26 per month for $15,000 of coverage; one premium provides coverage for all eligible children.
Below are definitions for some terms used in the State Insurance Package. For more information, refer to the PEBA Insurance Benefits Guide at www.peba.sc.gov or contact the Office of Human Resources at (864) 656-2000.

Allowed amount
The most a plan allows paying a provider for a covered service, procedure or supply.

Authorized representative
An individual with whom a health plan has permission to discuss a covered person’s Protected Health Information.

Balance bill
The difference between what a health plan pays for a service and the provider’s actual charge. State Health Plan network providers may not balance bill members. See also Out-of-network differential.

Change in status
An event, such as marriage, divorce or birth of a child that makes it possible to change a Medical Spending Account or a Dependent Care Spending Account.

Coinsurance
A percentage of the cost of health care a member pays after their deductible has been met. Under the State Health Plan, the coinsurance rate is different for network services, services at a BlueCross BlueShield of South Carolina-affiliated Patient-Centered Medical Home, out-of-network services, infertility treatment and fertility drugs.

Coinsurance maximum
The amount of coinsurance a member is required to pay each year before they are no longer required to pay coinsurance.

Coordination of benefits
A system to determine how claims are handled when a person is covered under more than one insurance plan.

Copayment
A fixed amount a subscriber must pay for a drug or service. Savings Plan members do not pay copayments. Standard Plan members pay prescription drug copayments and copayments for office visits, emergency care and outpatient facility services.

Deductible
Generally, the amount a member must pay yearly for covered health care before the plan begins to pay a portion of the cost of their care. The deductible may not apply to all services.

Exclusion
A condition for which, or a circumstance under which, an insurance plan will not pay benefits.

Formulary
A pharmacy network’s list of preferred drugs, including new drugs and generics. Physicians and pharmacists continually review and compare the medications on a pharmacy networks formulary. As a result, some safe and effective drugs become “preferred” and others may become “non-preferred.” The formulary guides the copayment you make for a prescription drug.

Individual whole life insurance
A permanent form of life insurance.

Member
A person covered by a health, dental or vision plan.

National Preferred Formulary
The standard formulary, or list of preferred medications, used by Express Scripts, the State Health Plan’s pharmacy benefits manager. Preferred medications are those determined to be safe and effective but may cost less than alternatives.

Network
A group of providers, facilities or suppliers under contract to provide care for people covered by a health, dental or vision plan.

Out-of-network differential
A State Health Plan member pays 40 percent coinsurance, rather than 20 percent, when they use a provider that is not in the network.

Outpatient facility services
Services provided in a hospital for patients who do not stay overnight or services provided in a freestanding medical center.
Pay-the-difference policy
If a member buys a brand-name drug when a generic drug is available, they will be charged the generic copayment plus the difference between the allowed amounts for the generic drug and the brand-name drug. Only the copayment for the generic drug will apply toward their prescription drug copayment maximum.

Plan of Benefits
A document establishing eligibility requirements and benefits offered to individuals covered by the State Health Plan.

Preauthorization
To require preauthorization is to require that a member get permission from the plan before they receive a particular service, supply or piece of equipment. The term prior authorization is used by the State Health Plan pharmacy benefits program.

Premium
The amount a covered person pays for insurance coverage.

Prior authorization
A type of coverage review that may be needed when a medication is prescribed for which there is an effective and safe, lower-cost alternative.

Qualifying event
A change in a person’s life, such a reduction in working hours, job loss or loss of eligibility for insurance coverage, that makes them eligible to enroll in continued coverage provided under COBRA.

Special eligibility situation
An event that allows an eligible employee, survivor or COBRA subscriber to enroll in or drop coverage for themselves and/or for eligible family members outside an open enrollment period. The coverage change must be made within 31 days of the event.

Subscriber
An individual, such as an employee, who is covered by an insurance plan. Because the individual is eligible and covered, members of their family also may be eligible to enroll in the plan.

Term life insurance
Life insurance coverage that is provided for a specific period of time. It has no cash value. All life insurance offered through PEBA is term life.

Third-party claims processor (claims processor)
A company, such as BlueCross BlueShield of South Carolina, that is under contract to PEBA to process claims for members. Vendor A company under contract to PEBA
**MyBenefits** is the safe, secure online resource that allows you, as a member of a PEBA-administered insurance plan, to change your coverage during an open enrollment period anywhere you have internet access.

Using MyBenefits saves a phone call or visit to your benefits office and ensures speedy transmission of your coverage changes. Remember, changes are only allowed during open enrollment unless you are in a special eligibility situation such as marriage or having a child.

If you enroll a dependent for the first time, be sure to submit legible photocopies of eligibility documentation to your benefits administrator.

Registering for MyBenefits also enables PEBA to send you important information and updates about your insurance benefits by email.

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**Step 1**

Access [www.peba.sc.gov](http://www.peba.sc.gov), and select the MyBenefits button on the right side of the page.

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**Step 2**

If you don’t know your Benefits Identification Number (BIN), select *Get my BIN* and follow the instructions to retrieve it.

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**Step 3**

To set up an account, click the *Register* button. Follow the five-step process to complete your registration.

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**You can now access** your insurance benefits information in MyBenefits 24/7 by entering your BIN, the last four digits of your social security number and your password.

**You can now update your:**

- Contact information
- Beneficiaries
- Coverage during the annual open enrollment period in October
This document offers a brief overview of the retirement benefits provided by the South Carolina Public Employee Benefit Authority (PEBA). This document does not include all details of the retirement plans mentioned; for complete details, refer to PEBA’s related plan documents and contracts. Plan information is current as of July 2017.

Additional information on retirement plans and their benefits, including benefit estimate calculators, can be found on PEBA’s webpage at [www.retirement.sc.gov](http://www.retirement.sc.gov) or by contacting the Office of Human Resources at (864) 656-2000.

### Retirement Plan Comparison

<table>
<thead>
<tr>
<th>South Carolina Retirement System (SCRS) &amp; Police Officers Retirement System (PORS)</th>
<th>State Optional Retirement Program (State ORP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Plan</strong></td>
<td>Defined Benefit Plans</td>
</tr>
<tr>
<td>SCRS/PORS is a 401(a) plan that provides a monthly annuity at retirement. Your retirement annuity is based on a formula that includes your service credit, your average final compensation and a benefit multiplier. Your retirement income is not based on your account balance.</td>
<td>State ORP is a 401(a) plan that provides an account into which you and your employer contribute. Your retirement benefit consists of the account balance accumulated throughout your years of employment. Your account balance is made up of contributions and earnings from your chosen investment options.</td>
</tr>
<tr>
<td><strong>Employee Contributions</strong></td>
<td>Members contribute a tax-deferred amount of their gross earnings: SCRS: 9% / PORS: 9.75%</td>
</tr>
<tr>
<td><strong>Employer Contributions</strong></td>
<td>Your employer will remit an employer contribution; however, contributions are not credited to individual accounts.</td>
</tr>
</tbody>
</table>
| **Retirement Benefits** | **Retirement**  
• Members enrolled on or after July 1, 2012: SCRS members must have at least 8 years of earned service and either meet the Rule of 90 (your age and your years of service total 90) or have reached age 65. PORS members must have 27 years of service with 8 of those years being earned service.  
• Members enrolled prior to July 1, 2012: Must have at least 5 years of earned service at age 65 for SCRS or age 55 for PORS or have 28 years of service for SCRS or 25 years of service for PORS.  
**Early Retirement for SCRS Members** (permanent reduction in benefits)  
• Members enrolled on or after July 1, 2012: Age 60 with 8 years of service. If you do not meet the rule of 90, your benefit is permanently reduced 5% for each year of age less than 65.  
• Members enrolled before July 1, 2012: Age 60 with 5 years of earned service or age 55 or older with 25 years of service with 5 years being earned service. | There is no minimum age or years of service required to receive your benefit.*  
You become eligible to receive distributions when you separate employment and reach the age of 59½. You may leave your balance on deposit to accumulate tax-deferred earnings until you elect to receive the funds or until the IRS requires you to begin receiving annual required minimum distributions.  
*You may be required by the IRS to pay an additional tax if you take a distribution prior to age 59½. Contact your ORP vendor for more information. |

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*You become eligible to receive distributions when you separate employment and reach the age of 59½. You may leave your balance on deposit to accumulate tax-deferred earnings until you elect to receive the funds or until the IRS requires you to begin receiving annual required minimum distributions.

*You may be required by the IRS to pay an additional tax if you take a distribution prior to age 59½. Contact your ORP vendor for more information.
## Retirement Plan Comparison Continued

<table>
<thead>
<tr>
<th>South Carolina Retirement System (SCRS) &amp; Police Officers Retirement System (PORS) Defined Benefit Plans</th>
<th>State Optional Retirement Program (State ORP) Defined Contribution Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional Service Buy-In Options</strong></td>
<td>Active members may establish additional service credit for various types of previous employment or leaves of absence, and up to five years of non-qualified service (service not associated with any specific employment).</td>
</tr>
<tr>
<td>Management of Retirement Funds</td>
<td>The plans assume all investment risk. The S.C. Retirement System Investment Commission has fiduciary responsibility to invest the funds.</td>
</tr>
</tbody>
</table>
| **Selection of Investment Provider and Options** | You select an investment provider and available investment options. You may change investment providers each year (January 1 to March 1). Available Investment Providers:  
- Mass Mutual  
- MetLife  
- TIAA  
- Valic |
| **Loans and Hardship Withdrawals** | Per IRS guidelines, loans and hardship withdrawals are not permitted for these plans. |
| Distribution Options at Separation from Employment |  
- You may leave your account contributions on deposit for a future benefit.  
- You may request a refund of your employee contributions plus interest, but you forfeit rights to any future retirement benefits. Employer contributions are not refunded. There is a 90-day waiting period from your separation date before a refund can be made. You are not required to withdraw your contributions and interest at separation. Distributions may be subject to taxes and IRS penalties.  
- You may roll over your contributions to another eligible retirement plan or an Individual Retirement Account (IRA) as allowed by the Internal Revenue Code. |
| Retiree Health Insurance | The eligibility requirements for a retirement benefit and for retiree health insurance are not the same. Contact PEBA Insurance Benefits for retiree health insurance eligibility. |

### Important Information for New Employees:

- **Eligibility:** All non-student, paid positions are eligible to participate in S.C. State Retirement benefits.  
- **Deadline:** Elections must be made within 30 days of hire.  
- **Default:** Elections not made within 30 days of hire will result in membership irrevocably defaulted into SCRS.  
- **Waiver:** Temporary employees who do not have funds on file with the S.C. Retirement System may elect not to participate in a retirement plan. If employees waive participation, they will not be eligible to participate unless transferred to a regular FTE position at Clemson University or they experience a break in service.

### Selecting The Right Plan

<table>
<thead>
<tr>
<th>Consider SCRS if you:</th>
<th>Consider State ORP if you:</th>
</tr>
</thead>
</table>
| - Want a monthly benefit that is not affected by fluctuations in the financial markets.  
- Plan to stay with a covered employer for many years.  
- Prefer that someone else makes investment decisions.  
- Want disability protection as part of your plan.  
- Want continuing survivor benefits for beneficiaries. | - Are interested in selecting how to invest your money and monitoring the growth of your account.  
- Do not plan to stay with a covered employer for many years or until retirement.  
- Want a portable retirement plan.  
- Want flexibility in the way you receive your benefit. |

This document contains an abbreviated description of the retirement benefits offered by the South Carolina Public Employee Benefit Authority (PEBA). The information in this document is meant to serve as a guide for employees and does not constitute a binding representation of PEBA. Title 9 of the South Carolina Code of Laws contains a complete description of the retirement benefits, their terms and conditions, and governs all retirement benefits offered by the state. State statutes are subject to change by the general assembly. The language used in this document does not create any contractual rights or entitlements and does not create a contract between the member and the S.C. PEBA.
1. Mass Mutual (HARTFORD)
Carolina LaMonica
(954) 242-9012 (cell), (860) 835-8016
clamonica@massmutual.com
Group #: 61953-1-5
http://retirement.massmutual.com/

2. METLIFE
Bert Campbell, CLU ChFC® CFP®
Blake Campbell
bert@acifinancial.net
blake@acifinancial.net
ACI Financial (www.acifinancial.net)
154 Exchange Street
Pendleton, SC 29670
864-654-3121
Plan #: SCORP CU 1013145-01
http://www.metlife.com/scorp

3. TIAA*
Tamara Johnson
tamjohnson@tiaa.org
8500 Andrew Carnegie Blvd
Charlotte, NC 28262
877-535-3910 x221456
Access Code: SC100555
www.tiaa.org/scorp

4. AIG Retirement Services *
Rollie B Roberts
Rollie.Roberts@valic.com
Financial Planning Advisor
3710 Landmark Dr., Suite 104
Columbia, SC  29204
864-275-3048 (cell), 803-743-2022
Group #: 25000
www.aig.com/RetirementServices
Wes Griffin
Wes.Griffin@valic.com
Financial Planning Advisor
3710 Landmark Dr., Suite 104
Columbia, SC  29204
864-364-9934 (cell), 803-743-2020
Group #: 25000
www.aig.com/RetirementServices

*Online Enrollment Available
Clemson University is a tax-exempt public education entity eligible to offer voluntary supplemental retirement programs as described under sections 401(k), 403(b) and 457(b) of the Internal Revenue Service (IRS). Eligible employees can elect to defer a portion of their compensation on a before-tax or after-tax basis to a 401(k) plan, 403(b) plan and/or a 457(b) plan to supplement their retirement savings. Questions regarding these programs can be answered by contacting an Office of Human Resources (OHR) at (864) 656-2000 or online at Ask-HR or by contacting a plan vendor.

**Eligibility**
All Clemson University employees (excluding student workers) are eligible to participate in a 401(k) plan, a 403(b) plan and a 457(b) plan.

**Plan Vendors**
401(k) Plan and 457(b) Plan: Available through the South Carolina Deferred Compensation Program.
403(b) Plan: Available through several licensed annuity companies.

Please use Clemson University’s Supplemental Retirement Programs - Company Listings document to locate contact information for plan vendors.

**Contribution Options**
Eligible employees may elect to contribute on a before-tax or after-tax basis or contribute a combination of tax-deferred and Roth after-tax funds.

<table>
<thead>
<tr>
<th>Type of Contributions</th>
<th>Description</th>
<th>Available through:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before-tax Contributions</td>
<td>Contributions are deducted from the employee’s pay before taxes are calculated lowering the employee’s current taxable income.</td>
<td>401(k), 403(b), 457</td>
</tr>
<tr>
<td>Roth/After-tax Contributions</td>
<td>Contributions are deducted from the employee’s pay after taxes are calculated allowing the funds to be taxed before they enter the account.</td>
<td>401(k), 403(b), 457</td>
</tr>
</tbody>
</table>

**Annual Contribution Limits**
Annual contribution limits are set by the IRS. The IRS provides regular calendar-year limits as well as an additional catch-up contribution limit beginning in the year in which the employee turns age 50. It is the responsibility of the participating employee and 401(k), 403(b), 457(b) company handling the contract to make certain the authorized maximum is not exceeded.

<table>
<thead>
<tr>
<th>Contributions</th>
<th>2018 Limit</th>
<th>2019 Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>401(k) &amp; 403(b) coordinated limit</td>
<td>$18,500</td>
<td>$19,000</td>
</tr>
<tr>
<td>457(b) not coordinated</td>
<td>$18,500</td>
<td>$19,000</td>
</tr>
<tr>
<td>401(k) &amp; 403(b) over age 50 coordinated limit</td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>457 Over age 50 not coordinated</td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>457(b) Within 3 years of retirement (conditions apply)</td>
<td>$18,500</td>
<td>$19,000</td>
</tr>
</tbody>
</table>

*Note: Contribution limits include the combination of before-tax and after-tax funds.*

**Enrollment**
Eligible employees must contact an approved vendor for account set up. Employees enrolled in a plan can request salary deferrals by completing a “Request for Salary Reduction Agreement” form, which can be obtained from OHR.

**Modifying a Deferral Election**
Employees can increase, decrease or stop future contributions to the plans at any time by completing a “Request for Salary Reduction Agreement” form, which can be obtained from OHR.

**Payroll Deduction Schedule**
9 Month Employees: 16 deferrals allowed annually; deducted from 1st and 2nd check dates of January through April and September thru December
12 Month Employees: 24 deferrals allowed annually; deducted from 1st and 2nd check dates of January through December

This document is for informational purposes only and is provided with the understanding that Clemson University is not rendering legal/tax/investment advice. If such advice is desired, employees should consult their independent legal counsel, tax consultant, and/or financial planner. The University neither endorses nor recommends one investment vehicle over another.
### Supplemental Retirement Plan Comparison Chart

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Independent Plan</th>
<th>Roth IRA</th>
<th>401(k)</th>
<th>Roth 401(k)</th>
<th>403(b)</th>
<th>Roth 403(b)</th>
<th>457(b)</th>
<th>Roth 457(b)</th>
<th>Roth IRA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deferred Income</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Companies</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td><strong>Ownership and Vesting</strong></td>
<td></td>
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</tr>
<tr>
<td>Clemson</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SC Deferred Compensation Program (DCP)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Employer Contribution</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll Deduction</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Pre-tax to Pre-tax Allowed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Roth to Roth Allowed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Enroll/Changes/Cancellations</strong></td>
<td></td>
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</tr>
<tr>
<td>Variable - Please check with the plan vendor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>1.) Contact the Office of Human Resources for the appropriate form to start/stop/change payroll deductions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2.) Contact the Office of Human Resources for the appropriate form to start/stop/change payroll deductions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Catch-Up Provision for 50 or older</strong></td>
<td></td>
<td></td>
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<tr>
<td>Maximum Contribution</td>
<td>For 2019: $19,000, 401(k) &amp; 403(b) coordinated limit</td>
<td>For 2019: $19,000</td>
<td>For 2019: $19,000</td>
<td>For 2019: $19,000</td>
<td>For 2019: $19,000</td>
<td>For 2019: $19,000</td>
<td>For 2019: $19,000</td>
<td>For 2019: $19,000</td>
<td>For 2019: $19,000</td>
</tr>
<tr>
<td>Catch-Up Provision</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>For 2019: Age 50 or older, $6,000</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td><strong>Special Catch-Up Provision</strong></td>
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<tr>
<td>Pre-tax to Pre-tax Allowed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Roth to Roth Allowed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Taxability</strong></td>
<td></td>
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</tr>
<tr>
<td>Pre-Tax Contributions</td>
<td>After-tax contributions. Tax-free withdrawals after account has been in place for 5 years and owner is at least age 59 1/2</td>
<td>After-tax contributions. Tax-free withdrawals after account has been in place for 5 years and owner is at least age 59 1/2</td>
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</tr>
<tr>
<td>After-tax Contributions</td>
<td>Pre-Tax contributions. Tax-free withdrawals after account has been in place for 5 years and owner is at least age 59 1/2</td>
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</tr>
<tr>
<td><strong>Loan Provisions</strong></td>
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<tr>
<td>Available - Contact SC DCP (restrictions apply)</td>
<td>Available - Contact Vendor, restrictions apply</td>
<td>Available - Contact SC DCP (restrictions apply)</td>
<td>Available - Contact Vendor, restrictions apply</td>
<td>Available - Contact SC DCP (restrictions apply)</td>
<td>Available - Contact Vendor, restrictions apply</td>
<td>Available - Contact Vendor, restrictions apply</td>
<td>Available - Contact Vendor, restrictions apply</td>
<td>Available - Contact Vendor, restrictions apply</td>
<td>Available - Contact Vendor, restrictions apply</td>
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<tr>
<td><strong>Rollovers</strong></td>
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</tr>
<tr>
<td>Available - Contact Vendor</td>
<td>Available - Pre-tax Rollover</td>
<td>Available - Pre-tax Rollover</td>
<td>Available - Pre-tax Rollover</td>
<td>Available - Pre-tax Rollover</td>
<td>Available - Pre-tax Rollover</td>
<td>Available - Pre-tax Rollover</td>
<td>Available - Pre-tax Rollover</td>
<td>Available - Pre-tax Rollover</td>
<td>Available - Pre-tax Rollover</td>
</tr>
</tbody>
</table>

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For more complete information about any of the plans or funds below, including risks, charges, and expenses, please obtain the applicable prospectus and/or the program description from your financial professional. Please read them carefully before you invest or send money.

### 401(k) and 457(b) Plans

**South Carolina Deferred Compensation Program (DCP)/Empower Retirement Services**
200 Arbor Lake Drive, suite 115, Columbia, SC 29223
KeyTalk: 1.877.457.6263 | Fax: 803.754.7661 | Agent: Brent Railey | Cell: 864.905-1857
Email: brent.railey@empower-retirement.com
www.southcarolinadcp.com | www.empower-retirement.com

NEW PARTICIPANTS: List the Clemson University Payroll Code of 1124 on the enrollment form

### 403(b) Plans

<table>
<thead>
<tr>
<th>Provider</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **American Funds** | The Baker Financial Group, LLC.  
Charles Baker and Brian Baker  
PO Box 1974, 208 Frontage Road,  
Ste 2, Clemson, SC 29633,  
(864)722-9202, Cell (864) 723-3767,  
Charles@thebakerfg.com  
The Investment Center, James L. Charbonneau, PO Box 397  
Seneca, SC 29679 (864) 888-8700, Fax (864) 888-0826  
jcharbonneau@investmentcenters.com  
Deborah Talley, Greenville, Tracy Klukkert, Seneca |
| **Ameriprise** | Ameriprise Financial Advisors  
Tom Pollock  
105-3 Wall St.  
Clemson, SC 29631  
(864) 654-0837  
thomas.m.pollock@ampf.com |
| **ASPIRE, Inc** | Edward Jones/Jim Hill or Lee Woods  
501 Forest Ln, Suite C  
Clemson, SC 29631,  
(864) 654-5556,  
1-800-755-7649,  
Fax: (866) 550-8699  
402 College Ave, Ste 2  
Clemson, SC 29631,  
(864) 654-6831,  
1-866-654-6831, Fax:  
(866) 584-9244,  
www.edwardjones.com |
| **Equitable** | AXA Advisors, Chris Miller,  
1200 Woodruff Road Suite A-3  
Greenville, SC 29607  
(864) 250-9033, Fax: (864) 269-6341  
christopher.miller@axa-advisors.com |
| **Fidelity Investments** | PO Box 770002  
Cincinnati, Ohio 45277-0090  
1-800-343-0860  
www.fidelity.com/atwork  
Plan Number: 58189 |
| **MetLife** | Bert Campbell, CLU, CHFC  
P.O. Box 658  
Pendleton, SC 29670  
(864) 654-3121 or 1-800-811-8012  
bert@acifinancial.net  
blake@acifinancial.net  
www.acifinancial.net |
| **New York Life** | Gene Adkins  
717-B W. North 1st St  
Seneca, SC 29678  
(864) 885-1492  
Fax (864) 888-8789  
Cell (864) 444-0756  
readkins@ft.newyorklife.com  
www.GeneAdkins.com |
| **T Rowe Price** | Retirement Operation Group  
P.O. Box 8900  
Baltimore, MD 21289-0300  
1-800-492-7670,  
www.troweprice.com |
| **TIAA** | Tamara Johnson, (704) 988-1456,  
(800)-842-2888,  
tamjohnson@tiaa.org  
Online Enrollment Instructions:  
-Log on to www.tiaa.org, click  
Open Account, click retirement plans, and click Apply Online Now!  
CU Access code SC100556 |

<table>
<thead>
<tr>
<th>Provider</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **AIG Retirement Services** | Rollie B. Roberts  
3710 Landmark Drive, Suite 104  
Columbia, SC 29204  
(864) 275-3048, (803) 743-2022  
rollie.roberts@valic.com  
Online Enrollment:  
https://my.valic.com/onlineenrollment/  
CU Access code: 018600126 |
| **VOYA** | Blake Campbell  
PO Box 658,  
Pendleton, SC 29670-0658  
(864) 261-9674, (864) 654-3121  
blake@acifinancial.net  
www.acifinancial.net |
Encouraging financial awareness, education, and engagement

In an effort to help employees make sound financial decisions, the Office of Human Resources is partnering with the South Carolina Retirement System to provide a series of no-cost financial literacy seminars.

Whether you are beginning your professional career, nearing retirement or somewhere in between, each seminar in the series will further equip you with the tools and resources you need to make informed decisions regarding your financial well-being.

Participating in a Seminar
Seminars are currently offered in-person in the Administrative Services Building. Each seminar is offered twice per day; once in the morning and once in the afternoon.

Online Registration
Register online to attend a session. Online registration can be accessed by visiting www.clemson.edu/employment/hrsc and choosing “HR Training – Online Registration” at the bottom of the page. Sessions are held in the Administrative Services Building Training Lab.

Sample Course Offerings
Our seminars, presentations and online webinars elaborate on key topics like personal finance and debt management, budgeting, investments planning, retirement planning and risk management. A sampling of the courses offered can be seen below.

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security and Your Retirement</td>
<td>Social security is an important element of retirement planning. This seminar explores the cost of retirement, as well as options for claiming and maximizing Social Security benefits and how to bridge possible income gaps.</td>
</tr>
<tr>
<td>Market Volatility</td>
<td>This seminar discusses how market volatility affects us all and how to react when changes in the market occur. In times of market uncertainty, know answers to questions like, 1) should I stop saving, 2) are my investments relatively safe, 3) and what should I do with my retirement account?</td>
</tr>
<tr>
<td>Financial Planning as a Millennial</td>
<td>This seminar addresses the distinct challenges faced by a younger generation – such as increased student loan debt and underemployment – and provides guidance and strategies for early planning for a more secure financial future.</td>
</tr>
<tr>
<td>Money At Work #1 – Foundations of Investing</td>
<td>A great seminar for employees new to investing and financial planning, this seminar discusses the basis of investing including managing risk versus reward, understanding the roll of investing and managing risks, products and tools to sustain a portfolio, and more.</td>
</tr>
<tr>
<td>Kids and Money</td>
<td>This seminar provides tips and strategies to help teach kids about money and savings at various age levels.</td>
</tr>
<tr>
<td>Gaining Insight: Navigating debt consolidation &amp; the mortgage process</td>
<td>Attend this seminar to learn information on the mortgage process as well as the entire lending process. Also take away important information on the differences between good and bad credit and how to identify the best debt consolidation for your circumstances.</td>
</tr>
</tbody>
</table>
Leave benefits are a valuable asset to University employees; providing financial compensation and/or accommodating family, professional and personal needs. Clemson University provides paid and unpaid leave benefits to eligible employees. While this document does not include all methods for taking paid or unpaid leave, it offers a brief overview of leave benefits provided. Additional information regarding leave benefits can be answered by contacting the Office of Human Resources at (864) 656-2000 or online at www.clemson.edu/employment.

**Paid Leave Benefits**
The University provides paid leave benefits such as annual leave, sick leave, grant personal leave, bereavement leave, and court leave to eligible employees. Eligibility criteria and accrual rates for these benefits can be found beginning on page two of this document.

**Leave Transfer Program (Leave Pool)**
The University has established a Leave Transfer Program (Leave Pool) to which eligible faculty and staff members may voluntarily donate annual or sick leave. This pool of paid leave benefits is used to provide a source of additional paid leave for eligible University employees who have exhausted their own paid leave balances as a result of a catastrophic illness or injury.

**Paid University Holidays**
Eligible employees are provided twelve paid holidays throughout the year and one paid optional holiday. The optional holiday may be taken any time during the calendar year, with supervisory approval. Eligibility criteria for paid University holidays can be found on page three of this document. Visit www.clemson.edu/employment/benefits/holiday.html to view the University Holiday Calendar.

**Family Medical Leave Act (FMLA)**
Clemson University and the Family and Medical Leave Act (FMLA) provide you with the right to take job protected leave with continued medical benefits. Eligible employees may take up to 12 weeks of FMLA leave in a calendar year for a variety of reasons, including a serious health condition, military family leave or expanding your family.

**Extended Disability Leave**
Employees may be eligible for an extended absence under the Americans with Disabilities Act (ADA). Contact the Office of Human Resources for more information.

**Family Support and Accommodation Plan**
The Family Support and Accommodation Plan, a program available as an alternative to taking leave, is intended to offer the flexibility and time needed for balancing their professional and personal responsibilities when they experience a life event which may make it difficult to meet their work obligations.
Clemson University provides paid and unpaid leave benefits for eligible employees. While this document does not include all methods for taking paid or unpaid leave, it offers a brief overview of leave benefits provided. Additional information regarding leave benefits can be answered by contacting the Office of Human Resources at (864) 656-2000 or online at [www.clemson.edu/employment](http://www.clemson.edu/employment).

<table>
<thead>
<tr>
<th>Leave Benefits</th>
<th>12-Month Staff and 12-Month Faculty</th>
<th>9-Month Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sick Leave</strong></td>
<td><strong>Eligibility requirements:</strong>&lt;br&gt;• Full-time (FTE) and time-limited positions&lt;br&gt;• Standard hours of 20 hours or more</td>
<td><strong>Accrual amount:</strong>&lt;br&gt;• 10 hours per month for employees with standard hours of 40.00 hours per week&lt;br&gt;• 9 hours and 22 minutes per month for employees with standard hours of 37.5 hours per week&lt;br&gt;• Pro-rated for employees with standard hours less than 37.5 hours per week</td>
</tr>
<tr>
<td><strong>Grant Personal Leave</strong></td>
<td><strong>Eligibility requirements:</strong>&lt;br&gt;• Grant project positions&lt;br&gt;• Standard hours of 20 hours or more</td>
<td><strong>Accrual amount:</strong>&lt;br&gt;• 11 hours and 15 minutes per month with standard hours of 37.5 hours per week&lt;br&gt;• Pro-rated for employees with standard hours less than 37.5 hours per week</td>
</tr>
<tr>
<td><strong>Required approval:</strong>&lt;br&gt;• Manager</td>
<td><strong>Required approval:</strong>&lt;br&gt;• Manager</td>
<td><strong>Required approval:</strong>&lt;br&gt;• Manager</td>
</tr>
<tr>
<td>Leave Benefits</td>
<td>12-Month Staff and 12-Month Faculty</td>
<td>9-Month Faculty</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Annual Leave</strong></td>
<td><strong>Staff Members</strong></td>
<td><strong>Faculty Members</strong></td>
</tr>
<tr>
<td></td>
<td>Eligibility requirements:</td>
<td>Eligibility requirements:</td>
</tr>
<tr>
<td></td>
<td>• Full-time (FTE) and time-limited positions</td>
<td>• Full-time (FTE) positions</td>
</tr>
<tr>
<td></td>
<td>• Standard hours of 20 or more</td>
<td>• Standard hours of 20 or more</td>
</tr>
<tr>
<td></td>
<td>• 10 hours per month for employees with standard hours of 40.00 hours per week</td>
<td>• 11 hours and 15 minutes per month for the first nineteen years of service, and 18 hours and 45 minutes thereafter with standard hours of 37.50 hours per week</td>
</tr>
<tr>
<td></td>
<td>• 9 hours and 22 minutes per month for employees with standard hours of 37.5 hours per week</td>
<td>• 12 hours per month for the first nineteen years of service, and 20 hours thereafter with standard hours of 40.00 hours per week</td>
</tr>
<tr>
<td></td>
<td>• Pro-rated for employees with standard hours less than 37.5 hours per week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Employees with state service time of more than 10 years earn a bonus of 1.25 workdays of annual leave per year for each year of service over 10 years</td>
<td></td>
</tr>
<tr>
<td>Required approval:</td>
<td>• Manager</td>
<td></td>
</tr>
<tr>
<td>Leave Benefits</td>
<td>12-Month Staff and 12-Month Faculty</td>
<td>9-Month Faculty</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
| **Family Medical Leave Act (FMLA)** | **Eligibility requirements:**  
- Employed with Clemson University for at least 12 months  
- Have worked at least 1,250 hours in the previous 12 months  
- FMLA paperwork (Employee Request Form and Medical Certification Form)  
**Required approval:**  
- Office of Human Resources | Same as 12-month faculty |
| **Other Leave (Court and Funeral)** | **Eligibility requirements:**  
- Full-time (FTE), time-limited and temporary grant positions  
- Standard hours of 20 hours or more  
**Required approval:**  
- Manager | Same as 12-month faculty |
| **Paid Holidays** | **Eligibility requirements:**  
- Full-time (FTE)  
- Standard hours of 1 hour or more  
- Time-limited and temporary grant positions  
- Standard hours of 20 hours or more  
**Required approval:**  
- Office of Human Resources | Does not apply to 9-month faculty |
### 2019 University Holiday Schedule

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date(s)</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
<td>Tuesday, January 1</td>
<td>1</td>
</tr>
<tr>
<td>Martin Luther King Jr. Day</td>
<td>Monday, January 21</td>
<td>1</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Monday, May 27</td>
<td>1</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Thursday, July 4</td>
<td>1</td>
</tr>
<tr>
<td>Staff Holiday</td>
<td>Thursday, August 29</td>
<td>1</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>Thursday, November 28 – Friday, November 29</td>
<td>2</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Monday, December 23 – Friday, December 27</td>
<td>5</td>
</tr>
<tr>
<td>*Optional Holiday</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

### 2020 University Holiday Schedule

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date(s)</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
<td>Wednesday, January 1</td>
<td>1</td>
</tr>
<tr>
<td>Martin Luther King Jr. Day</td>
<td>Monday, January 20</td>
<td>1</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Monday, May 25</td>
<td>1</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Friday, July 3</td>
<td>1</td>
</tr>
<tr>
<td>Fall Break/Election Day</td>
<td>Tuesday, November 3</td>
<td>1</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>Thursday, November 26 – Friday, November 27</td>
<td>2</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Monday, December 21 – Friday, December 25</td>
<td>5</td>
</tr>
<tr>
<td>*Optional Holiday</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

*Employees must schedule with their supervisor’s approval a specific day off, referred to as an optional holiday. Optional holiday requests should be submitted through the Kronos leave system. After supervisory approval, the request will show as pending until the agreed date passes.*
The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you and your dependents by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work/life issues in order to live happier, healthier, more balanced lives. These services are completely confidential and can be easily accessed by calling the toll-free Helpline listed below.

**DEER OAKS EAP IS A RESOURCE YOU CAN TRUST.**

**Eligibility:** All employees and their household members/dependents are eligible to access the EAP. Retirees and employees who have recently separated from their employer will continue to have access to services for up to six (6) months post-employment.

**In-person Counseling & Assessments:** A network of 54,000+ mental health providers throughout the United States are available to provide in-person assessment and counseling services to members wherever they may reside.

**Telephonic Assessments & Support:** All clinical EAP cases receive a thorough telephonic clinical assessment. In-the-moment telephonic support and crisis intervention is also available 24/7.

**Tele-Language Services:** Deer Oaks has the ability to provide therapy in a language other than English if requested. Services are available for telephonic interpretation in over 190 of the most commonly spoken languages and dialects.

**Referrals & Community Resources:** Counselors provide referrals to community resources, member health plans, support groups, legal resources, and child/elder care services.

**Advantage Legal Assist:** Free 30-minute telephonic consultation with a plan attorney; free 30-minute in-person consultation; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; interactive online Simple Will preparation; access to state agencies to obtain birth certificates and other records.

**Advantage Financial Assist:** Unlimited telephonic consultation with a financial counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning; supporting educational materials available; credit report review by a financial counselor and tips for improvement; objective, pressure-free advice; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).

**ID Recovery:** Free 30-minute telephonic consultation with an Identity Recovery Professional; customized action plan and consultation; ongoing ID recovery guidance as needed; free credit monitoring service through Credit Karma.

**Monthly Electronic Newsletters:** Employees and supervisors receive monthly e-newsletters covering a variety of topics including health and wellness, work/life balance issues, conflict resolution, leadership, and more.

**Disaster Assistance Program:** Educational articles on how to help children cope with disasters; consultation to Employer Group Management Personnel regarding disaster readiness; and tools for developing workplace violence prevention plans.

**Online Tools & Resources:** Log on to www.deeroakseap.com to access an extensive topical library containing health and wellness articles, videos, archived webinars, child and elder care resources, and work/life balance resources. The Deer Oaks website also includes a wealth of information for supervisors with topics covering conflict resolution, leadership, motivation, and more.

**Work/Life Services:** Work/Life Consultants are available to assist members with a wide range of daily living resources such as pet sitters, event planners, home repair, tutors and moving services. Simply call the Helpline for resource and referral information.

**Find-Now Child & Elder Care Program:** This program assists participants caring for children and/or aging parents with the search for licensed, regulated, and inspected child and elder care facilities in their area. Work/Life Consultants assess each member’s needs, provide guidance, resources, and referrals within 12 hours of the call. Searchable databases and other resources are also available on the Deer Oaks website.

**Critical Incident Stress Management:** Traumatic events can be extremely disruptive to the well-being and productivity of employees. Deer Oaks will respond quickly when asked to provide Critical Incident Stress Management Services for any major company incident.

**Take the High Road:** Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant with a maximum reimbursement of $45.00 (excludes tips).
What is Aflac?
Major medical pays for doctors and hospitals while Aflac is insurance for daily living. It pays cash benefits directly to you to help with daily expenses when you’re sick or hurt. These cash benefits can help you and your family with unexpected expenses (experimental treatment, transportation, specialists, daycare, etc...) and help maintain your everyday life during an illness or injury.

- No correlation to Health Insurance or any other benefits
- No co-pays, deductibles, or networks
- Premiums are payroll deducted
- Benefits are portable and may continue after termination of employment
- Dependents may be covered (spouse and/or children to age 26)
- Local claim assistance is provided

<table>
<thead>
<tr>
<th>Policy</th>
<th>Benefits</th>
<th>Underwriting</th>
<th>Waiting Period</th>
<th>Premium</th>
<th>Additional Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident</td>
<td>Pays for physician and hospital visits, x-ray and major diagnostics exams, ambulance, physical therapy, and additional expenses due to an accident.</td>
<td>None</td>
<td>None</td>
<td>Between $5.00 - $12.00 a week depending on family status (employee only, employee/spouse, employee/children, full family coverage)</td>
<td>Coverage 24 hours a day (on or off the job)</td>
</tr>
<tr>
<td>Cancer</td>
<td>Pays for initial cancer diagnosis, treatment, surgeries, hospital stay, and additional expenses such as transportation and lodging.</td>
<td>Internal Cancer/Treatment Free for the last 5 years</td>
<td>30 Days</td>
<td>Multiple options available. Children are covered at no additional cost up to age 26.</td>
<td>Skin Cancer may be excluded for up to 5 years if recent occurrence, in the interim, internal cancers still covered. Option available for additional events such as heart attack, stroke, Type 1 Diabetes, Sudden Cardiac Arrest, etc...</td>
</tr>
</tbody>
</table>

*This document is a summary of benefits. Please discuss questions with an Aflac representative and reference the policies for specifics.

How do I obtain additional information?
Visit the website: [http://www.aflac.com/clemson](http://www.aflac.com/clemson)

Contact our Aflac Representative
Alison Hluchota
District Sales Manager
Phone: 864.312.3960
Fax: 864.312.3961
E-mail: alison_hluchota@us.aflac.com
Why Aflac? Get the Aflacts.

1. AFLAC IS DIFFERENT FROM HEALTH INSURANCE; IT'S INSURANCE FOR DAILY LIVING.
   Major medical pays for doctors, hospitals, and prescriptions. AFLAC pays cash directly to you, unless otherwise assigned, to help with daily expenses due to a covered illness or accident.

2. AFLAC IS AN EXTRA MEASURE OF FINANCIAL PROTECTION.
   When you’re sick or hurt, AFLAC pays cash benefits directly to you to help you and your family with unexpected expenses. The benefits are predetermined and paid regardless of any other insurance you have.

3. AFLAC PAYS YOU CASH BENEFITS TO USE AS YOU SEE FIT.
   You can use your AFLAC benefits check to help pay for groceries, child care, or rent. It’s totally up to you.

4. AFLAC BENEFITS HELP WITH UNEXPECTED EXPENSES.
   Your AFLAC benefits check helps you pay for the many out-of-pocket expenses you incur when you are sick or hurt—like the cost of transportation to and from medical facilities, parking, and additional child-care expenses.

5. AFLAC BELONGS TO YOU, NOT YOUR COMPANY.
   When you have an AFLAC policy—it’s yours. You own it. Even if you change jobs or retire, you can take your AFLAC policy with you.

6. AFLAC IS AFFORDABLE.
   We have a range of products that can fit most budgets. AFLAC can help provide you and your family with coverage and security to help maintain your everyday lifestyle in case of illness or injury. And, AFLAC rates don’t go up even when you file a claim.

7. AFLAC PROCESSES CLAIMS QUICKLY—USUALLY WITHIN 4 DAYS.
   AFLAC provides prompt service and fast payment of qualifying claims to help you pay your bills. While you’re focusing on your health, we focus on getting you cash as quickly as possible.

8. AFLAC CLAIMS ARE EASY TO FILE.
   When you’re sick or hurt, the last thing you need is a complicated form to fill out. AFLAC benefits are easy to understand, and our forms are easy to complete.

9. AFLAC PAYS YOU CASH BENEFITS EVEN WHEN YOU’RE HEALTHY.
   We want you to be healthy—that’s why several of our policies promote preventive care.

10. AFLAC IS ACCOUNTABLE.
    Because AFLAC is accountable to our customers, employees and shareholders, our worldwide headquarters has been named to Ethisphere’s list of World’s Most Ethical Companies five years in a row, FORTUNE’s list of 100 Best Companies to Work For for 13 consecutive years, and FORTUNE’s list of World’s Most Admired Companies 10 times.

For more information visit Aflac.com.
You can speed up the processing and payment of your Aflac claims.

Experience faster service with Aflac SmartClaim®.

1. ACCESS aflac.com/smartclaim and log in to Online Services for Policyholders.

2. START your claims online for faster processing and payment.

3. UPLOAD your supporting documentation for a total online experience.

Aflac herein means American Family Life Assurance Company of Columbus and American Family Life Assurance Company of New York.
LOG ON TO ONLINE SERVICES FOR POLICYHOLDERS
Visit aflac.com/smartclaim and simply enter the required information in the fields provided. Follow the instructions to create your user profile.

GET CLAIM FORMS
You can immediately access Aflac claim forms by going online. And, for most claim types, you’ll be able to use the Aflac SmartClaim® feature. SmartClaim guides you in completing the appropriate form so that claims can be processed faster.

MORE REASONS TO USE SMARTCLAIM
SmartClaim automatically identifies the type of coverage available to you and determines who is eligible under your policy. The system also provides you with step-by-step instructions for completing your claim, and helps improve claim submission accuracy by asking questions tailored to your specific event type.

Once you’ve completed the online form, you can upload supporting documentation and submit all of your information to Aflac electronically. Electronic submission is recommended because it enables Aflac to receive and process your claims quickly. Please note certain claim information cannot be uploaded (i.e., wellness claim forms and life claim information). You can also select to print and fax or mail the online form along with your supporting documentation.

QUICKER PAYMENT TURNAROUND
In addition to improving claim form accuracy, SmartClaim helps speed up the claims payment process. When you start your claim online, the system recognizes that a claim is being initiated and is ready to pay when the signed claim form and all supporting documentation is received.

CHECK CLAIMS STATUS
Using Online Services for Policyholders also enables you to instantly check your claims status and claim payment details so you won’t have to wonder: Where’s my check?

The online claims process does not apply to Continental American Insurance Company.

NEED MORE INFORMATION ABOUT ONLINE SERVICES AND SMARTCLAIM?
Ask your Aflac agent or go to aflac.com/smartclaim.

1.800.99.AFLAC (1.800.992.3522) | aflac.com
Life insurance provides a death benefit that can be used to help:

- Replace lost income
- Pay off a mortgage
- Pay for funeral and estate settlement costs
- Provide for a child's college education
- Create a financial legacy for the next generation
- Help transition a business

Being able to protect your loved ones, even after your death, is one reason so many people turn to life insurance. The comfort this assurance gives can be immeasurable.

Example of Monthly Premiums Guaranteed for 20 Years

<table>
<thead>
<tr>
<th>Age</th>
<th>Male 250,000</th>
<th>Male 500,000</th>
<th>Male 1,000,000</th>
<th>Female 250,000</th>
<th>Female 500,000</th>
<th>Female 1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>$14.31</td>
<td>$22.41</td>
<td>$38.61</td>
<td>$12.74</td>
<td>$19.26</td>
<td>$32.31</td>
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<tr>
<td>35</td>
<td>$14.76</td>
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<td>$40.41</td>
<td>$13.19</td>
<td>$20.16</td>
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<tr>
<td>40</td>
<td>$19.71</td>
<td>$33.21</td>
<td>$58.41</td>
<td>$16.79</td>
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<td>45</td>
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<td>$54.36</td>
<td>$102.51</td>
<td>$24.44</td>
<td>$42.66</td>
<td>$78.21</td>
</tr>
<tr>
<td>50</td>
<td>$44.01</td>
<td>$81.81</td>
<td>$154.71</td>
<td>$33.66</td>
<td>$61.11</td>
<td>$113.31</td>
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<tr>
<td>55</td>
<td>$69.21</td>
<td>$132.21</td>
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<td>$98.46</td>
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<td>60</td>
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<td>$248.31</td>
<td>$455.31</td>
<td>$86.54</td>
<td>$166.86</td>
<td>$295.11</td>
</tr>
</tbody>
</table>

Rates above are based on the best class available (Elite Plus) as of August 11, 2014 and are subject to change. Premium price will increase at the end of the guaranteed term. Actual pricing may vary depending on your age, health rating and other factors.

For information on MetLife’s Guaranteed Level Term product, please contact:

Clemson University Plan
ACI Financial, Blake Campbell
154 Exchange Street
Pendleton, SC 29670
864-654-3121
Like most insurance policies, MetLife’s policies contain charges, limitations, exclusions, termination provisions and terms for keeping them in force. Contact your financial representative for costs and complete details.

Guaranteed Level Term is issued by MetLife Insurance Company USA on Policy Form 5E-21-04 and in New York only by Metropolitan Life Insurance Company on Policy Form 5E-21-04-NY. All product guarantees are subject to the financial strength and claims-paying ability of the issuing insurance company.

Term Insurance Products:
• Not A Deposit • Not FDIC-Insured • Not Insured By Any Federal Government Agency
• Not Guaranteed By Any Bank Or Credit Union
This information is designed to be only a summary of benefits and does not contain all the terms and conditions of the various programs. The actual operation of each of the plans is governed by the appropriate plan document.

Revised 1/2019