



## SCDC POLICY/PROCEDURE

**NUMBER: ADM-11.24**

**TITLE: STATE EMPLOYEE GROUP BENEFITS**

**ISSUE DATE: MAY 1, 2010**

**RESPONSIBLE AUTHORITY: DIVISION OF HUMAN RESOURCES**

**OPERATIONS MANUAL: ADMINISTRATION**

**SUPERSEDES: ADM-11.24 (November 1, 2005); (July 1, 2004)**

**RELEVANT SCDC FORMS/SUPPLIES: NONE**

**ACA/CAC STANDARDS: 3-ACRS-1C-02, 3-ACRS-1C-08, 3-4048, 3-4063, 4-4048, 4-4065**

**STATE/FEDERAL STATUTES: State Office of Insurance Services (Budget and Control Board)**

THE LANGUAGE USED IN THIS POLICY/PROCEDURE DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS POLICY /PROCEDURE DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS POLICY/PROCEDURE, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

**PURPOSE: To provide employees with information regarding state employee group benefits.**

**POLICY STATEMENT: To promote the health and well-being of all Agency employees, SCDC will provide eligible employees and their dependents with the opportunity to participate in state employee group health programs. State employee group benefits will be administered in accordance with all applicable state and federal statutes, SCDC policies /procedures, and other related rules and regulations. (3-ACRS-1C-02, 3-ACRS-1C-08, 3-4048, 3-4063, 4-4048, 4-4065)**

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## **SPECIFIC PROCEDURES:**

### **1. STATE GROUP BENEFITS:**

**1.1** All SCDC employees occupying a full-time (37.5 or 40.0 hour) permanent position or part-time permanent position scheduled to work at least 20 hours (effective January 1, 2004) for more than six (6) months out of any calendar year are eligible for State Group Benefits. (3-ACRS-1C-02, 3-ACRS-1C-08, 3-4048, 3-4063, 4-4048, 4-4065)

**1.2** Consistent with the State Group Benefits Administrator's Manual for South Carolina State and Public School Employees, employees may elect coverage for eligible dependents and covered entities at the time of hire; during designated enrollment periods; within 31 calendar days of a family status change; and during open enrollment.

**1.3** All premiums will be established by the State Employee Insurance Program (EIP) based on the level of coverage.

**1.4** Employees may refuse any or all plans if they choose at the time of hire or during designated enrollment periods. Refusing coverage for health benefits also includes loss of the State Group Basic Life Insurance and Long Term Disability (LTD) benefits provided by the State.

**1.5** All new employees will receive an Insurance Benefits Guide, which has been developed by the Employee Insurance Program, South Carolina Budget and Control Board. Each Year, employees will receive at their workplace an updated version of the Insurance Benefits Guide and they should use information in the Guide for eligibility, coverage, restrictions, etc.

### **2. TYPES OF COVERAGE/BENEFITS:**

**2.1 State Health Plan:** The State Health Plan (administered by Blue Cross and Blue Shield) offers two (2) health plans: Savings Plan and Standard Plan . The State Health Plan is available to employees throughout the state. Participating in the state health program also provides the employee with Long Term Disability benefits and State Group Basic Life Insurance.

**2.2 Health Maintenance Organizations (HMO):** The state offers an alternative to the State Health Plan whereby an employee may elect an HMO of his/her choice based on whether s/he lives or works in a service area designated by the HMO. Participating in an HMO also provides the employee with Long Term Disability benefits and State Group Basic Life Insurance.

**2.3. Dental:** An employee may elect dental coverage for him/herself and for eligible dependents.

**2.4. Dental Plus:** This plan provides a higher level of coverage for services covered under the State Dental Plan.

**2.5 Dependent Life:** Active employees may enroll eligible children for \$15,000 dependent life coverage at anytime without medical evidence of good health. Active employees may enroll spouses in dependent life coverage as described in the Insurance Benefits Guide.

**2.6 Optional Life:** Employees may elect optional life insurance coverage for themselves.

**2.7 Supplemental Long Term Disability (SLTD):** Employees may purchase supplemental long term disability insurance to protect a greater portion of their income, should they become disabled.

**2.8 Money Plus Program:** This plan offers all state employees the option to reduce the amount of taxable income by the amount of premiums paid for Optional Life (up to \$50,000 coverage), health, and dental insurance. Employees may elect to additionally reduce their taxable income through the Money Plus Program by participating in Dependent Day Care and Out-Of-Pocket Medical Spending Account.

**2.9 Long-Term Care (LTC):** Long-Term Care (LTC) provides a daily benefit for home, assisted living facility, adult day care center, nursing home or hospice assistance or based on elected coverage. Full time, permanent employees may elect LTC coverage for themselves, spouse, parents, and in-

laws. *An application must be completed and submitted to Prudential Insurance Company of America. Premiums are paid directly to the insurance carrier and CANNOT be payroll deducted.*

*2.10 State Vision Plan: Employees may elect the State Vision Plan which covers comprehensive eye examinations, frames, lenses and lens options and contact lens services and materials. It also offers discounts on additional pairs of eye glasses and contact lenses. Employees should refer to their Benefits Guide for enrollment information and details of the plan.*

### **3. RULES FOR ENROLLMENT:**

**3.1** New employees, as well as current employees who have special eligibility situations or qualifying events, (i.e., marriage, birth, adoption, loss of group health plan coverage, divorce, etc.) should refer to their Insurance Benefits Guide for enrollment information.

**3.2 Annual/Open Enrollment:** The Division of Human Resources will notify Agency employees prior to each annual/open enrollment period.

**4. COLLECTION OF PREMIUMS:** All employees are responsible for paying premiums for their elected state group coverage(s) based on the information provided on their completed Notice of Election form. Premiums will be payroll deducted according to rates provided by the State Employee Insurance Program and the effective date(s) of coverage. Employees on leave without pay will be responsible for paying their monthly premiums as billed by the Division of Human Resources, Benefits Branch, which may include the employer portion. An employee on Workers' Compensation, *approved* Family Medical Leave or Military Leave without pay, will be responsible for the employee portion only. *Employees who fail to pay their state group benefits premiums based on the deadline identified in the billing notice from the Division of Human Resources will have their coverage terminated if they fail to pay the premiums due by the due date of the second billing notice.*

**5. COBRA (Consolidated Omnibus Benefits Reconciliation Act):** Any employee or dependent who loses his/her health/dental coverage as a result of terminating employment or a family status change, e.g., divorce, marriage, age limits, employment, loss of student status, etc., is eligible to make application within 60 days of the date of occurrence to continue his/her health and/or dental coverage at the same level at the time of loss.

### **6. DEATH OF AN EMPLOYEE:**

**6.1** When the death of an employee occurs, the immediate supervisor should notify the appropriate Division Director or Warden, who will then notify the Division Director of Human Resources or designee, the Chief, Pastoral Care Services Branch, the appropriate member of the Director's staff, and the Agency Director.

**6.2** Upon notification of the death, the Division Director of Human Resources or designee will:

**6.2.1** notify the South Carolina State Retirement System, State Employee Insurance Program, and provide assistance to the family with other benefits upon request; (**NOTE:** The deceased employee's court appointed representative or beneficiary should receive a copy of all appropriate correspondence.)

**6.2.2** file Death Claims on behalf of employees for state group benefits, i. e., basic life, optional life; or dependent life and

**6.2.3** forward any check(s) to the employee's designated beneficiary or court appointed representative by Certified Mail, Return Receipt Requested or deliver it in person.

**6.3** For additional information on benefits afforded the family of an employee killed in the line of duty, see SCDC Policy/Procedure ADM-11.38, "Employee Deaths, Catastrophic Injuries, and Survivor Assistance."

## ***7. DISABILITY RETIREMENT CLAIMS:***

*To assist the South Carolina Retirement System in making decisions regarding claims for disability retirement, the following protocol will be used. When the Human Resources office is made aware of a claim for disability retirement by an SCDC employee, the Director, Human Resources or his designee will be notified. It will be the responsibility of the Director, Human Resources or his designee to contact the Inspector General's office, the appropriate Deputy Director's office, the employee's Warden, or Division Director and the Employee Relations Branch to determine if there is relevant information that should be provided to the Retirement System and then to provide that information to the Retirement System.*

## **8. DEFINITION:**

**Annual Enrollment** refers to a specified period designated by the State Employee Insurance Program whereby employees may make application for insurance plan changes to be effective January 1st of the following year.

**Dependent(s)** refers to an employee's spouse (married or common law), and/or any unmarried, unemployed, natural, or adopted child(ren), and/or any child of the employee or spouse under the age of 19 for whom the employee provides legal guardianship, conservatorship, or maintenance or support based on a Court Order. If a dependent child is between 19-24 years of age, the dependent must be an unmarried full-time student or an incapacitated child. Certification of either status will be required as described in Sections 5.1 through 5.1.2.

**Open Enrollment** refers to an a specified period designated by the State Employee Insurance Program held every two (2) years whereby employees may enroll/disenroll in health/**vision**/dental plans and add/delete dependents to be effective January 1st of the following year.

**State Group Benefits** refer to those insurance and benefits programs afforded SCDC employees, to include: complete health, dental, dental plus, **vision**, life, dependent life, supplemental long term disability (SLTD), optional life, Long Term Care (LTC), and MoneyPlus. Consistent with state statutes governing competitive bids and the term of contracts for goods and services, the carriers for such benefits may vary from year to year.

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s/ Jon E. Ozmint, Director

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