



Faculty and Staff Summary of Benefits

2012 Benefits Summary

This booklet provides a summary of the benefits, privileges, and services for which you may be eligible as a member of the faculty or staff. Whether you have recently joined the University or are a candidate for employment, we hope you find this information helpful.

If you are a candidate considering employment with the University and would like additional information, please feel free to call the Benefits Office at 803-777-6650 or visit the Human Resources website at <http://hr.sc.edu>.

Information for New Faculty and Staff

If you are a new faculty or staff member, we welcome you to the University. You will be scheduled to attend a benefits orientation as soon as possible. During the benefits orientation, we will provide you with detailed information and assist you with enrolling in the benefits of your choice.

This booklet provides a summary of available state and University benefits. To prepare you for your benefits orientation, we have highlighted basic information that is important for you to know. You will receive individual plan materials and more detailed information during orientation, which will last about four hours. **Please pay particular attention to the information requested on Page 14. You will need to bring this information with you to orientation. Your enrollment in the plans you select cannot be activated without this information.**

Periodically, the Benefits Office will send you new information about your benefits. Prior to the enrollment period each October, you also will receive the State Employee Insurance Program *Insurance Advantage* newsletter, which provides information about changes in the state insurance programs for the coming year. It is important that you watch for these benefits updates, read them carefully, and make changes appropriate to your needs within the designated time period.

While general benefits information is available in this document and on the Human Resources website at <http://hr.sc.edu>, more specific information about your benefits, paycheck, and personnel records may be accessed through VIP: Visual Information Processing <http://vip.sc.edu>. You also may visit the Employee Insurance Program website at www.eip.sc.gov and the South Carolina Retirement Systems at www.retirement.sc.gov.

All benefits and an individual's right to them are subject to state regulations, University Policies and Procedures, the individual plan documents, and the duly executed and recorded notice of election forms.

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General Information

Paydays

We are paid on the 15th and last workday of each month. You will be paid for all time worked up to that date. You are required to have direct deposit of your paycheck.

Benefits Eligibility

The benefits described in this booklet apply to faculty and staff employed in benefits-eligible positions. To qualify for the various state and University insurance plans, you must be employed in a benefits-eligible position at least 20 hours a week. Research grant funded employees who meet these requirements are eligible for the benefits specified in their grant. Faculty and staff in slotted positions are required by state law to participate in retirement.

Eligible Dependents

You may cover either your lawful spouse, or a former spouse if required by a divorce decree or court order, but not both. If your spouse is an employee of a South Carolina state-covered entity or retiree, each of you must carry your own coverage, and only one of you may carry coverage for dependent children.

You may cover any of your children who are under age 26 as long as the child is not eligible for his own employer-sponsored coverage. Eligible children also include: (1) an incapacitated unmarried child who is incapable of self-sustaining employment because of a disability and who is principally dependent on you for support (incapacity must be established prior to age 26). You must provide proof of relationship, dates of birth and social security numbers for your dependent spouse and children.

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1996)

After you enroll in the health, vision or dental plans, you will receive a notice advising you and your dependents of the right to keep this coverage in the event of certain qualifying circumstances. We are required by a federal law known as COBRA to provide this information to you and your family when you enroll in the health, vision or dental plans, and thereafter, each time we are aware of a change in your family status that affects insurance eligibility. Please let your family know they will receive this information.

You can continue your coverage for a limited time under COBRA if you and/or your dependents lose coverage because:

- Your working hours are reduced from full-time to less than 20 hours a week
- You voluntarily quit work, are laid off or fired (unless the firing is due to gross misconduct)
- You have a separated or divorced spouse or
- Your dependent child is no longer eligible for coverage.

If the event is not reported by you or your dependent within the 60-day limit, COBRA coverage will not be offered. Rules and regulations governing continuation of coverage under COBRA are described in your *Insurance Benefits Guide*, which is published annually by the State Employee Insurance Program (EIP) and mailed to your campus address.

Effective Dates of Coverage

The effective date of coverage for the various insurance plans in which you enroll is the first day of the month following your date of hire, unless you begin work on the first workday of the month; in which case, your coverage is effective on the first day of that month. Depending on when your orientation is scheduled, you may not have completed your enrollment forms by the effective date described above. However, provided these forms are completed within 31 days of your date of hire, your coverage is retroactive to the appropriate date, even if a claim already has occurred. Premium deductions also are retroactive to that date.

Insurance Costs and Payroll Deductions

Costs: Rates for the health plans are provided on Page 17, while the rates for dental plans are provided on Page 8 and the rates for vision care are on Page 9. Rates for other plans will be provided during orientation.

Payroll Deductions: Insurance premiums are deducted one month in advance. Depending on when your coverage is effective and when the Payroll Office receives your enrollment forms, your first paycheck following your orientation may include payroll deductions for up to two months of premiums. **You should always check your electronic pay stub after enrolling or making any insurance change to make sure the appropriate premiums are being deducted.** Contact the Payroll Office at 803-777-4227 if you have questions about your payroll deductions.

Enrollment Periods

Initial Enrollment: During the 31-day period following your date of hire, you may enroll in any of the benefits described in this booklet, regardless of the status of your health, or that of your dependents, unless you are transferring from another South Carolina state-covered entity. If you are transferring from another South Carolina state-covered entity, you are required to continue your same level and type of coverage.

Annual Enrollment and Open Enrollment: There is an **annual enrollment period** for the state insurance plans each October and an **open enrollment period** during October in odd years. You may make certain benefits changes during these enrollment periods. We will send you information about any changes that are occurring in the state insurance plans for the next calendar year, and about the benefits changes that you may make during each enrollment period. It is important that you watch for this information, read it carefully, and make changes appropriate to your needs during the enrollment period. See Page 13 for additional information.

Holidays and Leave

Holidays: There are 13 paid holidays. The holiday schedule is set each year to coincide with the academic schedule. The holiday schedule for 2012 is provided below. Holidays indicated with an asterisk are substitutes for holidays recognized by other state agencies at different times.

New Year's Day, Monday, January 2, 2012 (observed)	Christmas Eve, Monday, December 24, 2012
MLK, Jr. Day, Monday, January 16, 2012	Christmas Day, Tuesday, December 25, 2012
Independence Day, Wednesday, July 4, 2012	Day after Christmas, Wednesday, December 26, 2012
Labor Day, Monday, September 3, 2012	December Holiday, Thursday, December 27, 2012*
Thanksgiving Day, Thursday, November 22, 2012	December Holiday, Friday, December 28, 2012*
Day after Thanksgiving, Friday, November 23, 2012	December Holiday, Monday, December 31, 2012*
December Holiday, Friday, December 21, 2012*	New Year's Day, Tuesday, January 1, 2013

Sick Leave: If you work at least half-time in a benefits-eligible position, you will earn sick leave. Full-time employees earn at the rate of 1¼ days a month. Part-time employees earn sick leave on a pro-rata basis. Employees may accumulate a maximum of 195 days; however, only 180 days may be carried into a new calendar year. Up to 10 days of available sick leave may be used for the illness of an immediate family member. Sick leave is forfeited at separation from employment. However, at retirement, members of the South Carolina Retirement System are given retirement service credit for up to 90 days of unused sick leave.

Annual Leave: If you work at least half-time in a benefits-eligible position, all staff and faculty on a 12-month pay basis will earn annual leave. Full-time employees earn annual leave at the rate of 1¼ days a month for the first 10 years and an additional 1¼ days a year for the 11th through 22nd years. Part-time employees earn annual leave on a pro-rata basis. The maximum accumulation is 75 days; however, only 45 days may be carried over into a new calendar year. At separation from employment, you will be paid in a lump sum for up to 45 days of unused annual leave. If you are a member of the South Carolina Retirement System, your annual leave payment at retirement will increase the amount of your retirement annuity. **Note: grant-funded employees may be required under the grant to use accrued annual leave prior to the expiration of the grant or separation from employment.**

Family and Medical Leave Act: The Family and Medical Leave Act (FMLA) entitles qualified employees to take up to 12 weeks of unpaid leave per year when unable to work because of a serious health condition, or for the birth or adoption of a child, or to care for a spouse or family member with a serious health condition. FMLA may be extended up to 26 weeks to care for an injured or ill service member. Leave approved under FMLA is unpaid unless the employee applies for and is approved to use available annual leave or sick leave, pursuant to University Policies and Procedures.

Other Leave With Pay: Up to three consecutive workdays of leave with pay are allowed at the death of an immediate family member. Up to 15 workdays of leave with pay are allowed for annual training in the National Guard or Armed Forces Reserves. Additional military leave may be granted during times of emergency. Leave with pay is provided when an employee is summoned to serve as a juror or as a witness for other than personal litigation.

Leave Pool: Employees may voluntarily donate annual leave or sick leave to a leave pool. In catastrophic situations, employees who have no available leave may request leave from the pool if the absence would result in at least 30 days of leave without pay.

Sabbatical Leave: Tenured professors or associate professors may be granted sabbatical leave by the president, based on seniority, merit, and six or more years of service as a full-time faculty member. (See the Faculty Manual)

Personal or Educational Leave Without Pay: Leave without pay may be granted when deemed to be in the best interest of the University. Up to 10 days of personal leave without pay may be granted through your department. Requests for more than 10 days must be submitted through the Division of Human Resources.

Other Benefits

Tuition Assistance Program: Faculty after one semester and staff after six months may apply to take one three-hour credit course (four hours in the case of a lab course) per academic term at no charge, on a space available basis. Research Grant Employees may apply for tuition assistance by completing the USC Tuition Assistance Application for Research Grant Employees and the attached Promissory Note.

Employee Assistance Program: This program offers help to eligible faculty and staff and family members with a range of problems including child-rearing concerns, elder care issues, alcohol and drug related problems, abuse issues, marital difficulties, depression, anxiety, stress, financial problems, and legal issues. For assistance, call Deer Oaks EAP Services at 1-866-327-2400.

Personal Information System for Faculty and Staff: Once your hire documents and benefits enrollment forms have been processed, you will be able to access information about your paycheck, benefits, leave status, and other personal information on the Internet by using a personal identification number (PIN) that you select. We will provide more detailed information during orientation about this system, which is referred to as VIP (Visual Information Processing). Your PIN will be your birth month and date for the first 30 days of your employment. You must change your PIN to keep it active.

Other Benefits:

Reduced-Price Athletic Tickets	Carolina Collegiate Credit Union
Professional Development Programs	U.S. Savings Bonds
Strom Thurmond Wellness & Fitness Center	USC Cultural Events Tickets
Blatt Physical Education Center	USC Bookstore Discount
Free Notary Services	Pre-Retirement Seminars
Child Development Center	

Medical Coverage

Health Insurance

You may choose from among four health insurance plans. Outlined below are major features of these plans. The comparison on Page 17 provides a more detailed description in terms of each plan's cost. You will receive individual plan materials during your benefits orientation.

The State Health Plan

The State Health Plan offers a choice between two levels of coverage: **Standard Plan or Savings Plan**. The plan is self-insured by the State of South Carolina. Claims are processed through Blue Cross-Blue Shield. With the exception of a well-child benefit, Pap smear, mammography benefit, colonoscopy and worksite screening benefit, services must be medically necessary to be covered. Both plans have an annual deductible for medical benefits **that must be met** before benefits are paid. After the deductible is met, you will pay part of the expenses until you meet an annual out-of-pocket maximum. After the out-of-pocket maximum is met, you are covered for 100% of eligible charges for the remainder of the year.

Standard Plan Deductibles	\$350 for individual coverage \$700 for family coverage
Savings Plan Deductibles	\$3,000 for individual coverage \$6,000 for family coverage

Summary of Standard Plan Coverage, Deductibles and Co-Insurances: Under the Standard Plan, the family deductible is the same, regardless of the number of family members covered. No one family member can pay more than \$350 toward the \$700 family deductible. The family deductible may be met by any combination of two or more family members. There are per-occurrence deductibles for services that do not apply to the plan deductible nor the out-of-pocket maximum. The deductible for each emergency room visit is \$125. The deductible is waived if you are admitted to the hospital. The deductible for outpatient hospital services is \$75 (see the *Insurance Benefits Guide* for exceptions). There is a \$10 per-visit deductible for each visit to a professional provider's office. This deductible is waived for routine Pap tests and mammograms and well-child care.

Once the deductible is met, the plan reimburses at 80% of allowed charges for network providers and 60% for non-network providers. Under the Standard Plan there is a \$2,000 maximum coinsurance for individual coverage or \$4,000 for family coverage for network services and \$4,000 maximum for individual coverage or \$8,000 for family coverage for non-network services. The Standard Plan will then pay 100% of the allowable expenses. Expenses paid for non-covered services, prescription drugs, deductibles or penalties for not calling Medi-Call, National Imaging Associates, or Companion Benefit Alternatives (CBA) do not count toward your coinsurance maximum.

The Standard Plan includes a prescription drug program that is not subject to the deductible. This plan is administered by Medco Health and is easy and convenient to use. Participants simply show their State Health Plan identification card when purchasing their prescriptions from a participating pharmacy and pay a co-payment of either \$9 for generic drugs, \$30 for brand name drugs or \$50 for non-preferred brand drugs for a 31-day or less supply. If the price of your prescription is less than the co-payment amount, you pay the lesser amount. You must use a participating pharmacy and you must show your State Health Plan ID card when purchasing your medications. **Benefits are not payable if you use a non-participating pharmacy.** However, if you incur prescription drug expenses while traveling outside the United States, you will be able to file a claim for reimbursement of your expenses that will be limited to the Plan's allowable charge less the co-payment. There is an annual out-of-pocket maximum of \$2,500 per person. Once you have spent \$2,500 in prescription drug co-payments, the plan will cover your prescription drugs at no cost to you for the remainder of the year.

State Health Savings Plan: The annual deductible for individual coverage is \$3,000. There is no individual deductible if more than one family member is covered. The full \$6,000 family deductible must be met before any individual family member can begin receiving reimbursement benefits. There are no per-occurrence or per-visit deductibles. There is no

prescription drug co-pay. The State Health Savings Plan preventive features include well-child care, routine mammogram, colonoscopy, health screenings, an annual physical, an annual flu shot and access to a nurseline and self-care guide.

If you are covered under the Savings Plan, you pay the full allowable cost for all services received and it is applied to your deductible. After your annual deductible is met, the Savings Plan pays 80% of your covered medical, prescription drug, and mental health and substance abuse expenses if you use network providers. You pay 20%. The amount you pay to network providers contributes to your co-insurance maximum. If you use non-network providers, the Savings Plan pays 60% of your covered expenses.

In addition to the deductible, the amount you must pay each year in coinsurance is \$2,000 maximum for individual coverage or \$4,000 for family coverage for network services. The State Health Savings Plan will then pay 100% of your allowable expenses. Expenses paid for non-covered services, prescription drugs, deductibles or penalties for not calling Medi-Call, National Imaging Associates or Companion Benefit Alternatives (CBA) do not count toward your coinsurance maximum.

Medi-Call: A Pre-certification Requirement of the State Health Plans: Pre-certification is required for all hospital admissions and all maternity care; any non-emergency surgical procedure performed in a hospital, freestanding clinic or ambulatory surgical center; any non-emergency surgical procedure done on the foot or knee performed in a physician's office; admission for obstetrical and neonatal (sick newborn) services; hospitalization that exceeds the length of stay limitation previously authorized by Medi-Call; extended care services (hospice, home health care, skilled nursing facility, durable medical equipment); any medical service or procedure involving inpatient physical therapy, second surgical opinion and extended care, and organ transplant, bone marrow transplant, or other stem cell rescue or tissue transplant for which benefits are provided. Failure to obtain pre-certification in the above circumstances, or within 48 hours in an emergency, will result in a \$200 penalty, and the costs incurred during the hospitalization or treatment will not contribute to the \$2,000 out-of-pocket limit.

Advanced Radiology: Pre-certification Requirement of the State Health Plans: If you or a covered dependent are scheduled to receive CT, MRI, MRA, or PET scans from an out-of-network provider in South Carolina or **any** provider outside of South Carolina, you are responsible for ensuring that the provider receives pre-authorization from National Imaging Associates (NIA). Otherwise, the provider will not be paid and you will be responsible for the entire bill.

Provider Networks: The State Health Plan has participating provider networks for hospitals, physicians, mental health and substance abuse, pharmacies, ambulatory surgical centers, transplant centers and mammography centers. The networks include most providers in South Carolina and some providers in other states. Participating providers have agreements with the state plan that determine how much they can charge State Health Plan members. You **must** use network providers for well-child care and pharmacies. There is no reimbursement for non-network providers. You may have access to doctors and hospitals for medical benefits almost everywhere with the BlueCard Program, administered by Blue Cross and Blue Shield of South Carolina.

Coordination of Benefits: The state health and dental plans use the Birthday Rule for coordination of benefits. If a husband and wife have two different group insurance plans and both cover their children, the parent whose birthday comes first in the calendar year must file claims for the children **under** his or her insurance first.

HMO Plans

There are two HMO plans: BlueChoice HealthPlan and CIGNA HMO. You must live or work in the HMO service area to participate in an HMO. Under an HMO, medical care is coordinated through a primary care physician. Services provided by the primary care physician require co-pays established by the plan. Other services may be subject to an annual deductible and/or co-payment. There is no vision care component in either HMO except for medically necessary vision care. Normally there are no claims to file.

Pre-Existing Conditions

A pre-existing condition limitation applies to the health plans (the State Health Plan and the HMOs, as well as to the Basic and Supplemental Long Term Disability Plans). A pre-existing condition is any medical condition, regardless of its cause, for

which medical advice, diagnosis, care or treatment was recommended by, or received from a licensed healthcare provider or practitioner in the six months before the covered person's enrollment date under the plan. Benefits for a pre-existing condition are payable only for treatment rendered 12 months (18 months for a late entrant) after the enrollment date of a covered person. If you have been insured previously, you may reduce the pre-existing condition period by providing certification of prior health insurance coverage if the break in coverage did not exceed 62 days. The pre-existing condition exclusion does not apply to covered children who are younger than age 19.

Certificate of Creditable Coverage

Creditable Coverage is prior coverage under a group health plan or insurance coverage or health benefits provided as described or defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Proof of creditable coverage may be used to reduce a pre-existing condition limitation period if the prior coverage was continuous (and the break in coverage did not exceed 62 days). If you and/or your dependents are enrolling in a state health plan for the first time, you are responsible for obtaining and submitting a certificate of creditable coverage with your enrollment form or as soon as possible thereafter.

Coverage Changes

You may change from one health plan to another during any **annual enrollment period**, held during October in even years. You may add or drop dependents without a qualifying change in family status only during an **open enrollment period, held in October of odd years, or within 31 days of a qualifying family status change**. See Page 13 for qualifying events for coverage changes. Changes during annual or open enrollment periods are effective January 1.

Dental Insurance

The **State Dental Plan** includes four classes of services: **Class I** (Preventive/Diagnostic) pays 100% of the established fee schedule. **Class II** (Basic Services) and **Class III** (Prosthetics) have a combined annual deductible of \$25 for each covered person, after which Class II pays 80% of the fee schedule and Class III pays 50% of the fee schedule. **Class IV** (Orthodontics) covers only dependent children under age 19, and covers 50% of the fee schedule up to a lifetime maximum of \$1,000. The maximum benefit per year for classes I, II, and III is \$1,000 per covered person.

Dental enrollment periods are held during **open enrollment** in odd years for an effective date of January 1 in even years.

Dental Plus provides a higher level of coverage for services covered under the State Dental Plan. It is not an offset program that pays what the State Dental Plan does not. Instead, it covers the same procedures and services (except orthodontia) at the same percentage rate of coverage as the State Dental Plan but at a higher allowance. Dental Plus premiums are paid entirely by the employee and may be paid on a pre-tax basis under MoneyPlus. Subscribers must carry the same level of coverage in Dental Plus as in the State Dental Plan. The combined maximum per year for Dental Plus coverage is \$2,000 per covered individual.

Semi-Monthly Rates for 12-month and 9-month Pay Basis for State Dental Plan							
Employee Only		Employee/Spouse		Employee/Children		Full Family	
12-month	9-month	12-month	9-month	12-month	9-month	12-month	9-month
\$0	\$0	\$3.82	\$5.10	\$6.86	\$9.15	\$10.67	\$14.23
Semi-Monthly Rates for 12-month and 9-month Pay Basis for Dental Plus Plan							
\$11.18	\$14.91	\$22.58	\$30.11	\$26.03	\$34.71	\$33.75	\$45

Vision Care

The Vision Care Plan is administered by EyeMed and provides savings on eye care and eyewear. The plan covers a comprehensive eye exam once a year, standard plastic lenses or contact lenses once a year, and frames once every two years.

Also offered through the plan are discounts on conventional contact lenses, additional eyeglasses and more. There are co-pays for some services and the plan will pay for out-of-network services. For more information and a list of providers, link

to the [State Vision Plan Schedule of Benefits Flyer](http://www.eip.sc.gov) (pdf) on the S.C. Employee Insurance Program website at <http://www.eip.sc.gov> under the category of active subscriber, then select publications; or click on the link to the vision plan benefits flyer. You also may visit <http://www.evemedvisioncare.com>.

Semi-Monthly Rates for 12-month and 9-month Pay Basis for EYEMED Vision Plan							
Employee Only		Employee/Spouse		Employee/Children		Full Family	
12-month	9-month	12-month	9-month	12-month	9-month	12-month	9-month
\$3.88	\$5.18	\$7.76	\$10.35	\$8.24	\$10.99	\$12.12	\$16.16

MoneyPlu\$ (Flexible Benefits Plan)

MoneyPlu\$ can help you keep more spendable income by allowing you to pay certain benefits costs on a pretax basis. This means no state, federal or Social Security taxes are withheld from dollars included in the plan. Plan features include the following options.

Group Insurance Premiums: You may pay your health, vision, dental, and up to the first \$50,000 of State Optional Life Insurance coverage premiums on a pretax basis.

Flexible Spending Accounts:

Medical Spending Account: You must be employed for one year as of January 1 following an October enrollment period before you can enroll in this part of the plan. You can direct pretax dollars to be deposited in your account to pay for out-of-pocket medical expenses for anyone you claim on your income tax return. Out-of-pocket means that you are not reimbursed for these expenses by an insurance plan. You can set aside up to \$5,000 each year. You must use the money during the same calendar year it is set aside or you will lose it. Employees may request a myFBMC Card to access funds in the Medical Spending Account to pay covered expenses.

Dependent Care Spending Account: You may set aside on a pretax basis up to \$5,000 each year depending on your tax filing status to pay dependent care expenses for children under age 13, or for mentally or physically disabled dependents of any age. The benefit is limited to employees who must have dependent care to permit the employee and spouse (if married) to work or attend school. The day care provider must provide a tax ID number in order for you to file for reimbursement.

Limited-Use Medical Spending Account: If you have a Health Savings Account (HSA), you are eligible for a limited-use Medical Spending Account. This account may be used to pay expenses not covered by the State Health Plan Savings Plan, including non-covered prescription drugs, dental and vision care.

Note: You must sign up each year during the October enrollment period for the Dependent Care and Medical Spending Account parts of the plan. There is a “use it or lose it” rule for the two spending accounts, and at termination of employment you may submit claims only for services provided before termination.

Health Savings Account (HSA)

This account coupled with the State Health Plan Savings Plan was designed to provide an economical insurance plan to employees who are willing to take greater responsibility for their healthcare to reduce their insurance premiums and save money for qualified medical expenses. An employee must be covered under a high deductible health insurance plan, such as the State Health Plan Savings Plan. The employee can not be covered by any other health plan, including Medicare. To contribute to an HSA through payroll deduction, the employee must use an account at NBSC, an affiliate of Synovus Financial Corp, which is administered by Fringe Benefits Management Company (FBMC).

The maximum contribution for a subscriber with single coverage is \$3,100 and a subscriber with any other family member can contribute up to \$6,250. Subscribers age 55 and older may make “catch-up” contributions to an HSA in the amount of

\$1,000 for 2012. Contributions may be paid in lump sum or in equal payments during the year. You may change the amount you contribute to your MoneyPlu\$ HSA through payroll deduction once a month. Employees may enroll for an NBSC VISA debit card to pay expenses or receive checks to cover expenses from the HSA.

State Long Term Care Plan

After a 90-day waiting period, this plan provides either reimbursement of eligible charges for home- and community-based care or a monthly fixed benefit equal to 50% of the Daily Benefit Maximum for home- and community-based care for those unable to perform, without substantial assistance, at least two activities of daily living that include bathing, continence, dressing, eating, toileting, transferring or a severe cognitive impairment. You may choose one of 12 plans; refer to the *Insurance Benefits Guide* for plan options. Employees may enroll within 31 days of their date of hire without providing medical evidence of good health. An employee's spouse, parents, parents-in-law, grandparents, grandparents-in-law, siblings, adult children age 18 and older and their spouses also may enroll subject to medical evidence of good health.

USC Cancer Plan

This plan provides a cash payment at the initial diagnosis of internal cancer and a daily benefit for hospital confinement, outpatient treatment, and hospice care related to any type of cancer subject to the pre-existing conditions clause in the plan. Spouses and children also may be covered. Applicable benefits are paid in addition to other insurance coverage you may have.

USC Hospital Confinement Plan

This plan offers a choice of a \$50 or \$80 daily benefit, to be paid directly to the member when the member or a covered spouse or child is confined in a hospital. Applicable benefits are paid in addition to other insurance plans you may have.

Disability Benefits

State Long Term Disability Plan

Members of the State Health Plan or one of the HMO plans are covered for this benefit at no cost. After a 90-day waiting period, the plan pays 62.5% of the employee's monthly base salary less any deductible income you receive, or are eligible to receive, from other sources; up to a maximum benefit of \$800 a month. Benefits are not paid for an injury or sickness caused by a pre-existing condition until you have been insured for at least 12 months or treatment free for 12 months immediately preceding the date of disability, whichever occurs sooner.

State Supplemental Long Term Disability

This optional disability income plan is intended to supplement benefits provided under the Basic State Long Term Disability Plan. After a 90- or 180-day waiting period, the benefit pays 65% of the member's monthly salary to a maximum of \$8,000 per month, less any disability benefits received from the basic disability plan and other sources, not to be less than \$100 a month. The cost is based on your salary and age. Benefits are not paid for an injury or sickness caused by a pre-existing condition until you have been insured for at least 12 months or treatment free for 12 months immediately preceding the date of disability, whichever occurs sooner.

Disability Retirement

Members of the South Carolina Retirement System who have five years of earned retirement service credit may apply for disability retirement and, if approved, receive a monthly benefit for life.

Retirement Benefits

Employees hired in slotted positions are required by state law to participate in the South Carolina Retirement Systems (SCRS) or the State Optional Retirement Program (State ORP). The University also participates in the federal Social Security program. Participation is required of all employees. Employees hired in research grant funded positions are eligible for benefits, including retirement, as specified in the grant.

The SCRS and the Police Officers Retirement System (PORS) are known as defined benefits plans. Benefits at retirement are based on the member's average final compensation (annual average of the 12 highest consecutive calendar quarters' earnings) and years of credited service. Members may purchase credit for certain kinds of service, such as active duty military, public service in other states, and civil service. Members of the SCRS and PORS contribute on a pretax basis at the rate of 6.5% of earnings. After five years of earned service, a member is entitled to leave contributions on file with the Retirement System at separation from employment, and file for a monthly annuity upon attaining age 60 for the SCRS, or age 55 for the PORS.

State Optional Retirement Program

The State ORP, a defined contribution plan, is an alternative to the South Carolina Retirement Systems (SCRS) retirement plan. Employees eligible for State ORP participation may select a carrier from VALIC, MetLife, The Hartford or the Teachers Insurance and Annuity Association-College Retirement Equity Fund (TIAA-CREF). Members contribute on a pretax basis at the rate of 6.5% of earnings. The amount of employer contributions currently remitted to the ORP carrier for fiscal year 2011-2012 is 5% of earnings. Employees may change investment providers during the annual open enrollment period, which is January 1 to March 1 each year. During State ORP annual enrollment, participants have a one-time opportunity to switch to SCRS if they have been enrolled in State ORP for at least 12 months but no more than 60 months by March 1 of the year in which they elect to switch retirement programs.

SCRS, State ORP, and PORS Incidental Death Benefit

This benefit applies to members of the South Carolina Retirement System, the State ORP, and the Police Officers Retirement System. At the death of a contributing member who has at least 12 months of retirement service credit, a benefit equal to the member's annual budgeted base salary is paid to the beneficiary. Under SCRS and PORS, the beneficiary also is entitled to a refund of the member's contributions plus interest. If the member had 15 years of retirement service credit under SCRS and PORS, the beneficiary may elect a lifetime annuity in lieu of a refund. Under state ORP, the benefit is based on the cash value of your account as of your date of death. Your beneficiary may receive the cash value of your account through annuities, lump-sum distributions, or periodic withdrawals.

Deferred Compensation and Tax Deferred Annuities

You may set aside additional funds toward retirement on a pretax basis through the State Deferred Compensation Program. The program offers 457 and 401(k) plans. A number of 403(b) plans also are available through private insurance/investment companies. Note: Funds can be rolled over from these plans to purchase eligible retirement service with the South Carolina Retirement Systems.

Survivor Benefits

State Group Life Plan

If you enroll in either the State Health Plan or one of the HMO plans, you will be covered at no cost for \$3,000 life insurance and \$3,000 accidental death and dismemberment.

State Optional Life Plan

New employees can elect coverage in \$10,000 increments up to three times their basic annual salary up to a \$500,000 maximum without providing medical evidence of good health. This figure will be rounded down to the nearest \$10,000. Additional coverage above three times your basic annual salary up to \$500,000 may be obtained with medical evidence of good health. When medical evidence of good health is required, you must complete MetLife's Personal Health Statement. You do not need to see a doctor to have this form completed. If approved, your coverage will be effective the first of the month following approval. Premiums on the first \$50,000 of Optional Life may be tax-sheltered if enrolled in MoneyPlu\$.

Employees may enroll or make changes in the State Optional Life program in the event of a special eligibility situation. Examples include birth, marriage, adoption or foster child placement. Enrollment changes must be requested within 31 days of the qualifying event.

The plan includes accidental death and dismemberment benefits equal to the face amount of the policy, a living benefit for terminally ill members under age 60, and a seat belt provision of an additional 25% of the accidental death benefit when applicable. It also includes day care, education, felonious assault, and repatriation benefits. Members under age 75 can keep a certain amount of insurance at retirement at group rates.

For coverage levels and costs, refer to the chart on Pages 18 and 19. **Note:** faculty on nine-month appointments should multiply the monthly rates by 12, then divide the resulting annual rate by 18 pay periods to arrive at their specific pay period deduction.

Dependent Life

Spouse – An employee may elect to cover his or her spouse in increments of \$10,000 for up to 50% of the employee's Optional Life coverage or \$100,000, whichever is less. Medical evidence of good health is required for coverage greater than \$20,000. Premiums are the same as Optional Life rates for employees and are based on the employee's age.

Children – An employee may elect to cover his or her dependent children up to age 25 for \$15,000 during the initial enrollment period. Children may be enrolled in the Dependent Life program at any time during the year. The premium for coverage for children is \$1.24 per month regardless of the number of children covered.

USC Prudential Group Life Plan

This USC plan provides decreasing term life insurance and accidental death and dismemberment. The group life amount is based on salary and age. Group life amounts range from \$36,534 to \$150,000. Accidental death and dismemberment amounts are based on salary. Amounts range from \$12,000 to \$96,000. Dependents may be covered for \$5,000 each. Costs are provided in the plan booklet.

Auto and Homeowners Insurance Plans

Employees and members of their household may purchase automobile and homeowners insurance at low competitive rates through the Travelers Insurance Company. USC employees may pay premiums automatically through payroll deduction or regular monthly withdrawals from their checking or savings accounts. Free quotes may be obtained by calling Travelers at 1-800-842-5936, or on the Internet at <http://www.travelers.com/personal/?sponsor=sc>.

Dual Career Employment Services

When faculty and professional staff are relocating, it has become increasingly important to assist with their spouse or partner's career needs in addition to housing and other relocation concerns. Dual Career Employment Services are provided through the Division of Human Resources Employment Office for spouses/partners of newly recruited faculty and professional staff. For details on this service, call 803-777-3821 or visit the Human Resources website at <http://hr.sc.edu/employ/dualcareer.html>.

Making Insurance Changes

You have 31 days from your date of hire to enroll yourself and eligible dependents in any of the state and University insurance plans, regardless of the status of your health or that of your dependents. After 31 days from your hire date, you may make changes only on the following occasions:

Annual Enrollment: Annual enrollment is held each year during the month of October. You may change from one health plan to another, enroll in or cancel MoneyPlu\$ options. You must re-enroll each year during the annual enrollment period to continue the Medical Spending and Dependent Care features for the next calendar year. Changes made during the annual enrollment period are effective January 1 of the following year.

Open Enrollment: Open Enrollment is held during October in odd years. The next Open Enrollment will be October 2013. In addition to the changes allowed during annual enrollment, you may make these changes: enroll yourself and/or eligible dependents in a health plan without providing medical evidence of good health, subject to an 18-month pre-existing condition waiting period; drop health coverage for yourself or dependents; enroll or drop dental coverage for yourself or dependents. Changes made during open enrollment are effective January 1 the following year.

Qualifying Events: You may make certain changes throughout the year within 31 days of a qualifying event. Qualifying events include: your marriage, divorce, or legal separation; the birth, death, adoption, or legal guardianship of a dependent child; a child reaching age 26; a spouse or child gaining or losing other insurance coverage. A spouse gaining or losing employment is also a qualifying event for MoneyPlu\$ changes.

Other Changes Permitted Throughout the Year Subject to Late Entrant Requirements: You may apply for the following changes or additions throughout the year subject to approval of medical evidence of good health: enroll in or increase dependent life coverage; enroll in Supplemental Long Term Disability; enroll yourself, your spouse, your parents and your parents-in-law in the Long Term Care Plan. To apply as a late entrant, you must complete a medical questionnaire that must be approved by the insurance company.

It is important that you know the consequences of missing an enrollment or change opportunity. When you fail to enroll or update coverage within 31 days of hire or a qualifying event, your options are restricted as follows:

Failure to Enroll or Update Coverage

Health, Vision and Dental Plans: Open enrollment for the health, vision and dental plans is held during October in odd years. During open enrollment, you may enroll yourself or dependents, or cancel coverage for yourself or dependents. You may not make these changes at any other time, except when the change is made within 31 days of a qualifying event.

MoneyPlu\$: You may enroll or cancel the insurance premium feature only during an annual enrollment period. You may enroll, cancel, or change your amounts under the medical or dependent care spending account features during the annual enrollment or within 31 days of a qualifying event. Remember that you must re-enroll in the spending accounts each year during the October enrollment to continue those parts of the plan for next year.

Optional Life: If you do not enroll within 31 days of your hire date, you can enroll only within 31 days of a special eligibility situation or during the annual enrollment period. If you are not participating in MoneyPlu\$ Pretax Premium Feature, you may apply as a late entrant at any time during the year. You must complete a notice of election and a personal health statement for review of medical evidence of good health and the insurance company must approve your application. Your coverage will be effective the first of the month following approval as long as you are actively at work on that day as a full-time employee.

Dependent Life: If you did not enroll eligible dependents within 31 days of your hire date or within 31 days of gaining a dependent, you may apply as a late entrant. You must complete a medical questionnaire and the insurance company must approve your application. You must list eligible dependents to be covered. You may drop dependent life at any time.

State Long Term Care Plan and USC Plans: You may apply at any time, subject to approval of medical evidence of good health and pre-existing condition clauses.

Enrollment Documentation Worksheet

Following is a list of acceptable documentation to prove your relationship to family members you are adding to coverage. Please be sure to submit photocopies only. The South Carolina Employee Insurance Program cannot return submitted documentation.

Legal Spouse:

- A copy of the marriage license or page 1 of your federal tax return.

Former Spouse:

- A copy of the divorce decree ordering the subscriber to cover the former spouse.

Common Law Spouse:

- A copy of the common law marriage affidavit.

Natural Child:

- A copy of the long-form birth certificate showing the subscriber as the parent.

Step Child:

- A copy of the long-form birth certificate showing the name of the natural parent, plus documentation that the natural parent and the subscriber are married (see requirement for Legal Spouse or Common Law Spouse in the list above).

Adopted Child:

- A copy of the court documentation verifying completed adoption, or
- A copy of a letter of placement from an adoption agency, an attorney, or the S.C. Department of Social Services verifying that the adoption is in progress.

Foster Child:

- A copy of the court order or other legal document placing the child with the subscriber, who is a licensed foster parent.

Other Children:

- For all other children for whom a subscriber has legal custody, a copy of the court order or other legal document granting custody of the child/children to the subscriber. Documentation must verify the subscriber has guardianship responsibility for the child/children, not merely financial responsibility.

Incapacitated Child:

- A copy of the Incapacitated Child Certification Form plus proof of relationship. See the appropriate child type (natural, step, adopted, foster or other) in the list above for acceptable documentation to prove the relationship.

If you do not have the required documentation to prove your relationship to a dependent, you may have to pay a fee to receive a copy from the governmental agency that has the original. We encourage you to request your documentation as soon as possible since this process may take several weeks and many agencies increase fees for expedited delivery. To obtain copies of marriage licenses or birth certificates, visit the following websites:

- Marriage license/birth certificate: <http://www.cdc.gov/nchs/w2w.htm>
- Birth certificate (for children born in S.C.): www.scdhec.gov/administration/vr/index.htm.

Health Insurance

- State Savings Plan
- State Standard Plan
- HMO: BlueChoice or CIGNA

Coverage Type

- Employee Only
- Employee/Child(ren)
- Employee/Spouse
- Full Family

Cost

Dental Plan

- Basic Dental: Yes No
- Dental Plus: Yes No

- Employee Only
- Employee/Child(ren)
- Full Family
- Employee/Spouse

Vision Plan

- Yes No

- Employee Only
- Employee/Child(ren)
- Full Family
- Employee/Spouse

MoneyPlus

- Yes No

- Insurance Premiums Only
- Dependent Care: Amount _____
- Out-of-Pocket Medical¹ Amount _____

¹Out-of-pocket medical available only after 12 months of employment.

Life Insurance

- State Group Life (Automatic if enrolled in one of the health plans)
- Dependent Life/Spouse
- Dependent Life/Child(ren)
- State Optional Life
- Prudential Plan
- Prudential Dependent Life

Amount

Cost

\$3,000

-0-

Disability Insurance Plans

- State LTD Plan (Automatic if enrolled in one of the health plans)
- State Supplemental LTD
- State Long Term Care Plan

Amount

Cost

-0-

Other Insurance

- Cancer Plan
- Hospital Confinement Plan

Amount

Cost

Retirement

- S.C. Retirement System
- S.C. Police Officers Retirement System
- State Optional Retirement Program

Deduction

- MetLife
- The Hartford
- TIAA-CREF
- VALIC

Direct Deposit: Direct deposit is required and can be done online through VIP (<https://vip.sc.edu>). For assistance, talk with a Benefits counselor.

Income Tax Withholding

- Married
- Single
- Married, but withhold at single rate

Exemptions:

Comparison of Health Plan Benefits Offered for 2012

Plan	SHP Savings Plan		SHP Standard Plan ¹		BlueChoice HealthPlan HMO ¹	CIGNA HMO ¹	Medicare Supplemental Plan ¹	
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties Emergency and urgent coverage worldwide	Not available in Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick or Saluda counties; emergency and urgent coverage worldwide	Same as Medicare Available to retirees and covered dependents/survivors who are eligible for Medicare	
Active Employee Premiums Per Pay Period <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	<u>12-Month</u> \$ 4.85 \$ 38.70 \$ 10.24 \$ 56.50	<u>9-Month</u> \$ 6.47 \$ 51.60 \$ 13.65 \$ 75.33	<u>12-Month</u> \$ 48.84 \$126.68 \$ 71.93 \$153.28	<u>9-Month</u> \$ 65.12 \$168.91 \$ 95.91 \$204.37	<u>12-Month</u> \$100.91 \$279.38 \$192.37 \$384.74	<u>9-Month</u> \$134.55 \$372.51 \$256.49 \$512.99	<u>12-Month</u> \$189.59 \$445.74 \$356.48 \$641.30	<u>9-Month</u> \$252.79 \$594.32 \$475.31 \$855.07
Tobacco users will pay a \$40- or \$60-per-month surcharge in addition to their health premium.²								
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000 ³		\$350 \$700		\$250 \$500	None	Pays Medicare Part A and Part B deductibles	
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 85% after copays or deductible You pay 15%	HMO pays 80% after copays You pay 20%	Pays Part B coinsurance of 20%	
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$2,000 \$4,000 (includes inpatient, outpatient, copays and coinsurance)	None	
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		Chiropractic payments limited to \$2,000 a year, per person		\$15 PCP copay \$15 OB/GYN well-woman exam \$40 specialist copay	\$15 PCP copay \$15 OB/GYN exam \$30 specialist copay	Pays Part B coinsurance of 20%	
	No per-occurrence deductible or copays		\$10 per-occurrence deductible, then:					
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%				
Hospitalization/ Emergency Care	No per-occurrence deductibles or copays		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$100 copay/first 3 visits Emergency care: \$125 copay, HMO pays 85% after copays; you pay 15% Urgent care: \$35 copay, then HMO pays 100%	Inpatient: \$500 copay per admission, then HMO pays 80% Outpatient facility: \$250 copay per admission, then HMO pays 80% Emergency room: \$100 copay, then HMO pays 100%	For inpatient hospital stays, the Plan pays: Medicare deductible; coinsurance for days 61-150; 100% beyond 150 days (Medi-Call approval required)	
							For skilled nursing facility care, the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 per year.	
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount.		Participating pharmacies only (up to 31-day supply): \$9 Tier 1 (generic-lowest cost alternative), \$30 Tier 2 (brand-higher cost alternative), \$50 Tier 3 (brand-highest cost alternative) Mail order (up to 90-day supply): \$22 Tier 1, \$75 Tier 2, \$125 Tier 3 Copay maximum: \$2,500		Participating pharmacies only (31-day supply): \$8/\$15 generic, \$35 preferred brand, \$55 non-preferred brand, \$80/\$125 specialty pharmaceuticals Mail order (Up to 90-day supply): \$20/\$37.50 generic, \$87.50 preferred brand, \$137.50 non-preferred brand		Participating pharmacies only (up to 30-day supply): \$7 generic, \$25 preferred brand, \$50 non-preferred brand Mail order (up to 90-day supply): \$14 generic, \$50 preferred brand, \$100 non-preferred brand	
Lifetime Maximum	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000	

¹ Refer to your 2012 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.

² The tobacco surcharge will be \$40-per-month for employee-only coverage or \$60-per-month for employee/spouse, employee/children or full family coverage.

³ If more than one family member is covered, no family member will receive benefits, other than preventive, until the \$6,000 annual deductible is met.

2012 OPTIONAL AND DEPENDENT LIFE SPOUSE MONTHLY INSURANCE PREMIUMS

AGE*	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	Coverage	70 - 74	Coverage	75 - 79	Coverage	80+
COVERAGE														
\$10,000	\$0.52	\$0.68	\$0.98	\$1.40	\$2.06	\$3.70	\$5.84	\$9.78	\$6,500	\$10.28	\$4,200	\$10.80	\$3,170	\$13.62
\$20,000	\$1.04	\$1.36	\$1.94	\$2.80	\$4.12	\$7.40	\$11.68	\$19.56	\$13,000	\$20.54	\$8,400	\$21.60	\$6,340	\$27.26
\$30,000	\$1.56	\$2.04	\$2.92	\$4.20	\$6.18	\$11.10	\$17.52	\$29.34	\$19,500	\$30.82	\$12,600	\$32.42	\$9,510	\$40.90
\$40,000	\$2.08	\$2.72	\$3.88	\$5.60	\$8.24	\$14.80	\$23.36	\$39.12	\$26,000	\$41.08	\$16,800	\$43.22	\$12,680	\$54.52
\$50,000	\$2.60	\$3.40	\$4.86	\$7.00	\$10.30	\$18.50	\$29.20	\$48.90	\$32,500	\$51.36	\$21,000	\$54.02	\$15,850	\$68.16
\$60,000	\$3.12	\$4.08	\$5.82	\$8.40	\$12.36	\$22.20	\$35.04	\$58.68	\$39,000	\$61.62	\$25,200	\$64.82	\$19,020	\$81.80
\$70,000	\$3.64	\$4.76	\$6.80	\$9.80	\$14.42	\$25.90	\$40.88	\$68.46	\$45,500	\$71.90	\$29,400	\$75.62	\$22,190	\$95.42
\$80,000	\$4.16	\$5.44	\$7.76	\$11.20	\$16.48	\$29.60	\$46.72	\$78.24	\$52,000	\$82.16	\$33,600	\$86.42	\$25,360	\$109.06
\$90,000	\$4.68	\$6.12	\$8.74	\$12.60	\$18.54	\$33.30	\$52.56	\$88.02	\$58,500	\$92.44	\$37,800	\$97.22	\$28,530	\$122.68
\$100,000	\$5.20	\$6.80	\$9.70	\$14.00	\$20.60	\$37.00	\$58.40	\$97.80	\$65,000	\$102.70	\$42,000	\$108.02	\$31,700	\$136.30
\$110,000	\$5.72	\$7.48	\$10.68	\$15.40	\$22.66	\$40.70	\$64.24	\$107.58	\$71,500	\$112.98	\$46,200	\$118.84	\$34,870	\$149.94
\$120,000	\$6.24	\$8.16	\$11.64	\$16.80	\$24.72	\$44.40	\$70.08	\$117.36	\$78,000	\$123.24	\$50,400	\$129.64	\$38,040	\$163.58
\$130,000	\$6.76	\$8.84	\$12.62	\$18.20	\$26.78	\$48.10	\$75.92	\$127.14	\$84,500	\$133.52	\$54,600	\$140.44	\$41,210	\$177.20
\$140,000	\$7.28	\$9.52	\$13.58	\$19.60	\$28.84	\$51.80	\$81.76	\$136.92	\$91,000	\$143.78	\$58,800	\$151.24	\$44,380	\$190.82
\$150,000	\$7.80	\$10.20	\$14.56	\$21.00	\$30.90	\$55.50	\$87.60	\$146.70	\$97,500	\$154.06	\$63,000	\$162.04	\$47,550	\$204.48
\$160,000	\$8.32	\$10.88	\$15.52	\$22.40	\$32.96	\$59.20	\$93.44	\$156.48	\$104,000	\$164.32	\$67,200	\$172.84	\$50,720	\$218.10
\$170,000	\$8.84	\$11.56	\$16.50	\$23.80	\$35.02	\$62.90	\$99.28	\$166.26	\$110,500	\$174.60	\$71,400	\$183.64	\$53,890	\$231.72
\$180,000	\$9.36	\$12.24	\$17.46	\$25.20	\$37.08	\$66.60	\$105.12	\$176.04	\$117,000	\$184.86	\$75,600	\$194.44	\$57,060	\$245.36
\$190,000	\$9.88	\$12.92	\$18.44	\$26.60	\$39.14	\$70.30	\$110.96	\$185.82	\$123,500	\$195.14	\$79,800	\$205.26	\$60,230	\$259.00
\$200,000	\$10.40	\$13.60	\$19.40	\$28.00	\$41.20	\$74.00	\$116.80	\$195.60	\$130,000	\$205.40	\$84,000	\$216.06	\$63,400	\$272.62
\$210,000	\$10.92	\$14.28	\$20.38	\$29.40	\$43.26	\$77.70	\$122.64	\$205.38	\$136,500	\$215.68	\$88,200	\$226.86	\$66,570	\$286.26
\$220,000	\$11.44	\$14.96	\$21.34	\$30.80	\$45.32	\$81.40	\$128.48	\$215.16	\$143,000	\$225.94	\$92,400	\$237.66	\$69,740	\$299.88
\$230,000	\$11.96	\$15.64	\$22.32	\$32.20	\$47.38	\$85.10	\$134.32	\$224.94	\$149,500	\$236.22	\$96,600	\$248.46	\$72,910	\$313.50
\$240,000	\$12.48	\$16.32	\$23.28	\$33.60	\$49.44	\$88.80	\$140.16	\$234.72	\$156,000	\$246.48	\$100,800	\$259.26	\$76,080	\$327.14
\$250,000	\$13.00	\$17.00	\$24.26	\$35.00	\$51.50	\$92.50	\$146.00	\$244.50	\$162,500	\$256.76	\$105,000	\$270.06	\$79,250	\$340.78
\$260,000	\$13.52	\$17.68	\$25.22	\$36.40	\$53.56	\$96.20	\$151.84	\$254.28	\$169,000	\$267.02	\$109,200	\$280.86	\$82,420	\$354.40
\$270,000	\$14.04	\$18.36	\$26.20	\$37.80	\$55.62	\$99.90	\$157.68	\$264.06	\$175,500	\$277.30	\$113,400	\$291.66	\$85,590	\$368.04
\$280,000	\$14.56	\$19.04	\$27.16	\$39.20	\$57.68	\$103.60	\$163.52	\$273.84	\$182,000	\$287.56	\$117,600	\$302.48	\$88,760	\$381.68
\$290,000	\$15.08	\$19.72	\$28.14	\$40.60	\$59.74	\$107.30	\$169.36	\$283.62	\$188,500	\$297.84	\$121,800	\$313.28	\$91,930	\$395.30
\$300,000	\$15.60	\$20.40	\$29.10	\$42.00	\$61.80	\$111.00	\$175.20	\$293.40	\$195,000	\$308.10	\$126,000	\$324.08	\$95,100	\$408.92
\$310,000	\$16.12	\$21.08	\$30.08	\$43.40	\$63.86	\$114.70	\$181.04	\$303.18	\$201,500	\$318.38	\$130,200	\$334.88	\$98,270	\$422.56
\$320,000	\$16.64	\$21.76	\$31.04	\$44.80	\$65.92	\$118.40	\$186.88	\$312.96	\$208,000	\$328.64	\$134,400	\$345.68	\$101,440	\$436.20
\$330,000	\$17.16	\$22.44	\$32.02	\$46.20	\$67.98	\$122.10	\$192.72	\$322.74	\$214,500	\$338.92	\$138,600	\$356.48	\$104,610	\$449.82
\$340,000	\$17.68	\$23.12	\$32.98	\$47.60	\$70.04	\$125.80	\$198.56	\$332.52	\$221,000	\$349.18	\$142,800	\$367.28	\$107,780	\$463.46
\$350,000	\$18.20	\$23.80	\$33.96	\$49.00	\$72.10	\$129.50	\$204.40	\$342.30	\$227,500	\$359.46	\$147,000	\$378.08	\$110,950	\$477.10
\$360,000	\$18.72	\$24.48	\$34.92	\$50.40	\$74.16	\$133.20	\$210.24	\$352.08	\$234,000	\$369.72	\$151,200	\$388.90	\$114,120	\$490.72
\$370,000	\$19.24	\$25.16	\$35.90	\$51.80	\$76.22	\$136.90	\$216.08	\$361.86	\$240,500	\$380.00	\$155,400	\$399.70	\$117,290	\$504.36

*Premiums for the spouse's coverage will be based on the employee's age. Spouse coverage cannot exceed 50% of the employee's Optional Life coverage or \$100,000, whichever is less. See Page 19 for instructions on calculating nine-month premiums.

2012 OPTIONAL AND DEPENDENT LIFE SPOUSE MONTHLY INSURANCE PREMIUMS

AGE*	<35	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	Coverage	70 - 74	Coverage	75 - 79	Coverage	80+
COVERAGE														
\$380,000	\$19.76	\$25.84	\$36.86	\$53.20	\$78.28	\$140.60	\$221.92	\$371.64	\$247,000	\$390.26	\$159,600	\$410.50	\$120,460	\$517.98
\$390,000	\$20.28	\$26.52	\$37.84	\$54.60	\$80.34	\$144.30	\$227.76	\$381.42	\$253,500	\$400.54	\$163,800	\$421.30	\$123,630	\$531.60
\$400,000	\$20.80	\$27.20	\$38.80	\$56.00	\$82.40	\$148.00	\$233.60	\$391.20	\$260,000	\$410.80	\$168,000	\$432.10	\$126,800	\$545.24
\$410,000	\$21.32	\$27.88	\$39.78	\$57.40	\$84.46	\$151.70	\$239.44	\$400.98	\$266,500	\$421.08	\$172,200	\$442.90	\$129,970	\$558.88
\$420,000	\$21.84	\$28.56	\$40.74	\$58.80	\$86.52	\$155.40	\$245.28	\$410.76	\$273,000	\$431.34	\$176,400	\$453.70	\$133,140	\$572.50
\$430,000	\$22.36	\$29.24	\$41.72	\$60.20	\$88.58	\$159.10	\$251.12	\$420.54	\$279,500	\$441.62	\$180,600	\$464.50	\$136,310	\$586.12
\$440,000	\$22.88	\$29.92	\$42.68	\$61.60	\$90.64	\$162.80	\$256.96	\$430.32	\$286,000	\$451.88	\$184,800	\$475.32	\$139,480	\$599.76
\$450,000	\$23.40	\$30.60	\$43.66	\$63.00	\$92.70	\$166.50	\$262.80	\$440.10	\$292,500	\$462.16	\$189,000	\$486.12	\$142,650	\$613.40
\$460,000	\$23.92	\$31.28	\$44.62	\$64.40	\$94.76	\$170.20	\$268.64	\$449.88	\$299,000	\$472.42	\$193,200	\$496.92	\$145,820	\$627.02
\$470,000	\$24.44	\$31.96	\$45.60	\$65.80	\$96.82	\$173.90	\$274.48	\$459.66	\$305,500	\$482.70	\$197,400	\$507.72	\$148,990	\$640.66
\$480,000	\$24.96	\$32.64	\$46.56	\$67.20	\$98.88	\$177.60	\$280.32	\$469.44	\$312,000	\$492.96	\$201,600	\$518.52	\$152,160	\$654.30
\$490,000	\$25.48	\$33.32	\$47.54	\$68.60	\$100.94	\$181.30	\$286.16	\$479.22	\$318,500	\$503.24	\$205,800	\$529.32	\$155,330	\$667.92
\$500,000	\$26.00	\$34.00	\$48.50	\$70.00	\$103.00	\$185.00	\$292.00	\$489.00	\$325,000	\$513.50	\$210,000	\$540.12	\$158,500	\$681.56

*Premiums for the spouse's coverage will be based on the employee's age. Spouse coverage cannot exceed 50% of the employee's Optional Life coverage or \$100,000, whichever is less.

To determine the premium for nine-month faculty: Take the appropriate monthly rate, multiply it by 12 to arrive at the annual rate, divide the annual rate by 18 to obtain the per pay period deduction.



UNIVERSITY OF
SOUTH CAROLINA

Division of Human Resources
Benefits Office
Suite 803, 1600 Hampton Street
Columbia, S.C. 29208
Phone: 803-777-6650
Fax: 803-777-1584

E-Mail: benefits@mailbox.sc.edu

Additional information may be obtained from the Benefits Office or your campus Human Resources Office. Information also is available at the Human Resources website <http://hr.sc.edu>

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