

# BENEFITS AND INSURANCE (FAQ'S)

## FREQUENTLY ASKED QUESTIONS

**Q** What documentation is required to add a dependent during new hire enrollment, open enrollment or due to a qualifying event?

**A** After May 2, 2011, all employees adding dependents are required to provide documentation that verifies the dependent is eligible for coverage. The most common documentation required for enrollment is a marriage license for a spouse or a birth certificate for a child(ren). For a complete list of required enrollment documentation click on the following link: ([http://www.eip.sc.gov/resource\\_library/enrollment\\_documentation.pdf](http://www.eip.sc.gov/resource_library/enrollment_documentation.pdf))

**Q** I received a letter from the Employee Insurance Program (EIP) asking me to submit documentation of my covered dependent's eligibility for coverage. Why did I receive this letter?

**A** In an effort to control costs, EIP is auditing subscribers who cover dependents to ensure that only eligible dependents have coverage. The initial audit cycle is expected to take 18 to 24 months to complete and the first letters were sent to subscribers in late April, 2011. At some point during the audit cycle, all subscribers who cover dependents will receive a EIP letter asking them to submit documentation to verify the eligibility of each of their covered dependents. Documentation required for the [dependent verification audit](#) can be found by clicking on the following link. ([http://www.eip.sc.gov/resource\\_library/audit\\_documentation.pdf](http://www.eip.sc.gov/resource_library/audit_documentation.pdf))

**Q** How long do I have to provide the documentation requested in the audit letter?

**A** The documentation must be provided to EIP within 60 days of the audit request. If the documentation is not provided within 60 days, dependent(s) will be removed from coverage.

**Q** Where can I find out more information about the dependent verification audit?

**A** EIP has additional FAQ's and information on the EIP web site. You can access the information at <http://www.eip.sc.gov/audit/>.

**Q** How can I get a replacement health insurance card?

**A** State Health Plan participants can call Blue Cross Blue Shield of SC at 1-800-868-2520 and select the appropriate option from the automated menu or or access the website to request a new card: <http://www.eip.sc.gov/mybenefits/>

**Q** Where can I get an additional or replacement dental insurance card?

**A** Dental insurance cards are available from the District's Benefits Department, 355-0960, or e-mail: [benefits@greenville.k12.sc.us](mailto:benefits@greenville.k12.sc.us).

**Q** How can I find out if my doctor or hospital is in the State Health Plan network?

**A** The State Health Plan Network Provider Directory only lists doctors and hospitals in South

Carolina. For a complete and current list of providers, click on the following link <http://www.southcarolinablues.com> and go to the "Find a Doctor" section. The list is updated nightly and is the most current list available for both in state and out-of-state providers.

**Q Can I check my insurance claims on the internet?**

**A** If you are a subscriber to the State Health Plan, you may access your personal account information at: <http://www.eip.sc.gov/mybenefits/>

**Q What is the deadline for State Health Plan medical claim processing?**

**A** BlueCross BlueShield must receive medical claims by the end of the calendar year after the year in which expenses were incurred.

**Q When can I change my beneficiary information?**

**A** You can change your beneficiary designation at any time. Call the Benefits Department 355-0960 or email ([www.benefits@greenville.k12.sc.us](mailto:www.benefits@greenville.k12.sc.us)) to talk with a Benefits Administrator.

**Q When can I make changes to my insurance coverage?**

**A** Unless you have a qualifying event, you can only make changes to your insurance coverage during an Annual or Open Enrollment in October of every calendar year.

**Q What is a qualifying event?**

**A** In general, a qualifying event allows insurance coverage, or an extension of insurance coverage, for an employee, spouse, or dependent. Examples include marriage, birth/adoption/placement of a child, loss of group health plan coverage, divorce/legal separation, death of the covered employee, loss of dependent's eligibility for coverage, etc. Changes due to a qualifying event must be made within 31 days of the date of the qualifying event by contacting a District Benefits Administrator.

**Q What is the difference between Open Enrollment and Annual Enrollment?**

**A** Annual Enrollment is the period each year during which eligible employees and retirees may change health plans only. Open Enrollment is a period during which eligible employees, retirees, survivors and COBRA subscribers may enroll in or drop their own coverage and add or drop eligible dependents to/from a health plan without regard to any special eligibility situations. Open enrollment takes place every two years in odd-numbered years (i.e. 2013).

**Q Can I contribute to a voluntary, supplemental retirement plan even if I participate in the State Retirement Plan?**

**A** Yes. The Benefits Department has information on approved vendors for voluntary, supplemental retirement plans which include the SC Deferred Compensation Plans (401(k) and 457 Plans) and Tax Sheltered Annuities (403(b) Plans). While our office cannot advise you on financial planning, we will be happy to provide contact information. Please contact the benefits Department at 355-0960 or email: [benefits@greenville.k12.sc.us](mailto:benefits@greenville.k12.sc.us).