

The Insurance Open Enrollment period is September 17 – October 31, 2018. Ward Services Benefit Counselors are scheduled to visit each location for **mandatory**, individual employee meetings. If you are adding a dependent(s) to your coverage, you will need to provide documentation before the dependent(s) can be covered. Please see “Required Dependent Documentation” document for additional details.

Employees should prepare for their scheduled meeting by reviewing information available through the following resources:

- **The PEBA 2019 Insurance Summary** publication provides a detailed overview of the coverage options for 2019. It can be accessed through the Public Employee Benefit Authority (PEBA) Insurance Benefits website:

<http://www.peba.sc.gov/assets/2019insurancesummary.pdf>. The printed publication will be distributed when available.

- **Review your current benefits** – available through the PEBA website – [www.peba.sc.gov](http://www.peba.sc.gov); see My Benefits section. You should also review your [online paystub](#).

## **Enrollment Highlights**

**Health Insurance: Savings, Standard, TriCare Plans** – enroll, add/drop dependents, cancel coverage or switch plans. Check out [www.pebaperks.com](http://www.pebaperks.com) for information on Preventative Health Programs.

**Health, Dental and Vision Employee Premium Rates** – Health, Dental and Vision Plan premiums will remain the same for employees for the 2019 plan year.

**State Dental Plan** – This is an **NOT** an open enrollment year for the Dental Plan.

**State Vision Plan** – enroll, add/drop dependents, cancel coverage.

**Medical/Dependent Care Spending Accounts** – **must enroll or re-enroll** for the 2019 plan year. Maximum contribution for Medical Spending Account is **\$2,650**; Dependent Care Account is **\$5,000**.

**Health Savings Accounts** – **must enroll or re-enroll** for the 2019 plan year. Maximum contribution for self-only coverage is **\$3,500**; family coverage is **\$7,000**. \$1,000 catch-up election allowed for those over 55 years of age. The custodial bank for the Health Savings Account is changing and participants will be required to open a new account for their pre-tax contributions.

**State Supplemental Long Term Disability (SLTD)** – enroll with evidence of insurability or cancel coverage.

**State Optional Life (Employee)** – enroll, cancel, or increase coverage. Coverage cannot be enrolled or increased without evidence of insurability.

**State Optional Life (Spouse)** – enroll, decrease, cancel coverage. Coverage cannot be enrolled or increased without evidence of insurability. Spouse coverage cannot exceed 50 percent of the employee’s coverage or \$100,000, whichever is less.

**District Life Plans** include supplemental/dependent life; enroll, cancel, or increase coverage. Coverage cannot be enrolled or increased without evidence of insurability.

**Voluntary Plans** include cancer, critical illness, universal life, short term disability and accident; enroll, change, cancel coverage.

Please visit <http://www.greenville.k12.sc.us/Benefits/> for additional information related to the District’s benefits program or contact the Benefits Department at [benefits@greenville.k12.sc.us](mailto:benefits@greenville.k12.sc.us) or 355-0960.

### **BENEFITS DEPARTMENT**

Greenville County Schools- 301 Camperdown Way - P.O. Box 2848 - Greenville, SC 29602-2848 - 864-355-0960 - Fax 864-355-0490

## **Required Dependent Documentation**

If you are adding a dependent to your coverage effective 01/01/2019, you will need to provide required documentation before the dependent's coverage can be active. The information below lists the required documentation by dependent type. **Please be sure to submit photocopies only. PEBA Insurance Benefits cannot return any submitted documentation.** DO NOT use a highlighter on submitted documents. Highlighted items appear blacked out when they are scanned.

### **Please bring your documents to your scheduled meeting with the benefit counselor.**

#### **Where to find documentation:**

If you do not have the required documentation, we encourage you to request your documentation as soon as possible since this process may take several weeks and require fees.

- 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](http://www.scdhec.gov/administration/vr/index.htm).

#### **Legal Spouse:**

Your marriage license and page 1 of your federal tax return.

#### **Former Spouse:**

Photocopy of divorce decree ordering the subscriber to cover the former spouse.

#### **Common Law Spouse:**

A completed Common Law Marriage Affidavit available at [www.peba.sc.gov](http://www.peba.sc.gov).

#### **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** proof that the natural parent and the subscriber are married (see Legal Spouse/Common Law Spouse requirement above).

#### **Adopted Child:**

A copy of a long form birth certificate showing the subscriber as the parent **or** court documentation verifying completed adoption **or** a letter of placement from an adoption agency, an attorney or the S.C. Department of Social Services, verifying the adoption is in progress.

#### **Foster Child:**

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

#### **Other Children:**

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

#### **Incapacitated Child:**

Incapacitated Child Certification Form (available at [www.peba.sc.gov](http://www.peba.sc.gov)) **plus** proof of relationship. See the appropriate child type (natural, step, adopted, foster or other) in the above list for acceptable proof of relationship.

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