

# Introduction

**BENEFITS ADMINISTRATORS AND OTHERS CHOSEN BY YOUR EMPLOYER WHO MAY ASSIST WITH INSURANCE ENROLLMENT, CHANGES, RETIREMENT OR TERMINATION AND RELATED ACTIVITIES ARE NOT AGENTS OF THE EMPLOYEE INSURANCE PROGRAM AND ARE NOT AUTHORIZED TO BIND THE EMPLOYEE INSURANCE PROGRAM.**

**THIS GUIDE CONTAINS AN ABBREVIATED DESCRIPTION OF INSURANCE BENEFITS. THE *PLAN OF BENEFITS* DOCUMENTS AND BENEFITS CONTRACTS CONTAIN COMPLETE DESCRIPTIONS OF THE HEALTH AND DENTAL PLANS AND ALL OTHER INSURANCE BENEFITS. THEIR TERMS AND CONDITIONS GOVERN ALL BENEFITS OFFERED BY THE STATE. IF YOU WOULD LIKE TO REVIEW THESE DOCUMENTS, CONTACT YOUR BENEFITS ADMINISTRATOR OR THE EMPLOYEE INSURANCE PROGRAM.**

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, 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.**

# Introduction

We know that your benefits are important to you and to your family. We also know that you lead busy lives and often don't have a chance to read about your insurance until there is a need to use it. For that reason, we continually try to make the *Insurance Benefits Guide* (IBG) easier to understand and use.

“What’s New for 2010?” highlights major changes in insurance programs offered through the Employee Insurance Program (EIP). There also are some changes in this book.

- The General Information chapter has been expanded. It now includes more information about enrolling for the first time in programs offered through EIP.
- Information related to Medicare is now in a chapter of its own. We urge retirees who are eligible for Medicare to read the Retirement/Disability Retirement chapter as well as the Medicare chapter.

As always, this guide includes explanations of benefits, premiums and contact information and gives an overview of the health plans and other programs offered through EIP.

Terms that may be unfamiliar to you are italicized and defined in the text. However, if you have questions, ask your benefits administrator; the third-party claims processor, such as BlueCross BlueShield of South Carolina or FBMC; or EIP. Turn to the index for help in finding information about specific topics, including definitions of terms.

Remember, only information concerning those programs for which you are eligible and in which you are enrolled applies to you. The word “you,” as used in this book, means anyone insured through EIP, you and/or your covered dependents.

We encourage you to review each chapter that applies to you and to discuss your benefits with your family. Charts are included to help you compare plans. Pay close attention to copayments, deductibles, preauthorization requirements and services that may be limited or not covered.

- **For a more detailed explanation of your benefits:** Check the appropriate chapter in the IBG. If you still have questions, call your benefits administrator or EIP.
- **For information about processing and payment of claims:** Contact the third-party claims processor listed on the inside cover of the IBG.

**Every year there are changes in the programs offered by EIP. To avoid mistakes, please recycle your 2009 *Insurance Benefits Guide* and use this one.**

## To make the best use of your insurance, please remember:

- **You are responsible for understanding your benefits. Ask questions if you do not understand them.**
- **Coverage and changes are not automatic.**
- **You may make changes in your coverage within 31 days of a qualifying event, such as birth, adoption, marriage or involuntary loss of other coverage. To do so, contact your benefits administrator.**
- **Whether you are enrolled in the State Health Plan or an HMO, some services are not covered or must be approved before you receive them. Check exclusions and preauthorization requirements now so you will be familiar with them when you need services.**

# Notice to Enrollees

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. The State of South Carolina, through the Employee Insurance Program of the South Carolina Budget and Control Board, has elected to exempt the Group Health Benefits Plan of the Employees of the State of South Carolina, the Public School Districts, and Participating Entities from Requirement Number Three (3) only:

1. Limitations on pre-existing condition exclusion periods
2. Special enrollment periods
- 3. Prohibitions against discriminating against individual participants and beneficiaries based on health status. (This exemption is for the sole purpose of setting a premium rate differential for tobacco users.)**
4. Standards relating to benefits for mothers and newborns
5. Parity in the application of certain limits to mental health benefits
6. Required coverage for reconstructive surgery following mastectomies.

The exemption from these Federal requirements will be in effect for the 2010 Plan Year beginning January 1, 2010, and ending December 31, 2010. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a pre-existing condition exclusion if you join another employer’s health plan, or if you wish to purchase an individual health insurance policy. Please contact your benefits administrator for further information regarding creditable coverage.

# What's New for 2010?

## All Health Plans

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- Subscribers who use tobacco products or cover a family member who does must now pay a \$25-a-month surcharge on their health insurance premiums.  
**For details, see page 38.**
- The lifetime maximum, the amount a health plan will pay for each person for all benefits, has been increased to \$2,000,000 for all health plans, including the health maintenance organizations.

## State Health Plan

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- The State Health Plan now offers out-of-network benefits for mental health and substance abuse services. However, like network benefits, they must be preauthorized by APS.  
**For details, see page 46.**
- Some advanced radiology services, including CT, MRI, MRA and PET scans, must now be preauthorized by National Imaging Associates, 866-500-7664.  
**For details, see page 49.**
- Under the **Standard Plan**, prescription drug copayments have changed.  
**For details, see page 63.**
- Under the **Standard Plan**, chiropractic benefits are now limited to \$2,000 per covered person per year.  
**For details, see page 69.**

## Health Maintenance Organizations

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- BlueChoice HealthPlan and CIGNA HMO will no longer cover routine vision care, such as exams to determine the need for glasses or contact lenses. The HMOs will continue to cover medical eye care.

## BlueChoice HealthPlan

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- The copayment for a visit to a specialist has increased from \$30 to \$40.  
**For details, see page 73.**
- There is now a two-tier structure for copayments for specialty prescription drugs.  
**For details, see page 73.**
- The plan now pays 85 percent coinsurance and members pay 15 percent. The coinsurance maximums have changed from \$1,500 to \$2,000 for single coverage and from \$3,000 to \$4,000 for family coverage.  
**For details, see page 75.**
- There is now a two-tier structure for copayments for generic prescription drugs.  
**For details, see page 78.**

## Vision Care

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- The Employee Insurance Program is now offering vision benefits through the State Vision Plan. EyeMed Vision Care is the provider.  
**For details, see pages 101-106.**

## Life Insurance

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- MetLife® has replaced The Hartford as EIP's life insurance carrier.  
**For details, see pages 109-125.**

# Confidentiality Policies

The South Carolina Budget and Control Board Employee Insurance Program (EIP) is committed to protecting the privacy of your health information. EIP strives continually to ensure its compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, which mandates security and privacy of health information by setting standards for access and distribution of that information.

EIP provides a Notice of Privacy Practices directly to all persons covered under the state insurance program. This brochure outlines the situations in which EIP uses and discloses health information. It also outlines your rights with regard to the information and disclosure. A copy of EIP's Notice of Privacy Practices is on page 231 and on the EIP Web site, [www.eip.sc.gov](http://www.eip.sc.gov). In addition, the Web site contains links to forms mentioned in the Notice of Privacy Practices.

If you would like for someone, such as your spouse or your parents, to have access to your protected health information – or if they would like for you to have access to theirs – you, as a subscriber or a covered dependent, must complete an Authorized Representative Form. The form is available on EIP's Web site. Choose your category and then select "Forms." Under "Forms," go to "Other Forms." Select "HIPAA Information" and then "Authorized Representative Form."

If you have any questions about HIPAA, please contact:

Privacy Officer  
South Carolina Budget and Control Board  
1201 Main Street, Suite 300  
Columbia, SC 29201  
Phone: 803-734-0678  
Fax: 803-737-0825  
E-mail: [privacyofficer@eip.sc.gov](mailto:privacyofficer@eip.sc.gov)

# Fraud Prevention Hot Line

803-832-8877

or

800-411-8893

1201 Main St., Suite 715  
Box 27, Columbia, SC 29201

If you would like to report a fraud related to a specific program offered through the Employee Insurance Program, you may also call the program's customer service number.

