SOUTH CAROLINA STATE UNIVERSITY  
PERSONNEL POLICIES AND PROCEDURES MANUAL

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND SOUTH CAROLINA STATE UNIVERSITY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE UNIVERSITY 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.

SOUTH CAROLINA STATE HEALTH INSURANCE PROGRAM

The State of South Carolina has made group medical insurance available to all eligible employees and their eligible dependents. Employees have a choice of enrolling in the State Health Insurance Program whose administrator is currently Blue Cross/Blue Shield of South Carolina, or a Health Maintenance Organization (HMO). The State Health Insurance Plan (Blue Cross/Blue Shield) is a self-insured program.

The State’s Health Insurance Program is a comprehensive major medical program which operates on a calendar year basis, from January 1 through December 31. Employees may elect to enroll in a health insurance plan which includes spouse and/or dependents. Premiums are payroll deducted and based on the type of coverage desired.

Employees must be in an FTE position (or temporary grant position if provided for by the grant) to be eligible to enroll in the State Health Insurance Program. New employees must select health insurance coverage within 31 days of hire date. If not enrolled within 31 days of the date employment begins, employees can apply for coverage during an announced enrollment period every two years. The effective date of coverage for the State Health Insurance Plan or an HMO is the first of the month following the date of hire, unless the employee is hired on the first working day of the month.

Employees can change from one plan to another only during the annual enrollment period set forth by the Employee Insurance Program. Any changes in coverage of eligible dependents must be done within 31 days of a change in family status.

A. Decreases in coverage may be made upon a family status change and must be done within the 31 day time limit.

B. Insurance changes due to marriage must be made within 31 days of the date of marriage.

C. The addition of dependent children must be made within 31 days of birth, adoption or acquiring an eligible child (such as a foster child, niece, nephew, grandchild, etc.), as long as the child is age 0 - 18. If the child is age 19 - 25, he or she is eligible for coverage only if a full-time student or disabled. Only disabled children are eligible for coverage beyond age 25. Documentation of full-time student status or disability is required.
D. Name changes, address changes and social security number changes require the completion of a Universal Name and Address Change Form or a new Notice of Election (NOE) form signed by the employee.

Continuation of Coverage

A. Employee on Leave Without Pay

Employees who are approved for leave without pay may continue in force their insurance coverage by paying, in advance, the full amount of the monthly premium, including the State’s portion. One check for each month of the one year’s coverage which is allowed should be left in the Office of Human Resource Management before beginning a leave without pay status.

B. Retired Employees

Former employees who have retired through either service or disability retirement, who are receiving a retirement check and have at least five years continuous service, may continue in the insurance program by transferring their coverage to the State Retiree Insurance Program. To be eligible for the Retiree Insurance Program, an employee must be eligible for a retirement check at the time of retirement.

1. Employees hired after July 1, 1984, with 5 - 10 years of service who wish to take advantage of a special service buy-in at age 55 with 25 years of service will be required to pay the State’s portion of the premium as well as the payroll deduction amount.

2. At retirement, employees hired on or after May 2, 2008 must meet established insurance eligibility rules, and funding for their health insurance will be determined by calculating the number of years earned service with an employer participating in the state insurance program.

   a. **Funded Retirees:** If an employee retires with 25 or more years of earned service credit, the state pays 100% of the employer’s share of the premium. The retiree pays the retiree’s share.

   b. **Partially Funded Retirees:** If an employee retires with 15 years, but fewer than 25 years of earned service credit, the state pays 50% of the employer’s share of the premium. The retiree pays the retiree’s share plus the remaining 50% of the employer’s contribution.

   c. **Non-Funded Retirees:** If an employee retires with 5 years, but fewer than 15 years of earned service credit, the retiree pays the full premium. There is no state contribution.
C. Terminated Employees

Employees who terminate from State employment have the option to continue coverage for a limited time period. COBRA coverage is available for an additional 18 months by paying the total cost of the appropriate monthly premium.

D. Incapacitated Children Over Age 18

Coverage may be continued for incapacitated children over age 18 provided the following information is submitted to OHRM within 31 days of an incapacitated child’s 19th birthday: name of child, date of birth, physician’s statement of incapacity, prognosis and type of incapacity. Additional information must be submitted annually for each child over age 19.

Life Insurance/Long-Term Disability

A. Basic Life Insurance

Each employee enrolled in the State Health Insurance Program is covered for life insurance and an additional accidental death and dismemberment benefit at no cost to the employee. The Basic Life Insurance Program provides $3,000 life insurance coverage to all eligible employees under age 70 and $1,500 to eligible employees age 70 or older.

B. Basic Long-Term Disability

The Basic Long-Term Disability Plan is provided free of charge by the State. The Plan is designed to help employees protect a portion of their income if they become disabled. The benefit waiting period is 90 days. This Plan is available to all eligible/active full-time employees.

C. Vision Care Program

This program offers employees discounted vision care services when they use participating ophthalmologists or optometrists. The program is not associated with any state health coverage, so all state employees and their dependents can take advantage of it.

Additional Benefit Programs

A. Supplemental Long Term Disability Insurance

Employees can purchase Supplemental Long Term Disability insurance to protect a greater portion of their income should they become disabled. Premiums are based on the employee’s age and choice of plan.
B. Long Term Care Insurance

Employees can purchase this insurance for themselves, their spouse, their parents and their spouse’s parents. Premiums are based on age at enrollment and the benefit level selected. Employees may enroll within 31 days of their date of hire without providing medical evidence of good health. Long-term care refers to a wide range of personal health care and social services for people of all ages who suffer a chronic disease or long lasting disability.

Employees who have any questions concerning the State Health Insurance Program or need information on filing claims should contact the University’s Office of Human Resource Management.