

# 2023 Open Enrollment Benefits Guide

For Active Employees  
of Savannah River Nuclear Solutions  
and Battelle Savannah River Alliance



*Open Enrollment is October 3-27, 2022*

*Time to choose the right plan for you and your family!*

**Enroll at any time  
between October 3-27, 2022.**

### **Ready to shop for 2023 benefits?**

This year, Open Enrollment is passive. Unless you log in and make changes, your selections from 2022 will “roll over” to next year, but at 2023 rates. If you would like to make changes to your current elections, please participate when enrollment begins on October 3.

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To view this guide online, go to ***InSite>Services>Workforce Service & Talent Management>Departments>Benefits>Active Employee Benefits***  
or off-site at ***[www.srs.gov/general/jobs/benefits/index\\_e.htm](http://www.srs.gov/general/jobs/benefits/index_e.htm)***

While SRNS and BSRA intend to continue providing comprehensive benefit programs, the companies reserve the right to modify or terminate any of the benefit plans at any time. SRNS and BSRA will provide advance notification of any future substantial and material benefit changes. This open enrollment communication is also intended to summarize and notify you of any material modifications to the Plan (“Summary of Material Modifications”).



# Using your Open Enrollment Benefits Guide

We believe our employees are the best. That's why we're proud to offer benefits covering all areas of your life, including:

- Comprehensive medical, dental and vision coverage
- Critical Illness and Accident Insurance
- Flexible Spending Accounts (FSA) for health care and dependent care expenses
- A Health Savings Account (HSA) funded with pretax contributions used to pay for eligible health care expenses and only available if you enroll in the Basic Plan

This SRNS/BSRA Open Enrollment Benefits Guide outlines what is included in your benefits package and what benefit choices you have for yourself and your eligible dependents. We encourage you to:

- Read this guide and share the information with family members who are also eligible.
- Think about your current covered dependents. If you are adding new dependents to your plan, be prepared to provide proof of eligible dependent status.

Once you reviewed the options available to you, follow the enrollment instructions on this page and make your elections before midnight on October 27, 2022.



## How to Enroll

Open Enrollment this year will be passive. If you do not log in and make any changes to your enrollment, your 2023 Medical, Dental, Vision, HSA and FSA benefits and covered dependents will remain the same as in 2022, but at the 2023 premium rate. Your Aflac benefit elections will also remain the same.

However, after Open Enrollment closes, your elections must stay in effect for the full calendar year unless you have an event that qualifies as a Change in Status for benefit coverage purposes.

During Open Enrollment, most elections can roll over from one year to the next without having to take any action. If you have a Traditional Health Care FSA and are in the Standard Plan and elect coverage under the Basic Plan, you cannot automatically roll this over to a Limited FSA. You can elect a Limited FSA, but it will not be automatic. (Remember the Limited FSA is for employees in the Basic High Deductible Health Plan and can be used for covered dental and eye care expenses only. It cannot be used to reimburse yourself for medical expenses.) You should review your current FSA contribution elections during open enrollment and make any desired changes. To receive any roll over funds from the current year, you must enroll in the FSA for the next calendar year.

If you are enrolled in a Dependent Care Flexible Spending Account, your 2022 elections will roll over for 2023. You will not be eligible to make a change to your Flexible Spending Account (Traditional, Limited or Dependent Care) after the Open Enrollment window closes, unless you experience a qualifying change of status. The Dependent Care FSA does not have a roll over feature for funds between plan years.

Your 2022 HSA contributions will automatically roll over to the same amount for 2023, as long as you remain eligible or unless you make a change. However, the 2023 limits have increased, so you should check your HSA contribution to ensure it is within maximum guidelines.

To enroll in new plans or confirm your current elections, go to the eApplications™ module on InSite and confirm your 2023 benefit elections. Remember you can review your dependents listed under each plan and make changes as needed.

If you make a change in your benefit options, you will immediately receive an email confirmation of your decisions. Otherwise, you will receive a confirmation letter to your eApplications™ account of your elections once Open Enrollment closes. Take the time to review the confirmation statement carefully and keep a copy for your records.

### **No changes will be accepted after midnight October 27.**

**Craft Option A employees:** If you are a Craft Option A employee, your 2022 elections will also roll over to 2023, unless you make changes. To make changes, you must contact the Service Center and complete a 2023 Enrollment Form and include your User ID on the form. Return the form to SRNS Service Center, Bldg 730-1B, Savannah River Site, Aiken, SC 29808.

**LSE employees:** If you are a Limited Service employee, your 2022 elections will also roll over to 2023, unless you make changes. To make changes, you can log into your eApplications™ account and make the appropriate changes available to you. As a reminder, to participate in the basic medical plan, as an LSE, you must be scheduled to work 20 hours per week.



## Changes for 2023

Here's a quick look at some of the benefits changes for next year.

The "What's New" mailer is also available online at [https://www.srs.gov/general/jobs/benefits/documents/take\\_a\\_look.pdf](https://www.srs.gov/general/jobs/benefits/documents/take_a_look.pdf)

All changes take effect January 1, 2023.

### **New Premium Rates**

Medical premiums have increased, while vision premiums have decreased for 2023. Dental premiums will have no changes for the new plan year. Aflac Accident plan had a mid-year decrease in rates during 2022, which will remain for 2023.

Check out the new rates in this booklet.

### **HSA Maximum Contribution Increase**

For 2023, you can contribute up to \$3,850 for Employee Only coverage, and up to \$7,750 for all other coverage levels.

### **FSA Contribution Limits are the same**

The limits for both the Healthcare Traditional and Limited Purpose FSAs were increased in 2021 to \$2,850 (formerly \$2,750) for plan year 2022. This will be the limit for 2023, unless a new limit is deemed by the IRS which will be communicated to participants. For those re-enrolling in the FSA, the roll over amount will be \$570.

Please log in to eApplications to review your current contribution elections. **InSite>Services>Workforce Services & Talent Management: eApplications**

### **Basic Medical Plan, HDHP, deductible to increase**

The SRNS and BSRA Employer's HSA contribution funding will be deposited monthly into participant accounts. The IRS has increased the minimum annual deductible amounts by \$50 for employee-only coverage (to \$1,500) and by \$100 for family coverage (to \$3,000).

### **Aflac Plans are still available**

Critical Illness Insurance and Accident Insurance are still available options for 2023. If you did not enroll in these benefits for 2022, now is the time to review the details of those plans and consider them as options for 2023.

### **SRNS Marketplace**

SRNS Marketplace is open for business and allows SRNS and BSRA employees to access thousands of discounts that cannot be found anywhere else in one location. The easy-to-use online marketplace allows employees to find deals on pet insurance, restaurants, shopping, family care, car rentals, favorite local establishments and much more!

Sign up and start saving!

- 1) Go to <https://srnsmarketplace.benefithub.com/>
- 2) Enter Referral Code: HRNGNX
- 3) Complete registration

### **NEW PLAN CHANGES: Pharmacy Mail Saver Program**

Starting in 2023, the SRNS and BSRA Active Medical Plan will require that reoccurring prescriptions be ordered through the OptumRx mail order process.

Effective January 1, this program requires participants to have prescriptions for drugs that are considered "maintenance" filled through an OptumRx Mail pharmacy. More information will be included in the Active Open Enrollment booklet.

More details can be found on Page 10 of this booklet.

# Frequently Asked Questions

## How do I...

### ... **add or remove dependents?**

You can add or remove dependents during Open Enrollment without a qualifying life status change. Review your dependents carefully. If you missed an enrollment period earlier in the year, now is the time to add them. You will need to provide documentation to support that the dependent meets the eligibility requirements of the plan (spouse, eligible dependent child under the age of 26, etc.).

**To delete a dependent:** Do not select them for coverage.

**To add a dependent:** You must add any new dependent(s) through the SRNS Service Center before you can enroll them in the PeopleSoft eApplications Module online. During Open Enrollment, you can complete the OSR 5-377, but during the calendar year for a life event you will complete the OSR 5-200. To do this, go to Forms on InSite and use Form OSR 5-200 (Health Care Programs Enrollment/ Change Form). To complete the process, email the signed OSR 5-200 and supporting documentation to [service-center@srs.gov](mailto:service-center@srs.gov) or mail it to: SRNS Service Center, Building 730-1B Savannah River Site, Aiken, SC 29808

### **Outside of the Open Enrollment period, there must be a Qualifying Life Status Change.**

A few examples of qualified life status changes include:

- Marriage or divorce
- Birth, adoption or placement for adoption of a child
- A dependent losing eligibility for coverage (child reaches maximum age, or spouse loses coverage or retires from his or her company)
- Death of a spouse or dependent
- You or your spouse become eligible or ineligible for Medicare or Medicaid Adding or deleting a dependent will require you to provide a copy of the official documents confirming your status change. Examples include birth and marriage certificates, divorce decrees or legal guardianship documentation. A list of the acceptable documentation can be found at [www.srs.gov/general/jobs/benefits/documents/Acceptable\\_Dependent\\_Documentation.pdf](http://www.srs.gov/general/jobs/benefits/documents/Acceptable_Dependent_Documentation.pdf)

If you experience a qualified life status change, contact the SRNS Service Center at (803) 725-7772, (800) 368-7333 or email [service-center@srs.gov](mailto:service-center@srs.gov) within 60 days of the qualifying event to request your change. Request made after 60 days of the qualifying life event will not be acceptable and the change can be made during the next open enrollment period.

### ... **receive a confirmation statement?**

After you complete your enrollment, you will receive an immediate confirmation email to your SRS email account, so please be sure to look for it. Please review the confirmation email to ensure your selections are correct. If the email confirmation does not show the changes you intended, you can go back into the PeopleSoft self-service eApplications make corrections and resubmit your changes. You can do this as many times as you need to between October 3-27, 2022. It is important for you to complete all your changes before midnight October 27. Please save your email confirmation statements until you receive the final confirmation letter that has been posted to your account once Open Enrollment closes.

### ... **pay for my benefits?**

You and SRNS/BSRA share the cost of your benefit coverage. The amount deducted from your paycheck depends on the options and coverage level you elect for each plan.

- Employee only
- Employee + one
- Employee + two or more

## 2023 Premium Rates for Medical, Dental and Vision Plans

Medical Plan	Basic		Standard	
Type	Monthly Premium	Weekly Premium	Monthly Premium	Weekly Premium
Employee only	\$86	\$21.50	\$179	\$44.75
Employee + one	\$174	\$43.50	\$356	\$89
Employee + two or more	\$320	\$80	\$642	\$160.50

  

Dental Plan	Prime		Standard	
Type	Monthly Premium	Weekly Premium	Monthly Premium	Weekly Premium
Employee only	\$27	\$6.75	\$9	\$2.25
Employee + one	\$53	\$13.25	\$19	\$4.75
Employee + two or more	\$80	\$20	\$28	\$7

  

Vision Plan *	High Option	Low Option
Type	Monthly Premium	Monthly Premium
Employee only	\$9.57	\$6.59
Employee + one	\$19.64	\$13.53
Employee + two or more	\$29.81	\$20.54

\*Note: If the participant is paid weekly, the vision monthly amount will be deducted from the first paycheck of that month.

### Terms you really should know

**What is a deductible?** The amount you owe for health care services or supplies before the plan begins to share costs with you

**What is coinsurance?** The percentage you and the plan pay after reaching your deductible

**What is a copay?** A fee you pay for services such as office visits and prescription drugs

**What is an out-of-pocket maximum?** The maximum amount you will have to pay out of pocket before the plan pays 100% of allowable costs for the remainder of the plan year



## Medical Plans: Basic and Standard

SRNS and BSRA offer a choice of medical plans and coverage levels so you can decide what is best for you and your family. Both plans are administered by BlueCross BlueShield (BlueCross). Limited Service Employees (that are scheduled to work 20 hours per week) are only eligible to participate in the Basic Medical Plan (with the Prescription Plan included), for themselves and their eligible dependents.

Each plan works somewhat differently. However, there is one exception—under all plans, most in-network preventive care is covered at 100%. Preventive care services include such as:

- Routine exams (such as well baby visits and annual physicals for children and adults)
- Health screenings, such as mammograms and colonoscopies
- Most immunizations

### Basic

The Basic plan is a High Deductible Health Plan (HDHP). Here's how the Basic HDHP plus the Health Savings Account (HSA) add up to a great benefit.

- **You pay less each month:** When you enroll in the Basic plan, you pay less for weekly and monthly premiums, which means more money in your paycheck.
- **Save money for the future:** You can deposit the money you save on premiums in an HSA. Use these funds to pay for qualified medical, dental and vision expenses or save them for future health care needs. And to help you meet your savings needs, SRNS/BSRA will make an employer contribution to your HSA.

See the Health Savings Account section on Page 12 to learn more about the way you can save by using this special, tax-advantaged account for eligible medical expenses.

### Plan Features

- You can choose to see in-network or out-of-network providers, but the plan pays more when you go in-network.
- When you need medical care other than in-network preventive care, you must pay for the full cost of your services until you reach your deductible.
- Office visits, prescriptions (see Page 10 for more information), treatments, procedures and labs go toward your deductible.
- Once you reach your deductible, the plan covers up to 80% of your health care costs (called “coinsurance”).
- You are protected by the out-of-pocket maximum.

### Standard

The Standard plan is a Preferred Provider Organization (PPO).

- You have a choice each time you need care.
- You can receive care within the plan's network or choose to visit an out-of-network provider.
- When you visit an in-network provider, the plan pays a higher portion of the cost of your care.
- When you need medical care other than preventive care, you are responsible for a portion of the cost, either a copay or coinsurance.
- Prescriptions, treatments, procedures, and labs go toward your deductible.
- You are protected by the out-of-pocket maximum.

### Need an In-Network Provider?

Contact BlueCross Customer Service at (800) 325-6596 or [www.southcarolinablues.com](http://www.southcarolinablues.com).

# Medical Plans Comparison

Type	Basic		Standard	
	In-network	Out-of-network <sup>2</sup>	In-network	Out-of-network <sup>2</sup>
Deductible (Individual/Family)	\$1,500 / \$3,000 <sup>1</sup>	\$1,500 / \$3,000 <sup>1</sup>	\$600 / \$1,200	\$600 / \$1,200
Out-of-Pocket Maximum (Individual/Family)	\$4,500 / \$7,150	\$4,500 / \$7,150	\$2,000 / \$4,000	\$2,000 / \$4,000
Office Visit: Primary Office Visit: Specialist	20% after deductible	20% after deductible	\$20 copay \$30 copay	15% after deductible <sup>2</sup>
Preventive Care	\$0	Not covered	\$0	Not covered
Chiropractic Treatment <sup>3</sup>	20% after deductible	20% after deductible	15% after deductible	20% after deductible
Allergy/Hormone Injections	20% after deductible	20% after deductible	15% after deductible	15% after deductible <sup>2</sup>
Physical and Occupational Therapy	20% after deductible	20% after deductible	15% after deductible	15% after deductible <sup>2</sup>
Ambulance Services	20% after deductible	20% after deductible	15% after deductible	15% after deductible <sup>2</sup>
Hospital and Surgical Services	20% after deductible	20% after deductible	15% after deductible	15% after deductible <sup>2</sup>
Emergency Room: Life threatening Emergency Room: Non-emergency	20% after deductible 30% after deductible	20% after deductible <sup>2</sup> 30% after deductible <sup>2</sup>	15% after deductible 30% after deductible	15% after deductible <sup>2</sup> 30% after deductible <sup>2</sup>
Diagnostic Services <sup>4</sup>	20% after deductible	20% after deductible	15% after deductible	15% after deductible
Home Health, Hospice and Durable Medical Equipment Services	20% after deductible	20% after deductible	15% after deductible	15% after deductible
Blue Care OnDemand	Cost varies by service. See Summary Plan Description for details	N/A	Cost varies by service. See Summary Plan Description for details	N/A
HSA: SRNS/BSRA Annual Contribution <sup>5</sup>	Employee Only: \$500 All Other Coverage Levels: \$1,000		None	

<sup>1</sup>All family members combined. <sup>2</sup>Based on allowable charge; you pay the balance after the provider's charge. <sup>3</sup>Limited to \$750 total per person, per year. <sup>4</sup>Pre-certification is required for major diagnostic services (MRI, MRA, CT scans, PET scans, etc.) Certain musculoskeletal non-emergent in-patient and out-patient surgeries and outpatient pain management services now require preauthorization. <sup>5</sup>HSA Employer Annual contributions are deposited at a prorated monthly amount.

Admissions, rehabilitation, behavioral health and some outpatient services require precertification. If you do not receive a precertification before receiving services, your charges may be denied, and you will be responsible for the full cost. For more detailed information on your plan benefits, view the Summary Plan Description on [InSite>Services>Workforce Service & Talent Management>Departments>Benefits>Active Employee Benefits](#) or off-site at [www.srs.gov/general/jobs/benefits/index\\_e.htm](http://www.srs.gov/general/jobs/benefits/index_e.htm) or by contacting BlueCross Customer Service at (800) 325-6596 or [www.southcarolinablues.com](http://www.southcarolinablues.com).



## Prescription Drug Plan

You automatically receive prescription drug coverage through BlueCross when you enroll in a medical plan. Your coinsurance begins after you reach your deductible. Visit [www.southcarolinablues.com](http://www.southcarolinablues.com) for more information and for prescription drug lists. The Basic plan Prescription Drug Plan is designed to help you save money by offering:

**More low-cost medications available on the Preventive Drug List.** Preventive drugs are used to prevent conditions such as high blood pressure, high cholesterol, heart attack, stroke, and prenatal nutrient deficiency.

**Multiple levels of prescription options.** The amount you pay depends on the level of medication that you choose or the brand that is available.

### Preventive Drugs

Prescription drugs classified as preventive by Health Care Reform are covered at 100% and are not subject to the deductible under either plan.

This list is subject to change as the Patient Protection and Affordable Care Act guidelines are updated or modified. If you have questions, call (800) 325-6596.

An expanded Preventive Drug List is available for the Basic plan, making certain preventive and maintenance medications more accessible and affordable for members. These drugs will require copays but are not subject to the deductible. To determine if the drug you are taking is on the list, go to [www.srs.gov/general/jobs/benefits/documents/Preventive\\_Drug\\_List.pdf](http://www.srs.gov/general/jobs/benefits/documents/Preventive_Drug_List.pdf)

### Pharmacy Administration

Your pharmacy benefit is administered by OptumRx, an independent company contracted by BlueCross BlueShield of South Carolina. Most plan members will see little or no effect. Changes include a new mail-service pharmacy, OptumRx Home Delivery and a new preferred specialty pharmacy, BriovaRx.

**Pharmacy Benefit Manager:** OptumRx: 1.855.811.2218 • Specialty Pharmacy: BriovaRx: 1.877.259.9428

## Retail Pharmacy (30 day supply)

Retail	Basic		Standard	
	After you meet the deductible, you pay...		After you meet the deductible, you pay...	
30 day supply	In-network	Out-of-network <sup>1,2</sup>	In-network	Out-of-network <sup>1,2</sup>
Generic	\$10	\$10	10% coinsurance	10% coinsurance
Preferred	20% coinsurance, up to \$35 max	20% coinsurance, up to \$35 max	20% coinsurance	20% coinsurance
Non-preferred brand	30% coinsurance, up to \$50 max	30% coinsurance, up to \$50 max	30% coinsurance	30% coinsurance
Specialty	30% coinsurance, up to \$50 max	Not covered	30% coinsurance	Not covered

<sup>1</sup>Based on allowable charge; you pay the balance after the provider's charge. <sup>2</sup>Prescription drug programs are subject to the BlueCross Mandatory Generic, Step Therapy and Quantity Management Programs.

## Mail Order (90 day supply)

Mail	Basic		Standard	
	After you meet the deductible, you pay...		After you meet the deductible, you pay...	
90 day supply	In-network	Out-of-network	In-network	Out-of-network
Generic	\$25	Not covered	10% coinsurance	Not covered
Preferred	20% coinsurance, up to \$87.50 max	Not covered	20% coinsurance	Not covered
Non-preferred brand	30% coinsurance, up to \$125 max	Not covered	30% coinsurance	Not covered
Specialty	30% coinsurance, up to \$125 max	Not covered	30% coinsurance	Not covered

### Pharmacy Mail Service Program

Effective January 1, 2023, participants in the medical plans will be required to have prescriptions for drugs that are considered “maintenance” filled through an OptumRx Mail pharmacy. If you are not already getting your maintenance medications through the mail pharmacy, you will need a new prescription from your doctor written specifically for a 90-day supply. You can continue to get 30-day prescriptions for any acute (short-term) medications, such as antibiotics or pain medications, at any in-network retail pharmacy. Specialty drugs and controlled substances are not included in this program. The program only includes drugs that are taken to treat chronic conditions such as high blood pressure, asthma and high cholesterol, or drugs that are taken routinely, such as birth control pills. Additionally, this OptumRx will cover the cost of postage for this program and provide the benefit for the participant to pay for the 90 script in smaller payment options. **Please note:** If you do not enroll in Mail Service, your maintenance prescriptions will not be covered by your pharmacy benefit once your grace fills are used.

#### Grace fills

You can get up to two 30-day prescriptions for each maintenance drug you may be getting at any in-network retail pharmacy before the requirement to fill through the mail pharmacy goes into effect.

#### What Do I Need To Do?

Talk to your doctor about obtaining 90-day prescriptions for your maintenance medications. You can get started with mail service in several ways:

- Contact OptumRx Mail Service by phone at (855) 811-2218.
- Have your doctor's office call in a 90-day prescription to (800) 791-7658 or have your doctor e-prescribe to OptumRx Mail Service.
- You can complete a mail service order form and send it to OptumRx Mail Service with your doctor's prescription.

# Health Savings Account

A Health Savings Account (HSA) is a tax-advantaged savings account that helps you pay eligible medical, dental and vision costs on a tax-free basis. When you take charge of your health and manage how your health care dollars are spent, you can keep more money in your HSA.

If you enroll in the Basic plan, you and SRNS/BSRA can contribute to a tax-advantaged account administered through HSA Bank. Your deposits to this account (and any resulting investment earnings) are entirely exempt from federal income taxes as long as they are used to pay for eligible health care costs, which include medical and dental services, prescriptions, eyeglasses and many other types of expenses.

## **HSA tax savings advantages**

- Contributions from your check are pre-tax.
- Unused funds remain in the account and can grow — with interest — from year to year. There are no “use it or lose it” rules for an HSA (like there are for FSA). So, you can save your HSA funds for future health care needs, such as retiree medical expenses. And, when you take charge of your health and manage how your health care dollars are spent, you can keep more money in your HSA.
- Investment income is tax-free.
- An HSA allows you to save for the future — tax-free, as long as it is used for qualified expenses.
- The HSA is portable; you can take it with you when you leave or retire.

## **Are you eligible to enroll in the HSA?**

You must enroll in the Basic plan in order to be eligible for the HSA.

In addition, you may NOT be eligible if:

- You or your spouse is participating in a Health Care Flexible Spending Account through another employer or with SRNS/BSRA/SRMC.
- You are enrolled in Medicare.
- You are claimed as a dependent on another person's tax return.
- You are covered under TRICARE or other health coverage except what is permitted by the IRS
- You are a veteran who has received medical treatment through the Veterans Health Administration within the last three months (excluding all dental care, all vision care, preventive prescription drugs and preventive medical treatments for you or your children, or treatments received related to a disability incurred while in military service).

## How to use your HSA

First time enrollees will receive a debit card from HSA Bank, which you can use like your personal debit card to pay for health care expenses directly. You can also pay bills online or request personal checks. Contact HSA Bank at (866) 471-5946 or [www.hsabank.com](http://www.hsabank.com) with questions. If you are a current enrollee, check the expiration date on your card; contact HSA Bank to request a new card if your current card is expired.



Contribution Levels and Amounts	
Type	Amount
SRNS/BSRA Contribution***	Individual Only: \$500 All Other Coverage Levels: \$1,000
New! Maximum Contribution <sup>1</sup> (Under 55)	Individual Only: \$3,850 All Other Coverage Levels: \$7,750
New! Maximum Contribution <sup>1</sup> (Over 55)	Employee Only: \$4,850 All Other Coverage Levels: \$8,750

<sup>1</sup> Including SRNS/BSRA contribution

\*\*\* HSA Employer Seed Funding: The SRNS and BSRA Employer's HSA contribution funding will be deposited on a monthly proration in the participant's account. The amounts are not changing for 2023 and will continue to remain \$500 for single coverage and \$1,000 for family coverage. SRNS/BSRA will make a monthly contribution of 1/12 of the eligible funding which will be deposited at the end of each month as long as the employee is eligible (when the retiree ages out of the Pre-65 plan or becomes ineligible to participate, then the retiree is no longer eligible to receive the employer contribution. Dependents are not eligible to elect an HSA or receive HSA contributions through SRNS or BSRA or SRMC.)



# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) can help save you money on eligible out-of-pocket medical, dental, vision and dependent care expenses. You never pay taxes on the money you contribute to an FSA. However, it is a “use it or lose it” account. Note: Craft Option A employees and Limited Service employees are not eligible.

SRNS/BSRA offers three types of FSAs:

- **Health Care Traditional FSA** to pay for medical, prescription drugs, dental, hearing and vision expenses
- **Health Care Limited Purpose FSA** for dental and vision expenses for those enrolled in the Basic Medical Plan only. You may want to consider maxing out the HSA before you contribute to the Health Care Limited Purpose FSA. The HSA has much more flexibility.
- **Dependent Care FSA** for child or elder care expenses

You can contribute pretax dollars to these accounts during the year, and then be reimbursed for those expenses as you incur them. The full value of your Health Care Traditional and Limited Purpose FSA is available to you beginning January 1, 2023, based on the amount of your election. Dependent Care FSA dollars aren’t advanced for your use; they are available only as you contribute to the account.

## FSAs and how they work

- You decide how much to set aside for expenses you expect to have during the year.
- The amount you elect is withheld from your paychecks before taxes are applied, so your tax withholding is less. You can pay for your out-of-pocket costs with pre-tax dollars.
- When you or your IRS eligible dependents have an eligible health care expense, you can use a debit card at the point of purchase, or you can be reimbursed later from your account by filing a manual claim.

**Want to participate in an FSA?** It depends on your medical plan.

medical election	FSA Traditional	FSA Limited	HSA
<b>Standard</b> ▶	yes	no	no
<b>Basic - Option 1</b> ▶	no	no	yes
<b>Basic - Option 2</b> ▶	no	yes	yes
<b>Basic - Option 3</b> ▶	no	yes	no
<b>Basic - Option 4</b> ▶	yes	no	no
<b>Waive</b> ▶	yes	no	no

# FSA's

	Health Care Limited Purpose FSA	Health Care Traditional FSA	Dependent Care FSA
Use with	Basic	Standard	Either plan
Use for	<p>Vision and Dental expenses ONLY</p> <p>Deductibles, copayments, and coinsurance</p> <p>Orthodontia services</p> <p>Prescription eyeglasses, contacts and hearing aids not covered by medical or vision insurance</p>	<p>Deductibles, copayments, and coinsurance</p> <p>Prescription eyeglasses, contacts, and hearing aids</p> <p>Orthodontia services</p> <p>Diabetic supplies</p> <p>Certain over-the-counter medicines or drugs if you have a prescription from your doctor</p>	<p>A day care center (includes before/after school)</p> <p>A nursery school or preschool</p> <p>An elder/dependent care facility</p> <p>Dependent care services provided outside your home for a dependent child under age 13, or for any other eligible dependent (e.g., a disabled spouse, older child or elderly parent), provided the other eligible individual spends at least eight hours a day in your home</p>
Source of contribution	Paycheck (pre-tax deduction)	Paycheck (pre-tax deduction)	Paycheck (pre-tax deduction)
Annual contribution limits	\$96 – \$2,850	\$96 – \$2,850	\$96 – \$5,000
Fund availability	Annual pledge amount available on January 1	Annual pledge amount available on January 1	Limited to pre-tax contributions as they are made
Unused funds	Balances over \$570 are forfeited at year-end	Balances over \$570 are forfeited at year-end	Any remaining amounts are forfeited at year-end
Reimbursement process	Flex Debit Card	Flex Debit Card	Flex Debit Card
Fund rollover	<p>Balances over \$570 are forfeited at year-end.</p> <p>Must elect your FSA again the following year to receive the carryover.</p>	<p>Balances over \$570 are forfeited at year-end.</p> <p>Must elect your FSA again the following year to receive the carryover.</p>	<p>Use it or lose it.</p> <p>Funds are forfeited at year-end</p>

Amounts in the Health Care FSAs under \$570 can be rolled over by re-enrolling in an FSA the following year. You will have until April 1 for all programs to file claims against any year end amount. For the Health Care FSAs, amounts over \$570 will be forfeited. For the Dependent Care FSA, any prior year amounts not used are forfeited.

For more information on IRS-qualified expenses, go to <https://www.irs.gov/publications/p502>



# Dental Plans

You have two plans to choose from: Prime and Standard. Both plans are administered by BlueCross BlueShield of South Carolina.

Note: Craft Option A employees and Limited Service employees are not eligible.

## Plan Benefits

When you take care of your teeth and gums, your whole-body benefits. Under the Plan, you are allowed two cleanings and checkups per year. Going to your checkups helps prevent and detect an early diagnosis for diabetes and heart disease. Claims rendered for services must be during the coverage period to be paid for by the plan.

## Find an In-Network Dentist

Using in-network providers gives a larger discount to participants. Participants using out-of-network providers may be subject to balance billing and end up paying higher out-of-pocket costs.

**What's balance billing?** Balance billing is when a provider bills you for the difference between the provider's charge and the BlueCross allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider cannot balance bill you for covered services.

Dental Plan	Prime	Standard
Deductible	None	\$25 per person / \$50 per family
Maximum Annual Benefit <sup>1</sup>	\$2,000 per person, per year	\$1,000 per person, per year
Preventive and Diagnostic <sup>2</sup>	You pay \$0	You pay \$0
Minor Restorative Services Basic Dental Oral Surgery Periodontic Benefits	You pay 20%	You pay 50%
Major Restorative Services Prosthodontic Benefits Dental Implants	You pay 40%	You pay 50%
Temporomandibular Joint Disorders (TMJ and TMD) Coverage	You pay 50% (Lifetime Maximum: \$500)	None
Orthodontics	You pay 50% (Lifetime Maximum: \$2,000)	None

<sup>1</sup> Temporomandibular Joint Disorders (TMJ and TMD) and Orthodontics payments do not count toward the maximum annual benefit under Prime

<sup>2</sup> Unless you have reached your Maximum Annual Benefit



# Vision Plans

SRNS and BSRA offer two vision plans through EyeMed Vision Care. You and your eligible dependents have access to a nationwide network of physicians, optometrists and opticians, both in private practices and in retail. You receive maximum benefits and pay preferred prices when services are provided by EyeMed Vision Care providers.

Note: Craft Option A employees and Limited Service employees are not eligible.

## Vision plans comparison

	Low Option		High Option	
Type	In-network	Out-of-network reimbursement <sup>1</sup>	In-network	Out-of-network reimbursement <sup>1</sup>
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Eye Exam with Dilation <i>Standard Contact Lens fit/follow-up</i> <i>Premium Contact Lens fit/follow-up</i>	\$15 copay Up to \$40 10% off retail price	\$35 N/A N/A	\$10 copay Up to \$40 10% off retail price	\$35 N/A N/A
Standard Plastic Lenses <i>Standard Single, Bifocal, Trifocal Lenses</i> <i>Premium Progressive Tier 1-3</i> <i>Premium Progressive Tier 4</i>	\$0 copay \$20-\$45 copay \$0 copay plus 20% off retail price, less \$120 allowance	\$25, \$40, \$55 \$55 \$55	\$0 copay \$20-\$45 copay \$0 copay plus 20% off retail price, less \$120 allowance	\$25, \$40, \$55 \$55 \$55
Frames	\$0 copay to \$100 allowance for any frame; plus 20% off balance over \$100	\$50	\$0 copay to \$160 allowance for any frame; plus 20% off balance over \$160	\$50
Lens Options				
<i>UV Coating</i>	\$15	N/A	\$0	\$5
<i>Tint (Solid and Gradient)</i>	\$0	\$5	\$0	\$5
<i>Standard Scratch Resistant</i>	\$0	\$5	\$0	\$5
<i>Standard Polycarbonate</i>	\$40	N/A	\$0	\$5
<i>Standard Anti-Reflective</i>	\$45	N/A	\$45	N/A
<i>Premium Anti-Reflective Tier 1-2</i>	\$57 - \$68	N/A	\$57 - \$68	N/A
<i>Premium Anti-Reflective Tier 3</i>	20% off retail price	N/A	20% off retail price	N/A
<i>Photochromic</i>	\$75	N/A	\$75	N/A
<i>Other Add-ons and Services</i>	20% discount	N/A	20% discount	N/A
Contact Lenses				
<i>Conventional</i>	\$0 copay, 15% off balances over \$145	\$116	\$0 copay, 15% off balances over \$160	\$116
<i>Disposable</i>	\$0 copay, 100% of balance over \$145	\$116	\$0 copay, 100% of balance over \$160	\$116
<i>Medically Necessary</i>	\$0 copay	\$200	\$0 copay	\$200
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A

For more information, visit [www.eyemed.com](http://www.eyemed.com) or view your Summary Plan Description under **InSite>Services>Workforce Service & Talent Management>Departments>Benefits>Active Employee Benefits>Vision** or from off-site at [www.srs.gov/general/jobs/benefits/index\\_e.htm](http://www.srs.gov/general/jobs/benefits/index_e.htm).

Note: Option A Craft employees are not eligible for this benefit.

<sup>1</sup>reimbursed up to



# Critical Illness and Accident Insurance

## Critical Illness Insurance

Having Aflac group Critical Illness insurance means that you have added financial resources to help with medical costs or living expenses. This insurance provides cash benefits if the insured is diagnosed with or treated for a covered critical illness outlined in the plan.

### Benefit Features

- Benefits are paid directly to you, unless otherwise assigned
- Coverage is available for you, your spouse, and dependent children
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Child coverage at no additional cost: Each dependent child is covered at 50% of the primary insured's benefit amount at no additional cost. Children-Only coverage is not available.
- Spousal election is 50% of the elected amount.

The Aflac group Critical Illness plan benefits include:

- Health screening benefit
- Critical illness benefit payable for cancer, heart attack (myocardial infarction), stroke, kidney failure (end-stage renal failure), major organ transplant (stem cell transplant), sudden cardiac arrest, coronary artery bypass, non-invasive cancer, skin cancer, severe burn, coma, paralysis, loss of sight/hearing/speech

The benefit options are offered for \$10,000 or \$20,000 policies. Rates are subject to disclosed tobacco/non-tobacco usage and age. Full rate charts and an Aflac brochure about this benefit can be found on the Benefits homepage at [www.srs.gov/general/jobs/benefits/index\\_e.htm](http://www.srs.gov/general/jobs/benefits/index_e.htm) under the Aflac menu tab. The premium for spousal coverage is based on the age of the employee not the spouse. Spouse tobacco status is based upon the employee tobacco status. Spouse coverage will be 50% of the elected employee plan. Eligible dependent children are automatically covered at 50% of the elected plan for no additional cost.

## Critical Illness Insurance Rates (monthly)

Type	Age Band	Tobacco	Non-tobacco	\$10K	\$20K
Employee Only	25	no	yes	\$3.93	\$6.34
Employee + Spouse	25	no	yes	\$6.66	\$10.27
Employee Only	35	yes	no	\$5.05	\$8.59
Employee + Spouse	35	yes	no	\$8.34	\$13.64
Employee Only	45	no	yes	\$8.59	\$15.66
Employee + Spouse	45	no	yes	\$13.64	\$24.25
Employee Only	45	yes	no	\$12.69	\$23.85
Employee + Spouse	45	yes	no	\$19.79	\$36.54
Employee Only	65	no	yes	\$30.26	\$59.01
Employee + Spouse	65	no	yes	\$46.15	\$89.27
Employee Only	65	yes	no	\$46.82	\$92.13
Employee + Spouse	65	yes	no	\$70.99	\$138.95

*This is a partial rate table and depicts rate samples only. Monthly premiums shown; weekly premiums will be deducted in four equal installments.*

## How it works

*Amount payable based on electing \$10,000 coverage option is non-taxable (post-tax premium deduction)*



## Accident Insurance

After an accident, you may have expenses you've never thought about. Can your finances handle them?

### Benefit Features

- Benefits are paid directly to you, unless otherwise assigned
- Coverage is guaranteed issue, which means you may qualify for coverage without having to answer health questions
- Benefits are paid regardless of any other medical insurance

Accident Insurance helps cover expenses such as:

- ambulance rides
- emergency room visits
- surgery and anesthesia
- prescriptions
- major diagnostic testing
- burns

The benefit options are offered at a Low or High policy. Rates and an Aflac brochure about this benefit (including amounts payable) can be found on the Benefits homepage at [www.srs.gov/general/jobs/benefits/index\\_e.htm](http://www.srs.gov/general/jobs/benefits/index_e.htm) under the Aflac menu tab.

## Accident Insurance Rates (monthly)

Type	Low Option	High Option
Employee only	\$4.57	\$8.80
Employee + one	\$7.69	\$14.60
Family	\$10.68	\$20.39

Monthly premiums shown; weekly premiums will be deducted in four equal installments.

Both the Accident and Critical Illness plans have a \$50 wellness screening benefit provided by Aflac. By completing a defined wellness screening during the plan year you are covered, participants can receive \$50 from Aflac. More details about this benefit can be found on the Benefits webpage at [www.srs.gov/general/jobs/benefits/index\\_e.htm](http://www.srs.gov/general/jobs/benefits/index_e.htm) under the Aflac menu tab.



## COBRA Continuation Coverage

Depending on the reason that coverage was terminated, you, your spouse and your other dependents might be able to continue coverage temporarily under COBRA or the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

If coverage ceases because of certain “qualifying events” (for example, termination of employment, reduction in hours, divorce, death or child’s ceasing to meet the Plan’s definition of dependent) specified in a federal law called COBRA, then you, your spouse and other dependents may have the right to purchase continuing coverage under the Plan for a limited period of time.

For more information about COBRA rights, please refer to the COBRA information that has been previously furnished to you and your spouse (if covered under the Plan), and also refer to the specific COBRA information in the booklets and Plan document. Please contact Human Resources if you need another copy.

The Plan provides no greater COBRA rights than what COBRA requires—nothing in this document is intended to expand your rights beyond COBRA’s requirements. COBRA does not apply to any benefits that are not health (medical, dental, vision) benefits (e.g. Life, Long-Term Disability or Accidental Death and Dismemberment benefits).

Continuation and reinstatement rights may also be available if you are absent from employment due to service in the Uniformed Services pursuant to USERRA. More information about coverage available pursuant to USERRA is available from the Employer or in the Summary Plan Description.



# Legal Notices

## Wellness Program Notice

The SRNS/BSRA Wellness Program is a voluntary program available to all active employees and pre-65 retirees and their spouses who are enrolled in our health plans (participants). The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Non-discrimination Act (GINA) of 2008 and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others. If you choose to participate in the wellness program, you have the option to complete voluntary health and wellness surveys that ask a series of questions about your health-related activities and behaviors. As part of this survey, you may be asked some biometric questions. You are not required to complete the health and wellness survey or to participate in a blood test or other medical examinations.

If you decide to complete any health and wellness surveys, the information from your responses may be used by BlueCross to provide you with information to help you understand your current health and potential risks. You are also encouraged to share your results or concerns with your own doctor. No individual information is shared with SRNS or BSRA.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. The SRNS/BSRA wellness program administered through BlueCross may use aggregate information it collects to design a program based on identified health risks in the workplace. BlueCross will never disclose any of your personal information, except as necessary to respond to a request from you for a reasonable accommodation, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment, nor may you be subjected to retaliation if you choose not to participate in the wellness program.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

Any medical information obtained through the wellness program is maintained by BlueCross, and any information stored electronically will be encrypted. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified immediately.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the SRNS Medical Plan Administrator at (803) 952-5746.

## Women and Cancer

The SRNS and BSRA Medical Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema. Call your Plan Administrator at (803) 725-7772 for more information.

## Genetic Information Non-Discrimination Act

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## Dependent Coverage up to Age 26

The SRNS and BSRA group health plans provide dependent coverage for the children of a participant until a participant's child attains the age of 26. The adult dependent child can be covered even if they are married and/or are eligible for coverage through their employment. Coverage ends on the last day of the month in which the dependent turns 26.

## HIPAA Late Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents' other coverage); however, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents; however, you must

request enrollment within 60 days after the marriage, birth, adoption or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 day after the determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact the SRNS Service Center.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled.

This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the states listed on the next page, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. You should contact your state for more information on eligibility.

# Medicaid/CHIP Premium Assistance Program

State	Website	Phone
ALABAMA	<a href="http://myalhipp.com/">http://myalhipp.com/</a>	1-855-692-5447
ALASKA	<a href="http://myakhipp.com/">http://myakhipp.com/</a> Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	1-866-251-4861
ARKANSAS	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-MyARHIPP (855-692-7447)
CALIFORNIA	Health Insurance Premium Payment (HIPP) Program: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322
COLORADO	Health First Colorado: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>  Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a>	Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  CHP+ Customer Service: 1-800-359-1991/ State Relay 711  HIBI Customer Service: 1-855-692-6442
FLORIDA	<a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>	1-877-357-3268
GEORGIA	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162 ext. 2131  Phone: (678) 564-1162, Press 2
INDIANA	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a> All other Medicaid: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>	1-877-438-4479  All other Medicaid: 1-800-457-4584
IOWA	<a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	1-800-338-8366 Hawki: 1-800-257-8563 HIPP: 1-888-346-9562
KANSAS	<a href="https://www.kancare.ks.gov">https://www.kancare.ks.gov</a>	1-800-792-4884
KENTUCKY	<a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a> KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Kentucky Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	1-855-459-6328 CHIP: 1-877-524-4718
LOUISIANA	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-888-342-6207 LaHIPP: 1-855-618-5488

State	Website	Phone
MAINE	<a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>	1-800-442-6003 TTY: Maine relay 711  Private Health Insurance Premium: 800-977-6740 TTY: Maine relay 711
MASSACHUSETTS	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>	1-800-862-4840
MINNESOTA	<a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>	1-800-657-3739
MISSOURI	<a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
MONTANA	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>	1-800-694-3084
NEBRASKA	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	(855) 632-7633  Lincoln: (402) 473-7000  Omaha: (402) 595-1178
NEVADA	<a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>	1-800-992-0900
NEW HAMPSHIRE	<a href="https://www.dhhs.nh.gov/">https://www.dhhs.nh.gov/</a>	603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392  CHIP: 1-800-701-0710
NEW YORK	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
NORTH CAROLINA	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
NORTH DAKOTA	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>	1-844-854-4825
OKLAHOMA	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
OREGON	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	1-800-699-9075
PENNSYLVANIA	<a href="https://www.dhs.pa.gov/">https://www.dhs.pa.gov/</a>	1-800-692-7462
RHODE ISLAND	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
SOUTH DAKOTA	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
TEXAS	<a href="http://gethipptexas.com/">http://gethipptexas.com/</a>	1-800-440-0493

State	Website	Phone
UTAH	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
VERMONT	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1-800-250-8427
VIRGINIA	<a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a>	Medicaid Phone: 1-800-432-5924  CHIP Phone: 1-855-242-8282
WASHINGTON	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
WEST VIRGINIA	<a href="https://www.mywvhipp.com/">https://www.mywvhipp.com/</a>	Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)
WISCONSIN	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	1-800-362-3002
WYOMING	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility</a>	1-800-251-1269

To see if any more states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact:

U.S. Department of Labor  
Employee Benefits Security Administration  
**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)**  
866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
(877) 267 2323  
Menu Option 4, Ext. 61565

## **Contacts**

### **General Questions**

SRNS Service Center, Hours: Monday-Thursday, 7 a.m.-4 p.m.

(803) 725-7772 or (800) 368-7333

***Service-Center@srs.gov***

***www.srs.gov/general/jobs/benefits/index\_e.htm***

### **Medical and Prescription Drugs**

BlueCross Customer Service (800) 325-6596

***www.southcarolinablues.com***

OptumRx Pharmacy: (855) 811-2218

Briova Rx Specialty Pharmacy: (877) 259-9428

### **Employee Assistance Program**

On-site Coordinator (803) 557-5729

First Sun (800) 968-8143

### **Dental**

BlueCross Customer Service (800) 325-6596

***www.southcarolinablues.com***

### **Vision**

EyeMed Vision Care (866) 800-5457

***https://eyemed.com/en-us***

### **Health Savings Account**

HSA Bank (866) 471-5946

***www.hsabank.com***

### **Flexible Spending Account (FSA)**

Accrue Health Customer Service (844) 643-3099

***https://member.accrue-health.com/Authentication/Handshake***

### **Voluntary Benefits**

Aflac Group Customer Service (800) 433-3036

***cscmail@aflac.com***

***www.aflacgroupinsurance.com***

### **Summary Plan Descriptions**

Medical, Dental, Vision and Flexible Spending Accounts

***InSite>Services>Workforce Service & Talent Management>Departments>Benefits>Active Employee Benefits***

or off-site at ***www.srs.gov/general/jobs/benefits/index\_e.htm***