

Ward Services 2025 Benefits Enrollment Guidebook



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An Easy, Personalized Enrollment Experience

Your employer has partnered with Ward Services to offer you an easy, personalized enrollment experience. During your appointment your Ward Services benefit counselor will review all your employee benefits and answer your questions. Your counselor will explain the benefit enrollment changes you can make, help you login or register with MyBenefits and assist you with making any benefit changes in MyBenefits. If you have made an appointment for a virtual enrollment meeting your Ward Services benefit counselor will call you on the date and time of your appointment.

Reviewing and filling out this guidebook before your meeting will streamline the process and ensure you have all the information you need to make any benefit elections or changes during your appointment with a benefit counselor.

Be ready for your enrollment appointment

Before your appointment:

- Print this guidebook to have available during your appointment.
- Review and fill out the guidebook before your appointment.
- Have your MyBenefits password and your State Health Plan card. Don't worry if you don't know your password, the counselor can reset it for you.
- If you are adding dependents to one of the State benefit plans you will need their name, birthday and full social security number and supporting documentation.
- If you are doing a telephone or virtual enrollment make sure to allow 30 minutes for your appointment.
- For the most up to date information on benefits enrollment visit www.peba.sc.gov

How to Use this Guidebook

This guidebook is designed to prepare you before your appointment and guide you during your enrollment appointment with a Ward Services benefit counselor.

Gathering Your Information

- To ensure an accurate enrollment, you will need to provide your personal information. Before your meeting make sure you have all of your personal information available including your MyBenefits password and State Health Plan card. If you are planning on covering dependents you will need to collect their personal information and any required supporting documentation as you prepare for your enrollment meeting.

Reviewing Your Benefits

- Once you've gotten all the information together, review the information on your specific benefits. Make a note to discuss your questions with your benefit counselor.

Making Your Elections

- During the appointment with your benefit counselor keep a pen handy to make notations in the appropriate sections throughout the guidebook.

Your Dependents

Your dependents are eligible for some of the coverage available to you, including medical, vision, dental, term life insurance and voluntary insurance offerings.

Eligible dependents include:

- Legally married spouse
- Incapacitated child-age 26 or older with documentation
- Dependent children-must be younger than 26
 - natural child
 - adopted child (including child placed for legal adoption)
 - stepchild
 - foster child
 - a child of whom the subscriber has legal custody
 - a child the subscriber is required to cover due to a court order

You will be required to provide supporting documentation of dependent eligibility by 10/31/2024. **A long form birth certificate is required for any dependent children being added to any State coverage for the first time.** If you wish to enroll any dependents for benefits complete the chart below and make sure you have this guidebook handy when you have your enrollment meeting with the benefit counselor.

	Date of Birth	Full Social Security Number
Spouse:		
Child 1:		
Child 2:		
Child 3:		
Child 4:		

Getting Started

Understand Your Benefit Options

You have a number of benefits available to you through the State and your employer. During your benefits enrollment meeting your benefit counselor will explain each benefit to you and answer any questions you might have. This workbook has space for you to make notes and each section has a dedicated space to note which options you select.

Your benefit counselor will make sure that your benefits enrollment changes are made and submitted to your employer. Your counselor will provide you with instructions on how to log in later to review your changes or to upload supporting documents for dependents.

Once your enrollment is complete you will receive an e-mail with instructions on how to retrieve your confirmation statement.

Your Benefit Enrollment Options

Health Plan

- Switch to a different health plan: Standard Plan, Savings Plan or TRICARE Supplement Plan.
- Enroll yourself or any eligible dependents in health coverage.
- Drop health coverage for yourself or any dependents.

Dental Plan

- **You can only make changes to dental coverage in odd years.** The next dental enrollment is fall 2025.

Vision Coverage

- Enroll in State Vision Plan coverage for yourself and/or your eligible dependents.
- Drop State Vision Plan coverage for yourself and/or your eligible dependents.

Optional Life Insurance

- Employees can enroll or increase Optional Life coverage up to \$500,000 with medical evidence.
- Dependent Life-Spouse- Enroll or increase coverage if approved with medical evidence.
- Dependent Life-Child- Enroll in, add or drop dependents throughout the year.

Supplemental Long Term Disability (SLTD)

- Enroll in coverage without medical evidence, drop coverage
- Change your benefit waiting period from 180 days to 90 days for existing coverage without medical evidence.
- Change your benefit waiting period from 90 days to 180 days for existing coverage without medical evidence.

MoneyPlus Elections

- Enroll in or drop the Pretax Group Insurance Premium feature.
- Enroll in or re-enroll in flexible spending accounts: Medical Spending Account, Limited-use Medical Spending Account, Dependent Care Spending Account. With these accounts you must re-enroll every year, if you don't, you will not be able to participate and take advantage of the tax saving benefits of the account.
- Enroll in or drop a Health Savings Account (HSA) - must participate in the State Savings plan.
- If you already have an HSA, you do not need to re-enroll, but consider whether you would like to change your contribution amount.

Your Health Plan Choices

Understanding Your Plan

Insurance can sometimes be confusing, but your Ward Services benefit counselor is here to help answer any questions you might have and this guidebook will help you plan for your enrollment. Below are some insurance terms you'll want to be familiar with.

Deductible

The amount of money you must pay for services before the plan begins to pay claims.

Co-Pay

The specified amount you are required to pay out-of-pocket for services, such as doctor visits and prescription drugs.

Coinsurance

The percentage of the costs of covered services that you are required to pay out-of-pocket for services rendered. Some services may have both a co-pay and coinsurance.

Out-of-Pocket Maximum

The highest amount you will have to pay for covered expenses during a plan year in deductibles, coinsurance, and co-payments. Once you reach this maximum, the plan will pay 100% of covered expenses.

Plan Types

State Standard Plan(PPO)

The Standard Plan is a Preferred Provider Organization, or PPO, plan. When you participate in a PPO, you have the flexibility of choosing any provider. If you choose an in-network provider, the plan pays a higher percentage of the cost of care once the deductible has been met.

State Savings Plan (HDHP)

The Savings Plan is a PPO that is a High Deductible Health Plan (HDHP). You are responsible for 100% of the cost for all treatments, visits and prescriptions until the plan deductible is met. If you choose an in-network provider, the plan pays a higher percentage of the cost of care once the deductible has been met.

TRICARE Supplement Plan

The TRICARE Supplement Plan provides secondary coverage to TRICARE for members of the military community who are not eligible for Medicare. For eligible employees it provides an alternative to the State Health Plan.

Your Health Plan Choices

The State Health Plan gives you two main health plan options: The Standard Plan and the Savings Plan. The Standard Plan has higher premiums and lower deductibles. The Savings Plan has lower premiums and higher deductibles. Visit www.peba.sc.gov for plan specifics. The 2025 monthly premiums are not printed in this guide. Premiums will be available at www.peba.sc.gov. Rates may vary for participating optional employers. Verify rates with your benefits office.

Your Health Plan Selection

Check the box next to your choices and your benefit counselor will give you the per-pay cost for your coverage choice.

Your Medical Plan	Your Medical Plan Level	Your Pay Per Cost
<input type="checkbox"/> Standard Plan	<input type="checkbox"/> Employee Only	
<input type="checkbox"/> Savings Plan	<input type="checkbox"/> Employee/Spouse	\$ _____
<input type="checkbox"/> TRICARE Supplement	<input type="checkbox"/> Employee/Children	
<input type="checkbox"/> Waive Medical Coverage	<input type="checkbox"/> Full Family	

Vision Plan

Good vision is crucial for work and play. It is also a significant part of your health. An annual eye exam can help detect serious illnesses. You can have an exam once a year and get either frames/lenses or contacts. The 2025 monthly premiums are not printed in this guide. Premiums will be available at www.peba.sc.gov. Rates may vary for participating optional employers. Verify rates with your benefits office.

Your Vision Plan Selection

Check the box next to your plan level and your benefit counselor will give you the per-pay cost for your coverage choice.

	Your Vision Plan Level	Your Monthly Cost
<input type="checkbox"/> Enroll in Vision	<input type="checkbox"/> Employee Only	
<input type="checkbox"/> Waive Vision	<input type="checkbox"/> Employee/Spouse	\$ _____
	<input type="checkbox"/> Employee/Children	
	<input type="checkbox"/> Full Family	

Optional Life Insurance

For many people, purchasing additional life insurance over and above employer-provided coverage, can help lend greater financial security. The Optional Life insurance benefit, with Accidental Death and Dismemberment coverage, is a voluntary benefit in which you pay the entire premium with no contributions from PEBA, the state of South Carolina or your employer.

During this year's enrollment you can enroll or increase Optional Life coverage on yourself up to \$500,000 with medical evidence. You must complete a *Statement of Health* form with your Benefits Administrator. You may also enroll or increase your spouse's Optional Life benefit by completing a *Statement of Health* form. During this enrollment you can also, drop this coverage or reduce the current benefit amount for you and or your spouse. Contact your Benefits Administrator for details on how to apply.

When you enroll in Optional Life you are also eligible to take advantage of FREE MetLife Advantage benefits including:

- Will preparation services
- Estate resolution services
- Grief counseling and much more

Supplemental Long Term Disability Coverage

You are automatically enrolled in Basic Long Term Disability at no cost if you enroll in the State Health Plan. The maximum Basic Long Term Disability benefit is \$800 per month. Your Ward benefit counselor can help you elect more coverage for added protection.

Supplemental Long Term Disability

The Supplemental Long Term Disability (SLTD) benefit provides:

- Survivor's benefits for eligible dependents
- Coverage for injury, physical disease or mental disorder
- Return-to-work incentive
- SLTD conversion insurance
- Cost-of-living adjustment
- Lifetime security benefit

SLTD	Benefit
Benefit waiting period	90 or 180 days
Monthly SLTD benefit*	65% of your pre-disability earnings, reduced by your deductible income
Minimum benefit	\$100 per month
Maximum benefit	\$8,000 per month

*Basic Long Term Disability and Supplemental Long Term Disability benefits are subject to federal and state income taxes. Check with your accountant or tax adviser about your tax liability.

What you can do during benefit enrollment:

- Apply for Supplemental Long Term Disability without medical evidence.
- Change your benefit waiting period from 180 days to 90 days for existing coverage without medical evidence.
- Change your benefit waiting period from 90 days to 180 days for existing coverage without medical evidence.
- Drop coverage.

Your SLTD Selection

Check the box next to your choices and your benefit counselor will give you the per-pay cost for your coverage choice.

	Your SLTD Waiting Period	Your Monthly Cost
<input type="checkbox"/> Enroll in SLTD	<input type="checkbox"/> 90 day waiting period	
<input type="checkbox"/> Waive SLTD	<input type="checkbox"/> 180 day waiting period	\$ _____

Choose Your MoneyPlus Elections

Are you leaving money on the table? MoneyPlus is a tax-favored accounts program that allows you to save money on eligible medical and dependent care costs. You fund the accounts with money deducted pretax from your paycheck.

Standard Plan members

Medical Spending Account

Your Standard Plan works great with a Medical Spending Account (MSA). Use your MSA to pay for eligible medical expenses, including copayments and coinsurance. As you have eligible expenses, you can use a debit card for your account or submit claims for reimbursement. You can carry over into 2026 a limited amount of unused funds from your account. See your PEBA Benefits Guide for the allowed balance rollover amount for 2026. **Remember you must re-enroll in MSA accounts each year.**

Savings Plan members

Health Savings Account

Your Savings Plan is designed to go hand in hand with a Health Savings Account (HSA).

- Pay for out-of-pocket medical expenses such as deductibles and prescriptions.
- Carry over all funds from one year to the next.
- You own the account and keep it if you leave your job or retire.
- While there is an annual contribution limit, there's no limit to how much you can save in your account.
- You can invest funds to earn investment income tax-free.

Limited-use Medical Spending Account

If you have a Health Savings Account, you can also use a Limited-use Medical Spending Account to pay for expenses the Savings Plan does not cover, like dental and vision care.

Account Type*	Plan	Funds Available	Medical Expenses	Dental, Vision Expenses	Balance Carries from Year-to-Year	Invest Funds	Re-enroll Each Year
MSA	Standard	Jan. 1	✓	✓	Set limited balance can carry over**		✓
HSA	Savings	As deposited	✓	✓	✓	✓	
Limited-use MSA	Savings	Jan. 1		✓	Set limited balance can carry over**		✓

*Fees apply to MoneyPlus accounts, see your PEBA Benefits Guide for more information.

**See your PEBA Benefits Guide for the allowed balance rollover amount for 2026.

MoneyPlus Elections...Continued

All members

Pretax Group Insurance Premium feature

This feature allows you to pay insurance premiums before taxes for health, vision, dental and up to \$50,000 of Optional Life coverage. You do not need to re-enroll each year.

Dependent Care Spending Account

You can use a Dependent Care Spending Account (DCSA) to pay for daycare costs for children and adults. It cannot be used to pay for dependent medical care. You submit claims for reimbursement as you have eligible expenses. The funds can be used only for expenses incurred January 1, 2025 through March 15, 2026. You forfeit funds left in your account after the reimbursement deadline. You must re-enroll each year.

2025 Contribution Limits

See the PEBA Benefits Guide for up-to-date contribution limits.

2025 Reimbursement Deadlines

Account	Grace Period	Deadline
Medical Spending Account	None	March 31, 2026
Limited-use Medical Spending Account	None	March 31, 2026
Dependent Care Spending Account	March 15, 2026	March 31, 2026

What you can do during benefit enrollment:

- Enroll in or drop the Pretax Group Insurance Premium feature.
- Enroll in or drop a Health Savings Account.
- Enroll in, re-enroll in or drop flexible spending accounts:
 - Medical Spending Account
 - Limited-use Medical Spending Account
 - Dependent Care Spending Account

MoneyPlus Worksheet

Use the worksheets below to calculate the amount you may wish to contribute to an MSA or a DCSA. Be conservative in your planning. Remember that any unclaimed funds cannot be returned to you. You can, however, carry over a limited amount of unused MSA funds into the 2026 plan year. For up-to-date 2026 rollover amounts see the PEBA Benefits Guide. You cannot carry over DCSA funds, and you cannot transfer funds between flexible spending accounts.

Medical Spending Account

Estimate your eligible out-of-pocket medical expenses for the plan year.

Medical expenses

Health insurance deductible	\$
Copayments and coinsurance	\$
Prescription drugs	\$
Dental care	\$
Vision care	\$
Travel costs for medical care	\$
Other eligible expenses	\$
Annual contribution	\$

Dependent Care Spending Account

Estimate your eligible dependent care expenses for the plan year.

Child care expenses

Day care services	\$
In-home care/au pair services	\$
Nursery/preschool	\$
After-school care	\$
Summer day camps	\$

Elder care expenses

Day care center services	\$
In-home care services	\$
Annual contribution	\$

Notes
