

RICHLAND SCHOOL DISTRICT TWO
SUMMARY OF 2019 FULL-TIME / ACA EMPLOYEE BENEFITS

The information contained in this handout is designed to summarize the Employee Benefits package offered by the State of South Carolina's Public Employee Benefits Authority (PEBA). Actual plan information and a more detailed description of your benefits options is available in PEBA's *Insurance Benefits Guide* at <http://www.peba.sc.gov/assets/2019ibg.pdf>. Please feel free to contact the Benefits Division of Human Resources at 738-3295, 738-3267, 738-3272 or 738-3324 for questions.

Health Plan Options:

PROVIDERS	State Health Plan Savings Plan (PPO) www.southcarolinablues.com	State Health Plan Standard Plan (PPO) www.southcarolinablues.com																
For Health Plan Provider Directory information, please refer to the individual websites listed above.																		
GENERAL INFORMATION	<ul style="list-style-type: none"> • Coverage worldwide • In-state networks help control costs 	<ul style="list-style-type: none"> • Coverage worldwide • In-state networks help control costs 																
PREMIUM PER CHECK	*Doesn't include Tobacco Surcharge – see next page	*Doesn't include Tobacco Surcharge – see next page																
Emp Only:	\$ 4.85	\$ 48.84																
Emp/Spouse:	\$38.70	\$126.68																
Emp/Children:	\$10.24	\$ 71.93																
Full Family:	\$56.50	\$153.28																
ANNUAL DEDUCTIBLE																		
Single	\$3,600	\$490																
Family	\$7,200¹	\$980																
COINSURANCE	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>In-Network</u></td> <td style="text-align: center;"><u>Out-of-Network</u></td> </tr> <tr> <td style="text-align: center;">Plan pays 80%</td> <td style="text-align: center;">Plan pays 60%</td> </tr> <tr> <td style="text-align: center;">You pay 20%</td> <td style="text-align: center;">You pay 40%</td> </tr> </table>	<u>In-Network</u>	<u>Out-of-Network</u>	Plan pays 80%	Plan pays 60%	You pay 20%	You pay 40%	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>In-Network</u></td> <td style="text-align: center;"><u>Out-of-Network</u></td> </tr> <tr> <td style="text-align: center;">Plan pays 80%</td> <td style="text-align: center;">Plan pays 60%</td> </tr> <tr> <td style="text-align: center;">You pay 20%</td> <td style="text-align: center;">You pay 40%</td> </tr> </table>	<u>In-Network</u>	<u>Out-of-Network</u>	Plan pays 80%	Plan pays 60%	You pay 20%	You pay 40%				
<u>In-Network</u>	<u>Out-of-Network</u>																	
Plan pays 80%	Plan pays 60%																	
You pay 20%	You pay 40%																	
<u>In-Network</u>	<u>Out-of-Network</u>																	
Plan pays 80%	Plan pays 60%																	
You pay 20%	You pay 40%																	
COINSURANCE MAX	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>In-Network</u></td> <td style="text-align: center;"><u>Out-of-Network</u></td> </tr> <tr> <td style="text-align: center;">\$2,400</td> <td style="text-align: center;">\$4,800</td> </tr> <tr> <td style="text-align: center;">\$4,800</td> <td style="text-align: center;">\$9,600</td> </tr> <tr> <td colspan="2" style="text-align: center;">(excludes deductible)</td> </tr> </table>	<u>In-Network</u>	<u>Out-of-Network</u>	\$2,400	\$4,800	\$4,800	\$9,600	(excludes deductible)		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>In-Network</u></td> <td style="text-align: center;"><u>Out-of-Network</u></td> </tr> <tr> <td style="text-align: center;">\$2,800</td> <td style="text-align: center;">\$5,600</td> </tr> <tr> <td style="text-align: center;">\$5,600</td> <td style="text-align: center;">\$11,200</td> </tr> <tr> <td colspan="2" style="text-align: center;">(excludes deductibles and copayments)</td> </tr> </table>	<u>In-Network</u>	<u>Out-of-Network</u>	\$2,800	\$5,600	\$5,600	\$11,200	(excludes deductibles and copayments)	
<u>In-Network</u>	<u>Out-of-Network</u>																	
\$2,400	\$4,800																	
\$4,800	\$9,600																	
(excludes deductible)																		
<u>In-Network</u>	<u>Out-of-Network</u>																	
\$2,800	\$5,600																	
\$5,600	\$11,200																	
(excludes deductibles and copayments)																		
PHYSICIAN VISITS	<p style="text-align: center;">After annual deductible there is no per-occurrence deductible;</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>In-Network</u></td> <td style="text-align: center;"><u>Out-of-Network</u></td> </tr> <tr> <td style="text-align: center;">Plan pays 80%</td> <td style="text-align: center;">Plan pays 60%</td> </tr> <tr> <td style="text-align: center;">You pay 20%</td> <td style="text-align: center;">You pay 40%</td> </tr> </table> <p>Preventive care includes Well Child Care exams; allowance for flu shot and routine check-up; free self-care book and access to 24-hour health information line. (In Network only)</p> <p>Chiropractic benefits limited to \$500 a year per person, after deductible.</p>	<u>In-Network</u>	<u>Out-of-Network</u>	Plan pays 80%	Plan pays 60%	You pay 20%	You pay 40%	<p style="text-align: center;">\$14 per-visit deductible, then after annual deductible is met²:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>In-Network</u></td> <td style="text-align: center;"><u>Out</u></td> </tr> <tr> <td style="text-align: center;">Plan pays 80%</td> <td style="text-align: center;">60%</td> </tr> <tr> <td style="text-align: center;">You pay 20%</td> <td style="text-align: center;">40%</td> </tr> </table> <p>Preventive care includes Well Child Care exams; Pap Smear Lab Charges Mammograms, and Adult Well Visits subject to schedule. (In-Network only)</p> <p>Chiropractic benefits limited to \$2,000 a year per person, after deductibles.</p> <p>Discounts on the per-visit deductible and coinsurance apply if you utilize a Patient-Centered Medical Home (PCMH). Please refer to the <i>Insurance Benefits Guide</i> for more information.</p>	<u>In-Network</u>	<u>Out</u>	Plan pays 80%	60%	You pay 20%	40%				
<u>In-Network</u>	<u>Out-of-Network</u>																	
Plan pays 80%	Plan pays 60%																	
You pay 20%	You pay 40%																	
<u>In-Network</u>	<u>Out</u>																	
Plan pays 80%	60%																	
You pay 20%	40%																	
HOSPITALIZATION AND EMERGENCY CARE and SPECIAL DEDUCTIBLES	<p>No per-occurrence deductibles or copayments. After annual deductible, the plan pays 80% and you pay 20%.</p> <p>Medi-Call approval required</p>	<p>Outpatient Hospital: \$105 per-occurrence deductible</p> <p>Emergency Room: \$175 per-occurrence deductible</p> <p>After annual deductible, plan pays 80% and you pay 20%.</p> <p>Medi-Call approval required</p>																
PRESCRIPTION DRUGS (Not covered at out-of-network pharmacies.) (You pay up to \$3,000 in prescription drug copayments under Standard.)	<p><u>Participating pharmacies only:</u> You pay the State Health Plan's allowable cost until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowable cost; you pay 20%. When coinsurance maximum is reached, Plan will reimburse 100% of allowable cost.</p> <p style="text-align: center;">*Pay the Difference</p>	<p><u>Participating pharmacies only (up to 30-day supply):</u></p> <p style="text-align: center;">\$9 Tier 1 (generic-lowest cost) \$42 Tier 2 (brand-higher cost) \$70 Tier 3 (brand-highest cost)</p> <p style="text-align: center;"><u>Mail Order</u> (up to 90-day supply): \$22 Tier 1, \$105 Tier 2, \$175 Tier 3</p> <p style="text-align: center;">*Pay the Difference</p>																
MENTAL HEALTH/ SUBSTANCE ABUSE	Please refer to the <i>Insurance Benefits Guide</i> for more details.	Please refer to the <i>Insurance Benefits Guide</i> for more details.																

¹If more than one family member is covered, no family member will receive benefits, other than preventive, until the \$7,200 annual family deductible is met.

²The \$14 copayment is waived for routine mammograms and well child care visits.

Tobacco Surcharge

A surcharge will be added to the health insurance premiums of tobacco users covered by a PEBA-sponsored health plan (excluding the TRICARE Supplement Plan). If you, or anyone you cover under your state-sponsored health plan, smokes or uses tobacco, you will pay the surcharge of \$40.00 per month (\$20.00 per payroll) for subscriber-only coverage or \$60.00 per month (\$30.00 per payroll) for subscriber/spouse, subscriber/children or full family coverage. You will be automatically charged the tobacco-user premium, unless you certify no one covered under your health insurance uses tobacco and no one has used tobacco within the past six months. When you complete your enrollment paperwork, you will be given a certification form to indicate your tobacco usage. For more information, please refer to the enclosed flyer or visit PEBA's website at www.peba.sc.gov.

TRICARE Supplement Plan

The TRICARE Supplemental plan is offered to TRICARE eligible employees as an alternative choice to health plans offered through PEBA. TRICARE Supplement participants are not subject to the tobacco surcharge. There is no employer contribution toward the monthly premiums. However, premiums may be paid through the MoneyPlus Pretax Group Insurance Premium Feature.

Who is eligible? TRICARE is a medical plan provided by the Department of Defense. Eligible employees must be registered with the Defense Enrollment Eligibility Reporting System (DEERS), be under age 65 and not enrolled in Medicare: (a) Military retirees receiving retired, retainer or equivalent pay, (b) Spouse/surviving spouse of a military retiree, (c) Retired reservists between the ages of 60 and 65 and spouses/surviving spouses of retired reservists, (d) Retired reservists younger than 60 and enrolled in TRICARE Retired Reserve (TRR) ("Gray Area" retirees) and spouses/surviving spouses of retired reservists enrolled in TRR, (e) Unmarried dependent children under age 21 or 23 if a full-time student, (f) incapacitated dependents are covered after age 21 or 23, if the child is dependent on the member for primary support and maintenance and continues TRICARE eligibility, and (g) Adult dependent children who are younger than 26 and who are enrolled in TRICARE Young Adult (TYA).

What is the TRICARE Supplement plan? The TRICARE Supplement plan provides TRICARE subscribers additional coverage that pays almost 100% of the member's share of covered medical expenses. Some of the plan's features include:

- No deductibles, coinsurance or out-of-pocket expenses for covered services
- Freedom of choice – you can choose to see any TRICARE-authorized provider, including network, non-network, participating and nonparticipating providers.
- Portability – you may take the coverage with you wherever you go by paying premiums directly to ASI.
- Reimbursement of prescription drug copayments.

Please Note: Individuals must join AMRA membership to enroll in the TRICARE Supplement plan. For more information about the TRICARE Supplement Plan, contact ASI at 866-637-9911 or email at custsvc@asicorporation.com or log onto www.asicorporation.com/SC.

TRICARE Supplement Plan Rates:

Employee Only	\$ 62.50 per month or \$31.25 per pay period
Employee & Spouse	\$121.50 per month or \$60.75 per pay period
Employee & Child(ren)	\$121.50 per month or \$60.75 per pay period
Employee & Family	\$162.50 per month or \$81.25 per pay period

State Dental Plan:

Class	Services Covered	Deductible	Percent Covered	Maximum Benefit
Class I – Diagnostic and Preventative	Diagnostic and preventative procedures (x-rays, cleaning and scaling of teeth, fluoride treatments)	None	100% of allowable charges	\$1,000 per person each benefit year combined for Classes I,II, and III
Class II – Basic	Fillings, simple extractions, oral surgery, surgical extractions	\$25 annually combined for Classes II and III, limited to 3 per family per year	80% of allowable charges	\$1,000 per person each benefit year combined for Classes I,II, and III
Class III – Prosthetics	Onlays, crowns, bridges, dentures, repair of prosthetic appliances	\$25 annually combined for Classes II and III, limited to 3 per family per year	50% of allowable charges	\$1,000 per person each benefit year combined for Classes I,II, and III
Class IV – Orthodontia	Limited to covered children under age 19	None	50% of allowable charges	\$1,000 per lifetime for each covered child

* The State Dental Plan is administered by BlueCross BlueShield of South Carolina.

You must enroll in the State Dental Plan within 31 days of employment. Your dental enrollment will remain in effect for up to two years and can only be changed during the Open Enrollment period held in the odd-numbered years unless there is a change in family status.

Pay Period Cost of State Dental Plan:

Employee Only:	\$0.00
Employee/Spouse:	\$3.82
Employee/Child(ren):	\$6.86
Full Family:	\$10.67

Dental Plus:

Supplemental dental coverage is available under a program called Dental Plus. Dental Plus provides a higher level of dental coverage at affordable rates for the same services covered under the State Dental Plan. (Please note that Dental Plus does not offer additional orthodontia benefits).

Under Dental Plus, allowances are established at the 90th percentile of dental charges in the state. The combined annual maximum benefit for the State Dental Plan (SDP) and Dental Plus for services in classes I, II, and III is \$2,000, compared to the \$1,000 annual maximum for the SDP alone. There are no additional deductibles, coinsurance or claims to file under Dental Plus. Employees/providers continue to file claims to BlueCross BlueShield of South Carolina. Personalized ID cards will be issued to Dental Plus plan subscribers. Employees enrolling in Dental Plus pay the entire premium. Premiums may be paid on a pre-tax basis under the MoneyPlu\$ program. To participate in the Dental Plus plan, you must be enrolled in the State Dental Plan. Employees enrolling in Dental Plus must have the same level of coverage as they have in the State Dental Plan and must pay both premiums. Pay Period Cost is as follows:

Pay Period Cost of State Dental Plan and Dental Plus (must pay both premiums):

	<u>State Dental Plan</u>	<u>Dental Plus</u>	<u>Total:</u>
Emp Only:	\$0.00	\$13.56	\$13.56
Emp/Spouse:	\$3.82	\$27.40	\$31.22
Emp/Children:	\$6.86	\$31.60	\$38.46
Full Family:	\$10.67	\$41.05	\$51.72

Employees may only enroll in the program or cancel coverage every two years during the Open Enrollment Period held in the odd-numbered years or within 31 days of a special eligibility situation.

State Vision Plan and Vision Discount Program:

PEBA has selected **EyeMed Vision Care®** as the provider of the State Vision Plan. This plan allows you to improve your health through a comprehensive eye exam, while saving you money on your eye care purchases. Coverage includes a comprehensive eye exam, frames, and standard plastic lenses or contact lenses once a year. Plan limitations and exclusions apply. The plan is available through hundreds of provider locations participating in the EyeMed State of South Carolina INSIGHT network. To see a list of participating providers near you, go to the PEBA Insurance Benefits website, www.peba.sc.gov. Select “Insurance Benefits”, “Resources”, “Find a provider or pharmacy”, and select “State Vision Plan”. You can also call 1-866-939-3633. For more coverage information and details, please refer to the 2019 Insurance Summary or PEBA’s *Insurance Benefits Guide* at <http://www.peba.sc.gov/assets/insurancebenefitsguide.pdf>.

State Vision Plan Benefits at a Glance:

<u>Service</u>	<u>In-Network Member Cost</u>	<u>Out-of-Network Plan Reimbursement</u>
Comprehensive Exam	\$10 copay	\$35
Retinal Imaging	Up to \$39	N/A
Standard contact lens fit & follow-up	\$0 copay, paid in full & 2 follow-up visits	Up to \$40
Premium contact lens fit & follow-up	\$0 copay, 10% off retail price, then apply \$55 allowance	Up to \$40
<u>Eyeglasses</u>		
Frames	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$75
<u>Lenses</u>		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive Lenses	Fixed pricing starting at \$35	Up to \$55
<u>Lens Add-Ons</u>		
UV Treatment, Tint (solid, gradient), and Standard Plastic Scratch Coating. Also covers Polycarbonate lens for those under age 19.	\$0 (each)	Up to \$5 (each)
Standard Polycarbonate Lens (adults)	\$30	Up to \$5
Anti-reflective coating	Fixed pricing starting at \$45	N/A
Transitions	\$60 copay	Up to \$5
Photochromic plastic, Polarized, and other add-ons and services	20% of retail	N/A
<u>Contact Lenses (available in place of eyeglass lens benefit)*</u>		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance and pays balance over \$130	Up to \$104
Medically Necessary Contact Lenses	\$0 copay, paid in full	Up to \$200
<u>State Vision Diabetic Plan: Diabetic Care Services Type 1 and Type 2 diabetics</u>		
Frequency: up to two services per benefit year.		
Office Service Visit (medical follow-up exam)	Covered 100%, \$0 copay	Up to \$77 per service
Retinal Imaging	Covered 100%, \$0 copay*	Up to \$50 per service
Extended Ophthalmoscopy	Covered 100%, \$0 copay*	Up to \$15 per service
Gonioscopy	Covered 100%, \$0 copay	Up to \$15 per service
Scanning Laser	Covered 100%, \$0 copay	Up to \$33 per service

*Limitations and exclusions apply. Please refer to the 2019 Insurance Summary of *Insurance Benefits Guide* for more detailed information.

Pay Period Cost of State Vision Plan:

Employee Only:	\$4.00
Employee/Spouse:	\$8.00
Employee/Child(ren):	\$8.58
Full Family:	\$12.58

Vision Discount Program: For employees who do not want to enroll in the State Vision Plan, they are still eligible for discounted vision care services for themselves and their dependents as long as they are eligible for benefits from PEBA. Participating ophthalmologists and optometrists throughout the state of South Carolina have agreed to charge no more than \$60.00 for a routine, comprehensive eye exam. If you are fitted for contact lenses, there may be an additional charge. Participating providers, who include opticians, have agreed to give a 20% discount on all eyewear except disposable contact lenses. If you are covered by more than one vision care program, you can have the discounts offered under this program or through your other coverage, but not both. Provider information can be accessed through PEBA's website at www.peba.sc.gov.

Basic Long Term Disability (BLTD):

The State BLTD plan is designed to help you protect a portion of your income if you become disabled. This coverage is provided automatically at no additional cost if you enroll in any one of the health plans offered through PEBA. After you have been disabled for 90 days, the plan will replace 62.5% of your base salary, reduced by deductible income, up to \$800 per month.

Supplemental Long Term Disability (SLTD):

This voluntary program provides income protection in the event you become disabled and are unable to work for an extended period of time. After a 90 or 180 day waiting period (depending upon the plan selected), the plan will replace 65% of the first \$12,307.69 of your pre-disability earnings, reduced by deductible income, up to \$8,000 per month. In addition, a Lifetime Security Benefit is included. This valuable coverage extends SLTD benefits indefinitely for disabled employees who suffer severe impairments. Please refer to the SLTD "Certificate of Coverage" for complete details. The cost is based on your age and the plan selected. Please refer to your *Insurance Benefits Guide* for information on rates.

MoneyPlu\$:

MoneyPlu\$ can help you keep more spendable income by enabling you to pay your health and dental premiums from pretax dollars. You can save even more money by using MoneyPlu\$ to pay dependent care expenses and out of pocket medical expenses with pre-tax dollars. There are three MoneyPlu\$ features: (1) Pretax Group Insurance Premium Feature, (2) Dependent Care Spending Account, and (3) Medical Spending Account (with ASIFlex Card). There is a maximum administrative fee of \$2.32 per month or \$1.16 per payroll if you enroll in one or both of the spending accounts.

Health Savings Account:

If you enroll in the State Health Plan Savings Plan, you may also elect to participate in a Health Savings Account (HSA). HSA's are individual tax-free savings accounts used to fund qualified medical expenses generally **not reimbursed by a High Deductible Health Plan (HDHP)**. The HSA funds are: (1) held in trust, (2) earn interest, (3) non -forfeitable and (4) portable. Individuals can contribute to a HSA if they are enrolled in the Savings Plan (which is a HDHP) and have no other health insurance that is not considered a HDHP. Annual Maximums are \$3,500 for those enrolled in Single coverage or \$7,000 for those enrolled in Family coverage. There is a \$1.25 per month administrative fee paid to ASIFlex for participation and \$1.00 per month paid to Central Bank. *Other Central Bank fees may apply.*

Life Insurance:

Richland School District Two provides term life coverage at no cost to its permanent employees in an amount equal to one times the employee's annual salary (minimum of \$20,000 for full and part-time employees). The life benefit is doubled in the event of accidental death. Dismemberment benefits are also available.

The State of South Carolina provides \$3,000 in Basic Life insurance. This coverage is provided automatically at no additional cost if you enroll in any one of the health plans offered through PEBA.

After one year of employment, The South Carolina Retirement System provides an incidental death benefit equal to one times the employee's annual salary, at no cost to the employee. This taxable benefit is provided to all employees participating with the SCRS or the State ORP retirement plans.

Optional Life Insurance and Dependent Life Insurance:

Full-time, permanent employees may purchase additional term life insurance. Employees can elect coverage in \$10,000 increments to a maximum of \$500,000. This policy includes accidental death and dismemberment protection. The cost of this insurance is based on the amount of coverage selected and the age of the employee. A rate sheet is included in your Benefits package.

Employees may purchase term life insurance coverage for their eligible dependents. Spouse coverage can be selected in \$10,000 increments and may not exceed 50% of the employee's Optional Life coverage or \$100,000, whichever is less. Premiums are based upon the spouse's age using the same rate sheet as Optional Life. Dependent child(ren) can be enrolled in a \$15,000 life insurance plan at a premium of \$1.26 per month (\$0.63 per paycheck) This premium is a flat rate regardless of the number of children covered.

Trustmark Universal Life:

Employees may purchase permanent life insurance coverage for themselves, their spouse, and their eligible dependents. This policy builds cash value and allows you to lock in your premiums at the time you enroll. In the event you leave Richland Two, this plan is portable and can be continued through a direct billing arrangement with Trustmark. This policy provides Long Term Care and Home Health care benefits at no extra charge. For more information, contact our Ward Benefits Enroller at 790-1436.

Trustmark Short Term Disability:

Trustmark Short Term Disability insurance can help protect your financial security. It replaces part of your paycheck when you are disabled and unable to work. There is a 14-day waiting period and the plan pays 60% of your pre-disability earnings up to policy maximums for up to 90 days. Pre-existing limitations and certain exclusions may apply. For more information, contact our Ward Benefits Enroller at 790-1436.

Trustmark Accident Insurance:

Trustmark Accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household ones. It provides cash benefits to cover things your health insurance doesn't, such as: Deductibles, Co-payments, Everyday bills and more. What's more, your benefits come directly to you without any restrictions on how you can use them. Trustmark Accident insurance provides a financial cushion to help you take care of bills, so you can take care of each other. Please consult the policy/group certificate for exclusions, limitations, and policy details. For more information, contact our Ward Benefits Enroller at 790-1436.

Allstate Cancer Policy

Richland School District Two employees may apply for cancer insurance from Allstate Workplace Division. In addition to cancer coverage, this supplemental insurance pays you benefits for 20 other specified diseases and includes a wellness benefit rider. Employees can select from one of three options and rates are group based. In the event you leave Richland Two, you can continue this policy through direct billing with Allstate. For more information, contact our Ward Benefits Enroller at 790-1436.

Allstate Critical Illness Insurance

Employees may apply for a critical illness policy that will cover critical illnesses such as cancer, stroke, heart attack, etc. This policy pays a lump sum up to \$50,000 upon diagnosis. This policy contains wellness benefits as an option. In the event you leave Richland Two, you can continue this policy through direct billing with Allstate. For more information, contact our Ward Benefits Enroller at 790-1436.

Tax Sheltered Savings:

- ◆ **SC Retirement Systems (SCRS) or SC State Optional Retirement Program (ORP):** It is mandatory for all permanent part-time and full-time employees to participate in one of these retirement options. SCRS is a defined benefit retirement program and ORP is a defined contribution retirement program. Regardless of the plan selected, employees contribute 9% of their earnings on a tax deferred basis into the retirement program they select. The active contributing percentage is subject to change at any time based on SC state law. Non-permanent employees may also elect to participate in one of these options. For more information, you can visit their website at www.peba.sc.gov.
- ◆ **South Carolina Deferred Compensation Program:** This voluntary program allows employees to participate in a 401(k) or 457 retirement plan in addition to one of the mandatory plans. Contributions of pre-tax dollars are made through payroll deduction. For more information, you can visit their website at www.southcarolinadcp.com. Richland School District Two's plan number is 1301.
- ◆ **Richland School District Two 403(b) Plan:** This voluntary program allows employees to participate in a 403(b) retirement plan in addition to one of the mandatory plans listed above. Contributions of pre-tax dollars are made through payroll deduction. Please see the attached approved 403(b) provider list. If you are interested in enrolling, you would contact one of the approved 403(b) providers directly.

Company Name	Contact Information	Company Name	Contact Information
Ameriprise Financial	Melissa Davis Simmons Ameriprise Financial Services 121 Arrowwood Road, Columbia 29210 Office: 803.731.5959 ext. 119 Fax: 731-2787; Cell: 803-447-3983 melissa.c.davis@ampf.com	MetLife	C. Lynn Farmer, Financial Services Rep. 9000 Central Park West, Suite 325 Atlanta, GA 30328; Cell: 864-430-9306 Gregory Downs 121 Executive Center Drive, Ste 230 Columbia, SC 29210; Cell: 803-476-0367
AXA / Equitable	Julia W. Parks, AXA Advisors, LLC 1901 Main Street, Suite 1100 Columbia, SC 29201 803-540-2614 (O) or 803-348-2307(C) www.Julia-Parks.com	Valic	Jonathan L. Hope 3710 Landmark Dr., Suite 104, Columbia 800-448-2542, ext. 87 Cell: 803-667-6664 jonathan.hope@valic.com
Horace Mann	Michael Taylor 9330-B Two Notch Road, Columbia Ph: 803-736-6969 Fax: 803-462-4300	Mass Mutual	Timothy Flanagan , CLU, ChFC, CFP Blythewood, SC 29016 Phone: 803-786-4493
ING Retirement Plans	Seth Shores: tshores@comporium.net or sshores@gwnsecurities.com 803-273-3622 (O) 803-804-5387 (C) Brad Blackburn: Phone: 803-708-4727 brad@dyadicfinancial.com Wes Dorton Ph: 803-361-3487 or 803-865-7663	Waddell & Reed	James M. Danford III, CFP®, CMFC® 200 Center Point Circle, Suite 140 Columbia, SC 29210 803-798-5796, ext. 107 http://jdanford.wrfa.com
National Life Group (Life Insurance Co of the Southwest)	Hope Rico 403bplans@lifeofsouthwest.com 866-243-7174, ext. 9392 Richard Griffin: 864-884-0112 richardgriffin@valuteachers.com	Security Benefit	Michael Taylor 9330-B Two Notch Road, Columbia Ph: 803-736-6969 Fax: 803-462-4300