

# COACHES

## BENEFIT SUMMARY

This brochure highlights the Pennsylvania State System of Higher Education Health Program, Management Benefits Program, Annuitant Health Care Program, and leave entitlements for System coaches. The benefits described are available to most employees; however, certain eligibility requirements must be met.

Information is provided for general purposes only. Legal Plan Documents will govern any discrepancies that may arise. For additional information concerning these benefits, contact your human resource office. Benefits, benefit levels, and eligibility rules are subject to change.

### **Basic Health Care and Management Benefits**

#### **Coverage**

*If residing in a Health Maintenance Organization (HMO) service area, may choose between Basic, Preferred Provider Organization (PPO), or HMO Plan coverage; entitled to Management Benefits coverage regardless of selection of basic health care plan.*

#### **Basic Plan**

Pennsylvania Blue Shield facility and provider charges are paid at 100% of the usual, customary and reasonable charges. Participating providers must accept payment as payment in full. Non-participating providers may balance bill.

##### *ClassicBlue Inpatient Facility Services*

- 365 days
- Semi-private room
- 60 days/12-month period for mental and nervous disorders
- Substance abuse rehabilitation (30 days/year)

##### *ClassicBlue Outpatient Facility Services*

- Emergency accident and medical
- Surgery
- Diagnostic studies
- Home care (60 visits/90 day period)
- Mental illness
- Substance abuse rehabilitation (30 visits/year)

##### *ClassicBlue Medical/Surgical Services*

- Surgery
- Diagnostic testing
- Treatment of mental illness (up to \$25/visit)
- Preventive services and immunizations

##### *ClassicBlueMajor Medical*

- \$500 individual/\$1,500 family deductible annually
- 80% employer coinsurance on first \$2,000, 100% thereafter up to \$1,075,000 lifetime maximum for general medical and mental expenses
- \$50 outpatient mental visit allowance payable at 50% (\$25)

## **Preferred Provider Organization (PPO) Plan**

Most covered services paid in full if care provided by in-network physician with no annual deductible or co-insurance; care not provided by in-network physician is paid at 80% after a \$250 individual/\$500 family annual deductible.

### **Inpatient Facility Services**

- 365 days
- 30 days per calendar year for mental and nervous disorders
- 30 days per calendar year for substance abuse rehabilitation

### **Outpatient Facility Services**

- Emergency accident and medical (\$50 copayment unless admitted)
- Home health care (60 visits/year)
- Mental health or substance abuse rehabilitation (\$15 copayment – 60 visits per calendar year)

### **Medical/Surgical Services**

- Diagnostic studies
- Surgery
- Treatment of mental illness (\$15 copayment)
- Office visits (\$15 copayment)

### **Preventive Services and Immunizations**

- Well-baby care, including testing and childhood immunizations
- Adult routine physical examination, including testing
- Specific vaccinations

## **Health Maintenance Organization (HMO) Plan**

Most covered services paid in full if care is coordinated by primary care physician; care not coordinated by primary care physician is not covered.

- Inpatient facility services
- Outpatient facility services
- Medical/surgical services
- Preventive services and immunizations
- Office visits
- Copayments for certain services may vary
- Benefits may vary by HMO

## **Prescription Drug Plan**

- \$100 individual/\$300 family deductible annually
- Retail dispensing up to a 30-day supply
  - \$5 for generic drugs
  - \$10 for brand name formulary
  - \$20 for brand name non-formulary
- Mail service pharmacy dispensing up to a 90-day supply at twice the retail copayment (\$10, \$20, or \$40)
- If brand drug that has a generic equivalent is dispensed, employee responsible for brand drug copayment plus difference in cost between generic and brand drug unless physician requests brand drug be dispensed (“No Substitution”)

## **Management Benefits Program**

### *Dental Plan (Certain maximums apply)*

- 100% of the UCR allowance for
  - Diagnostic services
  - Preventive services
  - Basic restorative services
  - Periodontal services
  - Oral surgery services
- 70% of the UCR allowance for
  - Major restorations
  - Prosthetics
- 60% of the UCR allowance for
  - Orthodontics

### *Vision Plan*

- NVA Participating Providers
  - Routine exam, standard lenses, and progressive lenses paid in full
  - Frames - \$50 allowance towards wholesale price
  - Contact lenses and low vision aids based on a schedule of allowances
- NVA Non-Participating Providers
  - Routine exam - \$40 for optometrists and \$45 for ophthalmologists
  - Frames, standard lenses, contact lenses and low vision aids based on a schedule of allowances towards retail price
  - No additional allowance for progressive lenses

### *Hearing Aid Plan*

- 100% of the UCR allowance for services up to \$350/36-month period

## ***Eligibility/Contribution for Active Employees***

### **Basic Plan/PPO Plan/HMO Plan**

- Effective 1/1/06
  - Permanent full-time employees contribute 0.5% of bi-weekly gross salary for medical and prescription plan on a pre-tax basis
  - Permanent part-time employees who work at least 50% time, contribute 50% of premium in addition to the 0.5% contribution rate for medical and prescription plan on a pre-tax basis (Part-time employees are not eligible for the HMO Plan)
- 7/1/06 and after
  - Full-time and part-time employees in the Basic Plan (Indemnity) contribute as outlined above plus any increase in annual premiums over 12%
- Effective 1/1/07
  - Permanent full-time employees contribute 1% of bi-weekly gross salary for medical and prescription plan on a pre-tax basis
  - Permanent part-time employees who work at least 50% time, contribute 50% of premium in addition to the 1% contribution rate for medical and prescription plan on a pre-tax basis (Part-time employees are not eligible for the HMO Plan)

## **Management Benefits Program**

- State System pays 100% for full-time employees and dependents and for permanent part-time employees and dependents, if the employee works at least 50% time

## **Annuitant Health Care Program**

- For annuitants retired 1/1/06 and later
  - Annuitants under age 65 - ClassicBlue/Major Medical coverage (\$500 deductible) with prescription drug card, PPO coverage with prescription drug card, or HMO coverage with prescription drug card
    - Annuitant pays 1% monthly of final annual gross salary at the time of retirement from State System service
  - Annuitants age 65 and over - Signature-65 and Major Medical coverage (\$500 deductible) to supplement Medicare and prescription drug discount card
    - Annuitant pays 1% monthly of final annual gross salary at the time of retirement from State System service
- Annuitant benefits continue to include coverage for dependents
- State System pays \$5 toward cost of coverage for annuitants not qualifying under eligibility requirements listed below

## ***Eligibility***

- For employees hired prior to July 1, 1997, when covered employees retire
  - at age 60 with at least 10 years of credited service
  - at any age with at least 25 years of credited service
  - on approved disability with at least 5 years of credited service
- For employees hired July 1, 1997, to July 31, 2005, when covered employees retire
  - at age 60 with at least 15 years of Commonwealth/State System service
  - at any age with at least 25 years of Commonwealth/State System service
  - on approved disability with at least 5 years of Commonwealth/State System service
- For employees hired on or after August 1, 2005, when covered employees retire
  - at age 60 with at least 20 years of Commonwealth/State System service only
  - at any age with at least 25 years of Commonwealth/State System service only
  - on approved disability with at least 5 years of Commonwealth/State System service only

## **Flexible Spending Accounts**

Reduces the amount of taxes paid by designating a portion of salary to an account for eventual reimbursement of certain medical and dependent care expenses. Account balances not used are forfeited.

### **Medical Reimbursement Account**

- Maximum annual contribution is \$3,500
- Eligible expenses for reimbursement include Major Medical deductibles and amounts in excess of plan allowances or maximums, prescription drug co-payments, PPO, and HMO doctor office visit charges, lasik eye surgery, chiropractic services, most over-the-counter medications and supplies, etc.

### **Dependent Care Reimbursement**

- Maximum annual contribution is \$5,000 (\$2,500 if you are married and filing a separate income tax return)
- Dependent care must be necessary so that you, and if you are married, your spouse can work or look for work
- Eligible expenses for reimbursement include child care centers that care for six or more children and that meet the IRS definition of a qualified day care center, caregivers for a disabled spouse or dependent who lives with you, babysitters, nursery schools, household expenses provided that a portion of these expenses are incurred to ensure a dependent's well-being and protection

#### ***Eligibility/Contribution***

- Permanent full-time employees
- Permanent part-time employees working at least 50% time
- 100% employee-paid

### **Premium Conversion Plan**

Allows employees to pay health care contributions on pre-tax basis, resulting in higher take-home pay

#### ***Eligibility/Contribution***

- All employees enrolled in a health care plan and contributing toward the cost of that plan

### **Group Life Insurance**

#### ***Coverage***

- Term life insurance equal to nearest \$1,000 of annual salary
- Minimum coverage \$2,500; maximum coverage \$50,000
- \$20,000 additional work-related accidental death
- Three-month waiting period
- Right to convert upon termination/retirement

#### ***Eligibility/Contribution***

- State System pays 100% for permanent employees
- Dependents ineligible

## **Voluntary Group Life and Personal Accident Insurance**

### ***Coverage***

- Employee term life and personal accident insurance in increments of \$10,000; maximum coverage \$500,000
- Spouse term life and personal accident insurance in increments of \$10,000; maximum coverage \$100,000
- Children term life and personal accident insurance in amounts of \$5,000 or \$10,000

### ***Eligibility/Contribution***

- Permanent full-time employees and dependents
- Permanent part-time employees and dependents, if employee works at least 50% time
- 100% employee-paid

## **Voluntary Long-Term Disability Insurance**

### ***Coverage***

- Income protection equal up to 60% of gross annual base salary
- Amount offset by retirement benefits, workers' compensation, social security, and paid leave with a guarantee of 10% of long-term disability benefit amount or \$100/month, whichever is greater
- Employee may elect either a 90-day or 180-day elimination period
- Cost of living adjustments

### ***Eligibility/Contribution***

- Permanent full-time employees
- Permanent part-time employees working at least 50% time
- 100% employee-paid

## **Sick and Personal Leaves**

### **Sick Leave (Includes Bereavement and Sick Family Leave)**

- 15 days for each 47-week service period for full-time coaches
- Entitlement for part time coaches on a pro-rata basis
- Credited at beginning of service period
- Each full day absence charged at 7.5 hrs. and for no more than 5 days per week
- Unused leave may be carried from one year to the next
- Maximum accumulation 300 days
- 3-5 days of leave may be used for death of relative, depending on relationship
- 5 days of leave may be used for sickness in immediate family

- Payment in accordance with the following schedule for accumulated leave at retirement or death while in active service if certain eligibility is met

<u>Days Accumulated</u>	<u>Days Paid</u>
10 - 74	10
75 - 149	20
150 - 224	30
225 - 300	40

- 50 days of unused leave paid to survivor for work-related death

### **Personal Leave**

- 2 days per service period for full-time coaches
- No carry-over from previous year
- Payment for unused accrued leave at termination/retirement

### **Holidays**

- 10 paid holidays per year
- Observation of holidays may vary by university

### **Retirement**

- Choice of:
  - State Employees' Retirement System (SERS)
    - 6.25% employee contribution to SERS
  - Public School Employees' Retirement System (PSERS)
    - 7.5% employee contribution to PSERS
  - Alternative Retirement Plan (ARP)
    - 5.0% employee contribution to ARP
    - Participating ARP companies
      - ING – effective 7/1/03
      - Met-Life – effective 7/1/03
      - TIAA-CREF
      - AIG VALIC – effective 7/1/03
    - Employee may participate in one or more of the ARP companies at one time
- Employer contribution and benefits vary by plan (view the **Retirement Comparison Chart** by visiting the State System's website at [www.passhe.edu](http://www.passhe.edu) keywords "Benefits, "Retirement Plans" )
- Selection of retirement plan must be made within 30 days of date of hire; if no choice is made, employee will automatically default to SERS

## **Other Benefits**

- Civil Leave With Pay
- Educational Leave With or Without Pay
- Family Care Leave Without Pay
- Military Leave With or Without Pay
- Parental Leave Without Pay
- Work-Related Disability Leave
- Deferred Compensation/Tax Deferral of Leave Payouts
- Direct Deposit of Pay
- PA State Employees Credit Union (1-800-435-6500)
- Savings Bonds Through Payroll Deduction
- State Employee Assistance Program (1-800-692-7459)
- Social Security
- Tax-Sheltered Annuities
- Tuition Waiver-Regular full-time coach
  - Coach - total waiver at the university where coach is employed
  - Coach's spouse – total waiver at the university where coach is employed to level of first undergraduate degree
  - Coach's children – total waiver at the university where coach is employed or 50% waiver at State System universities other than university where coach is employed to the level of first undergraduate degree or until they reach age 25, whichever comes first
- Unemployment Compensation
- Workers' Compensation

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