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***APSCUF Employees***

Revised August 11, 2011

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This summary highlights the Pennsylvania State System of Higher Education Health Program, Health and Welfare Fund, Annuitant Health Care Program, and leave entitlements for State System faculty members covered by the Association of Pennsylvania State College and University Faculties (APSCUF) collective bargaining agreement. The benefits described are available to most faculty; 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. Questions on health and welfare fund benefits should be addressed to the Faculty Health and Welfare Fund. Additional information is also available at <http://www.passhe.edu/inside/hr/syshr/Pages/health.aspx?q=apscuf> Benefits, benefit levels, and eligibility rules are subject to change.

# General Information

## Who is Eligible for PASSHE Health Program Coverage (Active Employees)

1. **Eligible Person** is defined as:

a. Employees

To be eligible for coverage under this plan, employee must be a permanent, full-time employee (including temporary, full-time faculty with at least an academic year contract) or a permanent, part-time employee (including temporary, part-time faculty with at least an academic year contract) who is scheduled to work every pay period for at least 50 percent of full-time.

- b. The Group may not discriminate in enrollment or contribution based on the health status, as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), of an Eligible Person. If the Group does discriminate in enrollment or contribution based on health status, the Group shall be solely liable for any claims or expenses, including medical claims or expenses, incurred by the Eligible Person against whom the discrimination has occurred.

2. **Eligible Dependent** is defined as:

The following Dependents are eligible to be enrolled:

a. Legal Spouse

- b. Children under 26 years of age who are not eligible for coverage within their own employer's health plan, or within their spouse's health plan if married, and who meets one of the following requirements:

i) A natural child of your own;

ii) A legally adopted child (including a child living with the employee during the probation period);

iii) A stepchild;

iv) A child for whom the employee is the legal guardian;

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v) A foster child, if the employee was the child's legal guardian or foster parent prior to the child's 18th birthday (foster children under age 18 are not eligible dependents);

vi) A child being supported by the employee under a court order as a result of a divorce decree; or

vii) A newborn child of an employee from the moment of birth to a maximum of 31 days from date of birth. To be covered as a Dependent beyond the 31-day period, the newborn child must be added as a Dependent through the System university office within 60 days from date of birth. In the event that a newborn child is not eligible for continuing coverage as a Dependent under this Contract, the parent may convert such child's coverage to individual coverage with your health care provider, provided an application for conversion is made within thirty-one (31) days of the child's birth and the appropriate premium is received within such period.

- c. Unmarried Dependent child 26 years of age or older who is incapable of self-support because of a physical or mental disability that commenced before the age of 26.

- d. Unless otherwise set forth in this Section, a child Member's coverage automatically terminates and all benefits hereunder cease, whether or not notice to terminate is received by the Plan on the day following the date in which such Member ceases to be eligible.
  - e. A Domestic Partner, and the child of a Domestic Partner. \*
- \* **Applies only to Faculty, Non-faculty Coaches and Managers**

### **Dependent Eligibility Verification**

The Pennsylvania State System of Higher Education (PASSHE) requires verification of health care program eligibility both for dependents of newly hired employees and for dependents newly added to current employees' and annuitants' coverage as a result of a life event change (i.e., marriage, birth or adoption of a child, etc.) This is to ensure that dependents covered under the PASSHE Active Benefits Program meet the eligibility requirements for coverage. All new employees will have 60 days from their date of hire to provide satisfactory documentation to verify dependent eligibility. All current employees will have 60 days from the date they add a new dependent as a result of a life event change to provide satisfactory documentation to verify dependent eligibility. All documentation must be provided to the university human resources office.

For same-sex domestic partnership eligibility, please refer to the PASSHE website at:  
[http://www.passhe.edu/inside/hr/syshr/Medical\\_docs/PASSHE%20Domestic%20Partner%20Information%20Sheetrevised%204-08.pdf](http://www.passhe.edu/inside/hr/syshr/Medical_docs/PASSHE%20Domestic%20Partner%20Information%20Sheetrevised%204-08.pdf)

The following chart has been prepared to provide you with types of documentation that are acceptable for dependent verification and possible resources for documentation. You must provide an **original** document to your university human resources office when verifying your dependent(s). The university human resources office will review the documentation provided to determine dependent eligibility. You will retain the original documents and copies **will not** be maintained in the human resources office.

If satisfactory documentation for enrolled dependent(s) is not provided to your university human resources office within 60 days of your date of hire or within 60 days of adding a dependent as a result of a life event change, the dependent's health plan coverage will be terminated retroactively to the date on which the dependent was enrolled. If claims were paid for ineligible dependents, restitution will be required and you will be billed for any ineligible claims.

Questions concerning this dependent verification process should be referred to your university human resources office.

## DOCUMENTATION REQUIREMENTS FOR ACTIVE EMPLOYEES

DEPENDENT	REQUIRED DOCUMENTATION	POSSIBLE RESOURCES TO OBTAIN DOCUMENTATION
Spouse	<ul style="list-style-type: none"> <li>• Marriage Certificate (this is not the certificate provided from the official conducting the ceremony)</li> <li>• Affidavit attesting to the existence of marriage performed outside of the United States if a foreign marriage</li> </ul>	<ul style="list-style-type: none"> <li>• County courthouse that issued original marriage certificate. A list of Pennsylvania County Courthouses can be found at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a> under Health Statistics and Vital Records.</li> <li>• Foreign Marriages Affidavit available from university human resources office</li> </ul>
Same-sex domestic partner (domestic partner) *	<ul style="list-style-type: none"> <li>• Same-sex Domestic Partnership Certification Form</li> </ul>	<ul style="list-style-type: none"> <li>• Same-sex Domestic Partnership Certification Form available from university human resources office</li> </ul>
Child(ren) by birth	<ul style="list-style-type: none"> <li>• Birth certificate ❖</li> </ul> <p>If the child is age 19-26, you also must complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse's employer if married)</p>	<ul style="list-style-type: none"> <li>• For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail, or online at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a>. Fee is \$10.</li> <li>• Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a></li> <li>• Attestation Form available from university human resources office or online when enrolling via ESS</li> </ul>
Child(ren) by adoption	<ul style="list-style-type: none"> <li>• Court approved adoption order <b>OR</b></li> <li>• Placement letter from court/adoption agency for pending adoptions</li> </ul> <p>If the child is age 19-26, you also must complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse's employer if married)</p>	<ul style="list-style-type: none"> <li>• County courthouse that issued final adoption order</li> <li>• County court/adoption agency that issued placement letter</li> <li>• Attestation Form available from university human resources office or online when enrolling via ESS</li> </ul>
Child(ren) by legal guardianship	<ul style="list-style-type: none"> <li>• Court or agency order establishing guardianship <b>AND</b></li> <li>• Affidavit of Residence and/or Dependency for Other Children Form</li> </ul> <p>If the child is age 19-26, you also must complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse's employer if married)</p>	<ul style="list-style-type: none"> <li>• County courthouse/agency that issued guardianship order</li> <li>• Affidavit of Residence and/or Dependency for Other Children Form available from university human resources office</li> <li>• Attestation Form available from university human resources office or online when enrolling via ESS</li> </ul>
Stepchildren	<ul style="list-style-type: none"> <li>• Birth certificate ❖ <b>AND</b></li> <li>• Marriage certificate</li> </ul> <p>If the child is age 19-26, you also must complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse's employer if married)</p>	<ul style="list-style-type: none"> <li>• For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail, or online at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a>. Fee is \$10.</li> <li>• Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a></li> <li>• County courthouse that issued original marriage certificate. A list of Pennsylvania County Courthouses can be found at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a> under Health Statistics and Vital Records.</li> <li>• Attestation Form available from university human resources office or online when enrolling via ESS</li> </ul>
Same-sex Domestic partner's child(ren) by birth *	<ul style="list-style-type: none"> <li>• Birth certificate ❖ <b>AND</b></li> <li>• Same-sex Domestic Partnership Certification Form</li> <li>• Affidavit of Residence and/or Dependency for Other Children Form</li> </ul> <p>If the child is age 19-26, you also must complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse's employer if married)</p>	<ul style="list-style-type: none"> <li>• For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail, or online at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a>. Fee is \$10.</li> <li>• Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a></li> <li>• Same-sex Domestic Partnership Certification Form available from university human resources office</li> <li>• Affidavit of Residence and/or Dependency for Other Children Form available from university human resources office</li> <li>• Attestation Form available from university human resources office or online when enrolling via ESS</li> </ul>

Continued ↓

## DOCUMENTATION REQUIREMENTS FOR ACTIVE EMPLOYEES (con'td)

DEPENDENT	REQUIRED DOCUMENTATION	POSSIBLE RESOURCES TO OBTAIN DOCUMENTATION
Same-sex Domestic partner's child(ren) by adoption *	<ul style="list-style-type: none"> <li>• Court approved adoption order <b>OR</b></li> <li>• Placement letter from court or adoption agency for pending adoptions</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Same-sex Domestic Partnership Certification Form</li> <li>• Affidavit of Residence and/or Dependency for Other Children Form</li> </ul> <p>If the child is age 19-26, you also must complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse's employer if married)</p>	<ul style="list-style-type: none"> <li>• County court that issued final adoption order</li> <li>• County court or adoption agency that issued placement letter</li> <li>• Same-sex Domestic Partnership Certification Form available from university human resources office</li> <li>• Affidavit of Residence and/or Dependency for Other Children Form available from university human resources office</li> <li>• Attestation Form available from university human resources office or online when enrolling via ESS</li> </ul>
Domestic Partner's child(ren) by legal guardianship *	<ul style="list-style-type: none"> <li>• Court or agency order establishing guardianship AND</li> <li>• Affidavit of Residence and/or Dependency for Other Children Form AND</li> <li>• Same-sex Domestic Partnership Certification Form</li> </ul> <p>If the child is age 19-26, you also must complete an Attestation Form attesting that the child does not have coverage available through their own employer (or through their spouse's employer if married)</p>	<ul style="list-style-type: none"> <li>• County court that issued guardianship order</li> <li>• Same-sex Domestic Partnership Certification Form available from university human resources office</li> <li>• Affidavit of Residence and/or Dependency for Other Children Form available from university human resources office</li> <li>• Attestation Form available from university human resources office or online when enrolling via ESS</li> </ul>
Disabled dependent	<ul style="list-style-type: none"> <li>• Will be verified by health plan vendor</li> </ul>	<ul style="list-style-type: none"> <li>• Health Plan Vendor</li> </ul>

- ❖ If document was generated outside of US and is not in English, it must be translated and certified by translator
- \* **Applies only to Faculty, Non-faculty Coaches and Managers**

### Health Program Coverage Effective Dates

Coverage for you and your Dependents begins on your date of employment or on the date you become eligible. If you enroll during an open enrollment period, coverage will begin the following July 1. In the case of employees who have declined coverage due to enrollment in another health care program, coverage may be made effective as of the date the other coverage ceases upon timely submission (within 60 days) of evidence that the other coverage has ended. Otherwise, you may only enroll during the next open enrollment

If you marry, your spouse will have coverage as of the date of marriage; however, you must complete an enrollment form to add your spouse within 60 days of the marriage date before claims will be paid. A newborn child will be covered under the plan for 31 days following birth. Coverage will not continue beyond 31 days unless an enrollment form is completed within 60 days.

Changes in your marital or family status must be reported to your human resources office as soon as possible. If eligible Dependents are not added to your contract within 60 days of acquisition or within 60 days from the date that eligibility under other coverage ended, those Dependents may not enroll until the next open enrollment period for an effective date of July 1.

## **Health Program Coverage Ending Dates**

Eligibility ends when:

- You terminate employment or are furloughed;
- You go on a long-term unpaid absence (except sick, parental, family care, military, or cyclical leave without pay with benefits);
- You regularly work less than 50 percent of full-time;
- You retire, or
- You die.

Your coverage ends on the date your eligibility ends except when eligibility ends through death. For surviving Dependents of deceased employees, when the date of death falls between the 1<sup>st</sup> and 14<sup>th</sup> of the month, coverage will end on the last day of that month. When the date of death falls between the 15<sup>th</sup> and the last day of the month, coverage will end on the 14<sup>th</sup> of the following month.

The coverage for a Dependent spouse will end on the last day of the month in which the spouse is divorced from the employee. If a Dependent child reaches age 26 or becomes eligible for coverage within their own employer's health plan, or within their spouse's health plan if married, coverage will end on the last day of that month.

Coverage also ends if you fail to make any required premium contribution.

**ON THE DAY YOUR COVERAGE ENDS, IT IS ILLEGAL TO USE YOUR IDENTIFICATION CARDS.  
PLEASE DESTROY THEM IMMEDIATELY.  
IF YOU OR A DEPENDENT DO USE YOUR CARDS, YOU WILL BE CHARGED.**

## **Continuation of Coverage (for Active Employees and Annuitants)**

### **Introduction**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

If you choose COBRA coverage, the State System of Higher Education is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage you had prior to losing coverage and identical to coverage provided under the plan to similarly situated employees, annuitants, or family members. You do not have to show that you are insurable to choose COBRA coverage. However, you have to pay 102% of the premium for your coverage and 150% of the premium for months 18 through 29 if your coverage is extended due to disability. The premium amount may be changed from time to time.

If you do not choose COBRA coverage, your group health insurance will remain terminated.

### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

This continuation coverage is available for employees, annuitants, and dependents covered under the following programs:

1. State System of Higher Education Group Health Program (medical/hospital/prescription drug);
2. State System of Higher Education Annuitant Health Care Program (medical/hospital/prescription drug);
3. State System of Higher Education Management Benefits Program (dental, vision, and hearing); or
4. State System of Higher Education Medical Reimbursement Account through the Flexible Spending Account.

If you are a covered employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of a covered employee or annuitant, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes entitled to Medicare Benefits (under Part A, Part B, or both); or
5. You become divorced (or legally separated from your spouse in anticipation of divorce).\*

Dependent children of covered employees and annuitants will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes entitled to Medicare Benefits (Under Part A, Part B or both);
5. The parents become divorced or legally separated\*; or
6. The child stops being eligible for coverage under the plan as a "dependent child."

Employees enrolled in the State System of Higher Education's Medical Reimbursement Account through the Flexible Spending Account Plan may continue after-tax contributions through the end of the calendar year in which eligibility was lost, so long as there was a positive account balance at that time.

### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the COBRA Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment or death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the COBRA Administrator of the qualifying event.

### **You Must Give Notice of Some Qualifying Events**

The State System of Higher Education has the responsibility to notify the COBRA Administrator of the employee's or annuitant's death, termination of employment or reduction in hours. For the other qualifying events (divorce or legal separation\* of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), the employee, annuitant, or family member must notify the State System of Higher Education within 60 days after the qualifying event occurs. You must provide this notice to your university's human resources office. **If notice is not given within the 60 days required by law, the individual losing their group coverage forfeits all rights to COBRA continuation coverage.**

When the COBRA Administrator is notified that one of these events has happened, it will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date the COBRA Administrator mails you a notice or, if later, the date you would lose coverage to inform the administrator that you want continuation coverage. Your first payment is due within 45 days of your election. A separate election may be made by each person.

### **How is COBRA Coverage Provided?**

Once the COBRA Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare Benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

#### ***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the COBRA Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

#### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated\*, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **When can COBRA coverage be terminated early?**

The law also provides that your COBRA coverage may be terminated prior to the end of the standard continuation coverage eligibility period for any of the following reasons:

1. The State System of Higher Education no longer provides group health coverage or a Flexible Spending Account to any of its employees and/or annuitants;
2. The premium for your continuation coverage is not paid by you or your dependent;

3. You become covered under another group health plan (as an employee or otherwise, regardless of the level of benefits), unless the other plan contains a pre-existing condition limitation that affects your coverage or that cannot be rendered inapplicable by creditable prior coverage as allowed under the Health Insurance Portability and Accountability Act of 1996; or
4. You become entitled to Medicare after electing COBRA coverage.

### **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to your university human resources office.

### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep your university human resources office informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to your university human resources office. Any notification, which is your responsibility under law, will not be considered adequate unless it is made to the human resources office.

*\*Under Federal law a "legal separation" is a qualifying event if it causes loss of coverage. For Pennsylvania residents, there is no "legal separation" recognized in the law. Therefore, separation would not be a qualifying event entitling the spouse and children to COBRA coverage. There is a requirement that neither an employer nor a covered employee defeat the COBRA rights of qualified beneficiaries by terminating health coverage "in anticipation" of a qualifying event. An employee may remove a spouse and dependents from coverage at any time and this would not ordinarily be a "qualifying event" unless the employee terminates a spouse's or dependent's coverage "in anticipation" of divorce, then the spouse and dependents do not lose their COBRA rights. The "qualifying event" is the date of the divorce since separation is not recognized in Pennsylvania. This means that it is possible for the employee to cause a temporary loss of coverage for the spouse or dependents prior to the divorce. For this reason, spouses are encouraged in the event of a separation to contact the university human resources office to confirm that they have not been removed from coverage without their knowledge*

## **Conversion of Coverage**

If you do not wish to continue coverage through the State System of Higher Education's program, you will be able to enroll in a direct payment program for your medical coverage. Also, conversion is available to anyone who has elected continued coverage through COBRA and the term of that coverage has expired. If your coverage through the State System is discontinued for any reason, except as specified below, you may convert to a direct payment program. The conversion opportunity is not available if either of the following applies:

- You are eligible for another group health care benefits program through your place of employment; or
- When your employer's program is terminated and replaced by another health care benefits program.

## **Certificates of Creditable Coverage**

Your health care insurance plan is required to issue a certificate to you if you change jobs or lose your health coverage. The Certificate of Creditable Coverage provides evidence of your prior coverage. Certificates will be mailed automatically to everyone who changes or loses their health coverage. You can also request a certificate from your previous employer or insurance company.

## **Your Responsibilities as an Active Employee:**

Event	PPO or Indemnity	HMO	Group Life Insurance
When you acquire a Dependent (birth, adoption, or marriage)	Contact your Human Resources Office within 60 days to add your new Dependent	Contact your Human Resources Office within 60 days to add your new Dependent	Contact Prudential Insurance Company of America at 1-800-893-7316 if you wish to change your beneficiary designation.
When you lose a Dependent (divorce, or Dependent loss of eligibility for any reason)	Contact your Human Resources Office to remove the Dependent(s). If your Dependent is interested in COBRA continuous coverage, you or your Dependent must inform your Human Resources Office within 60 days of loss.	Contact your Human Resources Office to remove the Dependent(s). If your Dependent is interested in COBRA continuous coverage, you or your Dependent must inform your Human Resources Office within 60 days of loss.	Contact Prudential Insurance Company of America at 1-800-893-7316 if you wish to change your beneficiary designation.
When you or your spouse turns age 65 or otherwise becomes eligible for Medicare.	Contact your Human Resources Office and the Social Security Administration about Medicare and other benefits.	Contact your Human Resources Office and the Social Security Administration about Medicare and other benefits.	No action required.
When you turn age 70 or 75.	No action required.	No action required.	Prudential Insurance Company of America will inform you if your amount of insurance is affected.
When your child is between ages 19 and 26.	Contact your Human Resources Office to complete the enrollment and dependent Attestation forms.	Contact your Human Resources Office to complete the enrollment and dependent Attestation forms.	No action required.
When you retire.	Contact your Human Resources Office to enroll in the SSHE Annuitant Health Care Program and to discuss COBRA continuation coverage.	Contact your Human Resources Office to enroll in the SSHE Annuitant Health Care Program and to discuss COBRA continuation coverage.	Your coverage ends. Contact Prudential Insurance Company of America at 1-800-893-7316 if you wish to apply for conversion of coverage.
If you or your spouse are eligible for Medicare	Enrollment in Medicare Part A and/or Part B as required by Medicare rules.	Contact your Human Resources Office to discuss coverage options as HMO coverage is not offered to Medicare eligible employees or dependents.	No action required.
If you become disabled.	Contact your Human Resources Office to find out how your coverage will be affected.	Contact your Human Resources Office to find out how your coverage will be affected.	If you are permanently and totally disabled and losing active status, contact Prudential Insurance Company of America at 1-800-893-7316 to file for disability life insurance.
In case of your death.	Your Dependents should contact your Human Resources Office to discuss health insurance continuation provisions.	Your Dependents should contact your Human Resources Office to discuss health insurance continuation provisions.	Your beneficiary should provide Prudential Insurance Company of America with a death certificate.

## **State System of Higher Education Group Health Program (SSHEGHP) and Health and Welfare Fund Benefits**

### **Coverage**

*Faculty members who reside in a Health Maintenance Organization (HMO) service area may choose between Preferred Provider Organization (PPO) or HMO Plan coverage and are entitled to Health and Welfare Benefits regardless of selection of basic health care plan.*

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

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

##### *Inpatient Facility Services*

- 365 days

##### *Outpatient Facility Services*

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

##### *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

**Indemnity Plan (Classic Blue Comprehensive Major Medical Benefit Plan)**  
**PLAN DESIGN CHANGE EFFECTIVE 7/1/10**  
**(EFFECTIVE 7/1/07, CLOSED TO NEW ENROLLMENTS –**  
**AVAILABLE ONLY FOR EMPLOYEES CURRENTLY ENROLLED IN THE PLAN)**

Under the Comprehensive benefits program, health care benefits are provided under one integrated program. These benefits include coverage for hospital services, physician services, and many other covered services. Most benefits are subject to deductibles and paid at 80% of Provider's Reasonable Charge (PRC) after deductibles (20% coinsurance paid by employee) until out-of-pocket limit is met, then 100% of PRC.

**Payment Level**

- 80% of Provider's Reasonable Charge (PRC) after deductible (employee pays 20% coinsurance) until out-of-pocket limit is met, then 100% of PRC
- Deductible (each calendar year); \$750 individual/\$2,250 Family aggregate
- Out-of-Pocket Limit (includes 20% coinsurance, certain exclusions may apply); \$750 individual/\$2,250 Family aggregate
- Office visits: \$0 copayment – Subject to deductibles and coinsurance
- Emergency Room Services: \$0 copayment – Subject to deductibles and coinsurance

*ClassicBlue Inpatient Facility Services* – Subject to deductibles and coinsurance

- 365 days
- Semi-private room
- Substance abuse rehabilitation

*ClassicBlue Outpatient Facility Services* – Subject to deductibles and coinsurance

- Emergency accident and medical
- Surgery
- Diagnostic studies
- Home care (240 visits/year) - excludes respite care
- Mental illness (80% PRC after deductible)
- Substance abuse rehabilitation

*ClassicBlue Medical/Surgical Services* – Subject to deductible and coinsurance

- Surgery
- Diagnostic testing
- Treatment of mental illness
- Limited preventive services and immunizations

**Prescription Drug Plan**

- No deductible
- Retail dispensing up to a 30-day supply
  - \$0 for generic drugs
  - \$15 for brand name formulary
  - \$30 for brand name non-formulary
- Mail service pharmacy dispensing up to a 90-day supply at twice the retail co-payment (\$0, \$30, or \$60)
- If brand drug that has a generic equivalent is dispensed, employee responsible for brand drug co-payment plus difference in cost between generic and brand drug unless physician requests brand drug be dispensed (“No Substitution”)

**Health and Welfare Fund Benefits Program**  
Administered by the Faculty Health and Welfare Fund

- Dental Plan
- Vision Plan
- Hearing Aid Plan
- Wellness Examination Plan
- Mammography Examination Plan
- Educational Leave Health Benefits Continuation Plan

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

**Indemnity Plan (CLOSED)/PPO Plan/HMO Plan  
(Includes Prescription Drug Plan)**

*Full-time employees:*

- Permanent full-time employees contribute a percentage of premiums (see chart below) for medical and prescription plan on a pre-tax basis
- Effective July 1, 2008, faculty members who are enrolled in the Indemnity or PPO Plans are required to participate in the Health Care Management Program (Wellness Program) to receive a reduced premium contribution (see chart below.) Failure to participate and/or complete the requirements of the Wellness Program on a timely basis results in premium contributions at the higher level.
- Faculty members enrolled in an HMO are not required to participate in the Wellness Program to receive the reduction of premium contribution.
- Contributions are based on selected plan and contract size (single, two-party or family)

Effective Date	Full-Time Employees Percent of Premium Contribution	
	Non-participant in Wellness Program	Participant in Wellness Program *
July 1, 2010	25%	15%

**\* New hires receive wellness participation rate until new plan year (July 1) – more detailed information can be found under Healthy U section**

- Wellness Program participation requirements are provided upon health plan enrollment.
- Full-time employees in the Indemnity Plan contribute as outlined above plus any increase in annual premiums over 12%

*Part-time employees:*

- Permanent part-time employees who work at least 50% time, contribute a percentage of premium (see chart below) for medical and prescription plan on a pre-tax basis
- Part-time employees are not eligible for the HMO Plan
- Effective July 1, 2008, faculty members who are enrolled in the Indemnity or PPO Plans are required to participate in the Health Care Management Program (Wellness Program) to receive a reduced premium contribution (see chart following.) Failure to participate and/or complete the requirements of the Wellness Program on a timely basis results in premium contributions at the higher level.
- Contributions are based on selected plan and contract size (single, two-party or family)

Effective Date	Part-Time Employees Percent of Premium Contribution	
	Non-participant in Wellness Program	Participant in Wellness Program *
July 1, 2010	62.5%	57.5%

\* **New hires receive wellness participation rate until new plan year (July 1) – more detailed information can be found under Healthy U section**

- Wellness Program participation requirements are provided upon health plan enrollment.
- Part-time employees in the Indemnity Plan contribute as outlined above plus any increase in annual premiums over 12%

### **Health and Welfare Fund Benefits Program (Dental, Vision and Hearing)**

- 100% paid for full-time faculty members and their dependents
- Faculty members working at least 25% time should contact the Health and Welfare Fund for eligibility and benefits coverage



The Pennsylvania State System of Higher Education (PASSHE) Health Care Management Program, Healthy U, is a Wellness Program designed to help you improve your well-being and become more engaged in every aspect of your health. Healthy U was developed by PASSHE for management, faculty, non-faculty coaches, policy and security personnel and nurses. If you are enrolled in the State System of Higher Education Group Health Program’s PPO or Indemnity health care plan, you and your covered spouse or same-sex domestic partner are strongly encouraged to participate in Healthy U.

Participation in the Wellness Program carries with it many rewards in addition to the financial incentives of paying substantially lower health care contribution rates. In the long run, the payback in terms of your improved well-being will likely be far more significant than the contributions you saved since good health is the single most important quality in our lives and the basis for enjoying all other aspects of life.

Just as our universities are the source of educational inspiration for thousands of students every year, PASSHE hopes that Healthy U will inspire you and your family to become more educated about your own health and to take advantage of the information, resources and programs for a healthier you!

#### **Why Should I Participate In Healthy U?**

Participation in Healthy U will entitle you to pay the lowest health plan contribution rates. This is an obviously considerable financial incentive for you and your covered spouse or same-sex domestic partner to participate in Healthy U. However, both management and union are hopeful that employees will be interested in participation in order to become more involved in improving their own health or maintaining their current good health into the future.

### **How Do I Ensure I Will Pay the Lowest Health Plan Contribution Rate?**

Participation in Healthy U by both you and your covered spouse or same-sex domestic partner will entitle you to pay the lowest health plan contribution rates. If either you or your spouse or same-sex domestic partner do not meet the participation requirements, you will not be eligible for the lowest health plan contribution rates.

### **How Do I Participate in Healthy U?**

Please refer to the Pennsylvania State System of Higher Education website at <http://www.passhe.edu/inside/hr/syshr/Pages/healthy-u.aspx> for more information on participation and requirements of the program.

### **As a New Employee, When Can I Participate in Healthy U?**

As a new employee, when you enroll in healthcare benefits initially you will pay the lowest health plan contribution rates. In order to continue paying the lowest premium rates in the following plan year, you and your covered spouse/same-sex domestic partner will need to complete the Healthy U participation requirements prior to the end of the wellness plan year (generally May 31)

### **Will the Personal Information that I Supply to Highmark Be Kept Confidential and Will the State System View the Health Information I Submit?**

Highmark and their partner, HealthMedia, fully comply with all Health Insurance Portability and Accountability Act (HIPAA) regulations. Protected health information (PHI) is kept completely confidential and all web transactions occur on a secure site and secure link.

The information you enter is kept completely confidential and will not be shared with the State System. All personal health information is protected by HIPAA and may not be divulged without your permission. All reports provided to the State System contain aggregate data only, and contain no individual PHI.

## **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, etc. Beginning January 1, 2011, certain over-the-counter drugs and medicines will only be eligible for reimbursement if you have and can provide a prescription from your physician.

### **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 faculty members and temporary full-time faculty members who are employed for one academic year and their dependents
- Permanent part-time faculty members and temporary part-time faculty members who are employed for one academic year and their dependents, if faculty member works 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. Post-tax contributions will be taken in certain circumstances as required by IRS guidelines

### ***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
- Continuation of coverage for approved total and permanent disability
- Right to convert upon termination/retirement

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

- State System pays 100% for permanent faculty members
- 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 faculty members and temporary full-time faculty members who are employed for one academic year and their dependents
- Permanent part-time faculty members and dependents, if faculty member 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 to a maximum of \$5,000 monthly benefit
- 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 faculty members and temporary full-time faculty members who are employed for one academic year
- Permanent part-time faculty members working at least 50% time
- 100% employee-paid

## **Annual, Sick, and Personal Leaves**

### **Annual Leave**

- 12-month administrative faculty members earn leave based on service as follows:

Less than 12 months of service	10 days/yr.
12 months to 180 months of service	15 days/yr.
181 months to 299 months of service	20 days/yr.
300 months of service or more	25 days/yr.

- Unused leave may be carried from one year to the next
- 45 days maximum accumulation
- Payment for unused leave at termination/retirement
- 9-month faculty members ineligible for leave

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

- Permanent faculty members accrue 15 days leave for each academic year of service
- Permanent part-time faculty members accrue leave on a pro-rated basis
- Temporary faculty members appointed full-time for one academic year accrue and may use 15 days leave during the academic year
- Temporary faculty members appointed full-time for one academic semester accrue and may use 7.5 days leave during the semester
- Temporary part-time faculty members accrue one day of leave per semester
- Use limited to 90 days per calendar year
- Unused leave may be carried from one year to the next
- Unlimited accumulation
- Faculty members may be absent for up to 3 days for death of immediate family and no leave will be charged; faculty members may use up to an additional 2 days of sick leave for this purpose
- 5 days of leave may be used for sickness in immediate family
- Faculty members with 315 accumulated sick days must contribute 1 day annually to sick leave bank

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

<u>Days Accumulated</u>	<u>Maximum Days Paid</u>
10 – 74	10
75 – 149	20
150 – 224	30
225 – 299	40
300 and over	50

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

### **Personal Leave**

- 12-month faculty members earn 5 days per calendar year
- 9-month faculty members earn 2 days per calendar year
- No carry-over from previous year
- Payment for unused accrued leave at termination/retirement

### **Holidays**

- 12-month administrative faculty earn 10 paid holidays per year
 

New Year's Day	Martin Luther King Jr., Day
President's Day	Memorial Day
Fourth of July	Labor Day
Columbus Day	Veteran's Day
Thanksgiving	Christmas
- Observation of holidays may vary by university

### **Retirement**

- Choice of:
  - State Employees' Retirement System (SERS)
    - 6.25% or 9.3% employee contribution to SERS
  - Public School Employees' Retirement System (PSERS)
    - 7.5% or 10.3% employee contribution to PSERS
  - Alternative Retirement Plan (ARP)
    - 5.0% employee contribution to ARP
    - Participating ARP companies
      - Fidelity
      - ING
      - TIAA-CREF
      - VALIC
    - 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 [http://www.passhe.edu/inside/hr/syshr/Retirement\\_Docs/Comparison%20of%20Retirement%20Plans.pdf](http://www.passhe.edu/inside/hr/syshr/Retirement_Docs/Comparison%20of%20Retirement%20Plans.pdf))
- 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
- Selection is final and binding, and retirement plans cannot be changed once elected and enrolled

## **Tax Sheltered Annuity (TSA) Plans**

- A supplemental retirement savings program authorized under Section 403(b) of the Internal Revenue Code
- All Pennsylvania State System of Higher Education employees are eligible to participate
- Eligible employees can enroll at any time
- Employee contributes a portion of salary for retirement on a pre-tax basis
- Participation is voluntary
- Employee makes entire contribution and there is no employer match
- Account with approved TSA vendor must be established and proof of account provided prior to completing the PASSHE Tax Sheltered Annuity Salary Reduction Agreement for bi-weekly payroll deductions
- For a comparison of the TSA and Deferred Compensation Plans, please refer to the Pennsylvania State System of Higher Education website at: [http://www.passhe.edu/inside/hr/syshr/Retirement\\_Docs/403b-457PlanComparison%202011.pdf](http://www.passhe.edu/inside/hr/syshr/Retirement_Docs/403b-457PlanComparison%202011.pdf)

## **Deferred Compensation Plan**

- A supplemental retirement savings program authorized under Section 457 of the Internal Revenue Code
- All Pennsylvania State System of Higher Education employees are eligible to participate
- Eligible employees can enroll at any time
- Employee contributes a portion of salary for retirement on a pre-tax basis
- Participation is voluntary
- Employee makes entire contribution and there is no employer match
- Contract with Great West (Commonwealth of Pennsylvania's Deferred Compensation Plan) must be established prior to beginning bi-weekly payroll deductions
- For a comparison of the TSA and Deferred Compensation Plans, please refer to the Pennsylvania State System of Higher Education website at: [http://www.passhe.edu/inside/hr/syshr/Retirement\\_Docs/403b-457PlanComparison%202011.pdf](http://www.passhe.edu/inside/hr/syshr/Retirement_Docs/403b-457PlanComparison%202011.pdf)

## **State Employee Assistance Program**

The State Employee Assistance Program (SEAP) is a confidential assistance program that provides a wide range of confidential, no-cost services to treat a broad range of problems. Examples of the type of counseling services are listed below. The SEAP is administered by the Commonwealth's Office of Administration, who has contracted with United Behavioral Health (UBH) to provide SEAP services.

To obtain a brochure describing the services provided by the SEAP, you may contact your human resources office or refer to the Pennsylvania State System of Higher Education website at: <http://www.passhe.edu/inside/hr/syshr/Pages/seap.aspx> . Each university has a designated SEAP coordinator in the human resources office who can also answer questions about the program. Services provided by the SEAP are strictly confidential – the State System will not be notified if you use the services unless you give written consent.

## ***Eligibility***

All employees of the State System, their spouses (including “significant others”), children (regardless of age), and other members of the employee’s household are eligible to receive the SEAP services. Coverage is effective the date your employment begins and terminates the date you go on a leave without pay without benefits or the date your employment ends, unless you retire. SEAP services are also available to annuitants and their family members. Individual family members, at their own initiative, may call the SEAP directly.

## ***Benefits***

The SEAP provides confidential, no-cost counseling services for a broad range of personal and work-related problems. By calling the SEAP as soon as you feel a problem is getting too difficult to handle alone, you will be able to speak to a SEAP intake counselor – a skilled professional with a clinical master’s degree and at least four years clinical experience. The SEAP intake counselor will ask you a few questions to help you find the right resource to address your issues and concerns. Unlimited telephone consultations and up to three (3) counseling sessions are provided at no charge. The following SEAP hotlines are available 24 hours per day, 7 days per week:

**SEAP HOTLINES  
(AVAILABLE 24 HOURS A DAY)  
1-800-692-7459  
1-800-824-4306 (TDD)**

The SEAP can help you deal with any of the following concerns or other problems that may be troubling you or a family member:

Parent/Child Conflict	Stress
Work-Related Problems	Physical Abuse
Marital and Relationship Problems	Stress and Anxiety
Financial or Legal Concerns	Depression
Alcohol or Drug Problems	Aging Parents
Death and Dying	HIV and AIDS
Job Burnout	Compulsive Disorders

## **Tuition Waiver**

- Employee (total waiver at any State System university)
- Spouse/Same-sex Domestic Partner (total waiver at university where employed to first undergraduate degree)
- Children including children of Same-sex Domestic Partner (total waiver at university where employed to first undergraduate degree or until they reach age 25; 50% waiver at State System universities other than university where faculty member is employed)
- The above provisions may be altered if the tuition waiver policy of individual university is greater than those listed

## **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	Sabbatical Leave With Pay
Work-Related Disability Leave	Direct Deposit of Pay
PA State Employees Credit Union (1-800-237-7328)	Savings Bonds Through Payroll Deduction
Social Security	Unemployment Compensation
Workers’ Compensation	

# General Information

## Who is Eligible for PASSHE Annuitant Health Care Program (AHCP) Coverage

1. **Eligible Person is defined as:**

a. Annuitants

State System annuitants and eligible Dependents may enroll in the State System of Higher Education Annuitant Health Care Program (“SSHEAHCP”) if they were eligible for coverage in the State System of Higher Education Group Health Program (“SSHEGHP”) on the last day actively at work. Employees must retire and begin drawing an annuity from one of the State System’s retirement plans in order to receive SSHEAHCP benefits. If vesting retirement, enrollment in the SSHEAHCP can be postponed until the monthly annuity begins; however, if enrollment does not occur when the annuity begins, the right to enroll is forfeited. Annuitants who continue coverage under the State System’s active or annuitant health care programs as a Dependent under a spouse’s contract or who have documented other coverage, will be permitted to delay enrollment in the SSHEAHCP until the spouse’s contract or other coverage ceases. Please note employees retiring must begin drawing an annuity in order to qualify for a sick leave payout. If your spouse is also a State System of Higher Education employee eligible to participate in State System of Higher Education Group Health Program (SSHEGHP) or State System of Higher Education Annuitant Health Care Program (SSHEAHCP), he or she may enroll as a single Member or as a Dependent under your coverage, but not both. Likewise, Dependents may only be covered under one SSHEGHP or SSHEAHCP Plan.

b. The Group may not discriminate in enrollment or contribution based on the health status, as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), of an Eligible Person. If the Group does discriminate in enrollment or contribution based on health status, the Group shall be solely liable for any claims or expenses, including medical claims or expenses, incurred by the Eligible Person against whom the discrimination has occurred.

2. **Eligible Dependent is defined as:**

The following Dependents are eligible to be enrolled:

a. Legal Spouse

b. Children under 19 years of age who meets one of the following requirements:

- \* A natural child of your own;
- \* A legally adopted child (including a child living with the annuitant during the probation period);
- \* A stepchild living with you;
- \* A child who is living with and being solely supported by you and for whom you are the legal guardian;
- \* A foster child, if the annuitant was the child’s legal guardian or foster parent prior to the child’s 18th birthday (foster children under age 18 are not eligible dependents);
- \* A child being supported by the annuitant under a court order as a result of a divorce decree; or

- \* A newborn child of an employee from the moment of birth to a maximum of 31 days from date of birth. To be covered as a Dependent beyond the 31-day period, the newborn child must be added as a Dependent through the Central Benefits Office within 60 days from date of birth. In the event that a newborn child is not eligible for continuing coverage as a Dependent under this Contract, the parent may convert such child's coverage to individual coverage with the health care provider, provided an application for conversion is made within thirty-one (31) days of the child's birth and the appropriate premium is received within such period.
- c. Unmarried Dependent child 19 to 25 years of age who meets all of the following requirements:
- \* Enrolled in and attending as a full-time student at a recognized course of study or training;
  - \* Not employed on a regular full-time basis; and
  - \* Not covered under any group insurance plan or prepayment plan through the student's employer.
- d. Unmarried Dependent child 19 years of age or older who is incapable of self-support because of a physical or mental disability that commenced before the age of 19.
- e. Unless otherwise set forth in this Section, a child Member's coverage automatically terminates and all benefits hereunder cease, whether or not notice to terminate is received by the Plan on the day following the date in which such Member ceases to be eligible.

### **Dependent Eligibility Verification**

The Pennsylvania State System of Higher Education (PASSHE) requires verification of health care program eligibility for dependents newly added to current annuitants' coverage as a result of a life event change (i.e., marriage, birth or adoption of a child, etc.) This is to ensure that dependents covered under the PASSHE Annuitant Health Care Programs meet the eligibility requirements for coverage. All annuitants will have 60 days from the date they add a new dependent as a result of a life event change to provide satisfactory documentation to verify dependent eligibility. All documentation must be provided to the System Central Benefits office.

The following chart has been prepared to provide you with types of documentation that are acceptable for dependent verification and possible resources for documentation. You must provide a copy of the original document to the System Central Benefits office when verifying your dependent(s). The System Central Benefits office will review the documentation provided to determine dependent eligibility. You will retain the original documents and copies **will not** be maintained in the System Central Benefits office.

If satisfactory documentation for enrolled dependent(s) is not provided to the System Central Benefits office within 60 days of adding a dependent as a result of a life event change, the dependent's health plan coverage will be terminated retroactively to the date on which the dependent was enrolled. If claims were paid for ineligible dependents, restitution will be required and you will be billed for any ineligible claims.

Questions concerning this dependent verification process should be referred to the System Central Benefits office at (717) 720-4153.

## DOCUMENTATION REQUIREMENTS FOR ANNUITANTS

DEPENDENT	REQUIRED DOCUMENTATION	POSSIBLE RESOURCES TO OBTAIN DOCUMENTATION
Spouse	<ul style="list-style-type: none"> <li>• Marriage Certificate (this is not the certificate provided from the official conducting the ceremony)</li> <li>• Affidavit attesting to the existence of marriage performed outside of the United States if a foreign marriage</li> </ul>	<ul style="list-style-type: none"> <li>• County courthouse that issued original marriage certificate. A list of Pennsylvania County Courthouses can be found at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a> under Health Statistics and Vital Records.</li> <li>• Foreign Marriages Affidavit available from the System Central Benefits office</li> </ul>
Child(ren) by birth	<ul style="list-style-type: none"> <li>• Birth certificate ❖</li> </ul> <p>If dependent child is a full-time student over age 19, you also must complete a Student Certification Form signed by the registrar's office <b>or accompanied by an Enrollment Verification Certificate from the National Student Clearinghouse</b></p>	<ul style="list-style-type: none"> <li>• For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail, or online at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a>. Fee is \$10.</li> <li>• Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a></li> <li>• Student Certification Form available from the System Central Benefits office</li> </ul>
Child(ren) by adoption	<ul style="list-style-type: none"> <li>• Court approved adoption order <b>OR</b></li> <li>• Placement letter from court/adoption agency for pending adoptions</li> </ul> <p>If dependent child is a full-time student over age 19, you also must complete a Student Certification Form signed by the registrar's office <b>or accompanied by an Enrollment Verification Certificate from the National Student Clearinghouse</b></p>	<ul style="list-style-type: none"> <li>• County courthouse that issued final adoption order</li> <li>• County court/adoption agency that issued placement letter</li> <li>• Student Certification Form available from the System Central Benefits office</li> </ul>
Child(ren) by legal guardianship	<ul style="list-style-type: none"> <li>• Court or agency order establishing guardianship <b>AND</b></li> <li>• Affidavit of Residence and/or Dependency for Other Children Form</li> </ul> <p>If dependent child is a full-time student over age 19, you also must complete a Student Certification Form signed by the registrar's office <b>or accompanied by an Enrollment Verification Certificate from the National Student Clearinghouse</b></p>	<ul style="list-style-type: none"> <li>• County courthouse/agency that issued guardianship order</li> <li>• Affidavit of Residence and/or Dependency for Other Children Form available from the System Central Benefits office</li> <li>• Student Certification Form available from the System Central Benefits office</li> </ul>
Stepchildren	<ul style="list-style-type: none"> <li>• Birth certificate ❖ <b>AND</b></li> <li>• Marriage certificate</li> </ul> <p>If dependent child is a full-time student over age 19, you also must complete a Student Certification Form signed by the registrar's office <b>or accompanied by an Enrollment Verification Certificate from the National Student Clearinghouse</b></p>	<ul style="list-style-type: none"> <li>• For Pennsylvania births, birth certificates are available from the PA Department of Health, Division of Vital Records and can be requested by fax, mail, or online at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a>. Fee is \$10.</li> <li>• Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a></li> <li>• County courthouse that issued original marriage certificate. A list of Pennsylvania County Courthouses can be found at <a href="http://www.health.state.pa.us">www.health.state.pa.us</a> under Health Statistics and Vital Records.</li> <li>• Student Certification Form available from the System Central Benefits Office</li> </ul>
Disabled dependent	<ul style="list-style-type: none"> <li>• Will be verified by health plan vendor</li> </ul>	<ul style="list-style-type: none"> <li>• Health Plan Vendor</li> </ul>

❖ If document was generated outside of US and is not in English, it must be translated and certified by translator

## **Health Program Coverage Effective Dates**

Coverage for you and your Dependents begins on the date of retirement or on the date you become eligible. If you enroll during an open enrollment period, coverage will begin the following July 1. In the case of annuitants who have declined coverage due to enrollment in another health care program, coverage may be made effective as of the date the other coverage ceases upon timely submission (within 60 days) of evidence that the other coverage has ended. Otherwise, you may only enroll during the next open enrollment.

If you marry, your spouse will have coverage as of the date of marriage; however, you must complete an enrollment form to add your spouse within 60 days of the marriage date before claims will be paid. A newborn child will be covered under the plan for 31 days following birth. Coverage will not continue beyond 31 days unless an enrollment form is completed within 60 days.

Changes in your marital or family status must be reported to the System Central Benefits office as soon as possible. If eligible Dependents are not added to your contract within 60 days of acquisition or within 60 days from the date that eligibility under other coverage ended, those Dependents may not enroll until the next open enrollment period for an effective date of July 1.

## **Health Program Coverage Ending Dates**

Eligibility ends when:

- You voluntarily terminate coverage;
- You fail to make premium contribution payments (if applicable); or
- You die.

Your coverage ends on the date your eligibility ends except when eligibility ends through death. For surviving Dependents of deceased employees, when the date of death falls between the 1<sup>st</sup> and 14<sup>th</sup> of the month, coverage will end on the last day of that month. When the date of death falls between the 15<sup>th</sup> and the last day of the month, coverage will end on the 14<sup>th</sup> of the following month.

The coverage for a Dependent spouse will end on the last day of the month in which the spouse is divorced from the employee. If a Dependent child reaches age 19, takes a full-time job, or marries, coverage will end on the last day of that month. If a full-time student reaches age 25, takes a full-time job, marries, or ceases to be a full-time student, coverage will end on the last day of the month. If a medical condition causes a full-time student Dependent to become less than full-time, coverage may be extended, upon certification, for up to one year from the date that the Dependent is unable to attend school full-time.

Coverage also ends if you fail to make any required premium contribution.

**ON THE DAY YOUR COVERAGE ENDS, IT IS ILLEGAL TO USE YOUR IDENTIFICATION CARDS.  
PLEASE DESTROY THEM IMMEDIATELY.  
IF YOU OR A DEPENDENT DO USE YOUR CARDS, YOU WILL BE CHARGED.**

## **Your Responsibilities as an Annuitant:**

Event	PPO or Indemnity
When you acquire a Dependent (birth, adoption, or marriage)	Contact the System Central Benefits Office within 60 days to add your new Dependent
When you lose a Dependent (divorce, or Dependent loss of eligibility for any reason)	Contact the System Central Benefits Office to remove the Dependent(s). If your Dependent is interested in COBRA continuous coverage, you or your Dependent must inform the System Central Benefits Office within 60 days of loss.
When you or your spouse turns age 65 or otherwise becomes eligible for Medicare.	Contact the System Central Benefits Office and the Social Security Administration about Medicare and other benefits. Enrollment in Medicare Part A and Part B is required.
When your child is between ages 19 and 25 and becomes a full-time student.	Contact the System Central Benefits Office to complete the enrollment and Student Certification forms.
In case of your death.	Your Dependents should contact the System Central Benefits Office to discuss health insurance continuation provisions.

## **Annuitant/Retiree Health Care Program (AHCP)**

### ***Eligibility***

#### **For Majority Paid Coverage**

- For employees with current hire date prior to July 1, 1997, when covered employees retire
  - at age 60 with at least 10 years of credited service (may include purchased service)
  - at any age with at least 25 years of credited service (may include purchased service)
  - on approved disability with at least 5 years of credited service (may include purchased service)
- For employees with current hire date July 1, 1997 to June 30, 2004, when covered employees retire
  - at age 60 with at least 15 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
- For employees with current hire date on or after July 1, 2004, 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

#### **For Partially Paid Coverage (\$5 State Share)**

- For employees enrolled in State Employee' Retirement System (SERS) or the Alternative Retirement Plan (ARP)
  - age 60 with at least 3 years of service
  - under age 60 with at least 10 years of service
- For employees enrolled in the Public School Employees' Retirement System (PSERS)
  - age 62 with at least 1 year of service
  - under age 62 with at least 10 years of service

### ***Coverage***

- For annuitants retired 7/1/09 and after
  - Annuitants under age 65 – PPO coverage with prescription drug card
  - Annuitants age 65 and over – Signature-65 and Major Medical coverage (\$500 deductible) to supplement Medicare Part A and B and prescription drug discount card (Medicare Part B enrollment required)

## **Contribution**

- Annuitant shall contribute to the cost of the AHCP at the same dollar amount for the type of contract and choice of plan as that in effect on the date of their retirement.
- Throughout the annuitant's lifetime while enrolled in the AHCP, the dollar amount paid by the annuitant will be adjusted whenever the percentage of contribution paid by active employees for the same type of contract and choice of plan is adjusted.
- The new percentage will be applied to the dollar amount for the type of contract and choice of plan that was in effect on the day of the annuitant's retirement to determine the new annuitant contribution.
- Annuitant benefits continue to include coverage for dependents
- The Wellness Program and non-participant contribution increases do not apply to annuitants
- State System pays \$5 toward cost of coverage for annuitants not qualifying under eligibility requirements listed above

<b>Pre 65</b>		<b>Over 65</b>	
Plan Choices	Annuitant Contributions	Plan Choices	Annuitant Contributions
PPO	Pays percent paid by active employees:	Medicare supplement with Rx under Major Medical (\$500 deductible) and Rx discount card	Pays percent paid by active employees:
All Plans have Rx card with no deductible and \$0/\$15/\$30 co-payments	<ul style="list-style-type: none"> <li>• July 1, 2010 = 15%</li> <li>• With future increases</li> </ul> Applies to cost of plan in effect at retirement *		<ul style="list-style-type: none"> <li>• July 1, 2010 = 15%</li> <li>• With future increases</li> </ul> Applies to cost of plan in effect at retirement *

\* If the annuitant, subsequent to retirement, changes plans or adds or deletes dependents, the dollar amount of their contribution will change to conform to the dollar amount of contributions for the most comparable plan and size of contract that was in effect on the date the annuitant retired. The wellness program non-participant contributions do not apply to annuitants.

## **Continuation of Coverage (for Active Employees and Annuitants)**

See pages 5 – 8 **CONTINUATION OF COVERAGE (COBRA) FOR ACTIVE EMPLOYEES AND ANNUITANTS** for detailed information.

Revised August 11, 2011
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