



PENNSYLVANIA'S STATE SYSTEM *of* HIGHER EDUCATION

State System Employee Benefits

Chancellor, Chief of Staff, University Presidents and Vice Chancellors



State System Employee Benefits—A Comprehensive Package

The Pennsylvania State System of Higher Education provides a comprehensive package of employer benefits to eligible employees and their enrolled dependent(s), which include*:

- ✓ Medical and prescription drug benefits.
- ✓ Generous retirement plans, two options:
 - Alternative Retirement Plan (ARP)
 - State Employees' Retirement System (SERS)
- ✓ Tuition benefits for employees and dependents.
- ✓ Paid time off (holidays, annual leave, sick leave, personal leave).
- ✓ Employer-paid dental and vision benefits.
- ✓ Employer-paid life insurance.
- ✓ Voluntary insurances and additional retirement programs.

**Specific benefits may vary based upon university, employee group and/or collective bargaining unit.*

This summary highlights the health and prescription drug benefits, supplemental benefits, retirement benefits, leave entitlement, and other voluntary benefit programs. 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 resources office. Benefits, benefit levels, and eligibility rules are subject to change.

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Important Dates and Information

Open Enrollment

Spring - Health Care

Health plan enrollment changes made during open enrollment are **effective July 1**.

Fall - Flexible Spending Accounts (FSA)

FSA enrollment elections made during open enrollment are effective **January 1 of the following year**.

Make changes to your existing coverage.

- Elect, drop, or change coverage/add or remove dependents.
- Enroll in a Flexible Spending Account (Healthcare or Day Care) for pre-tax savings.

Elections should be completed through the self-service workplace, Fiori at <https://workplace.passhe.edu>.

Reminder: If you make any changes to your current coverage during Open Enrollment, you must retain a copy of your benefits election email confirmation. If there is any discrepancy with your enrollment, you will be required to present the email confirmation to the human resources office.

Health Plan Eligibility

Employee Eligibility

To be eligible for coverage under the State System health plan, you must be a permanent, full-time employee or a permanent, part-time employee who is scheduled to work every pay period for at least 50% of full-time.

Dependent Eligibility

The following categories of individuals may be eligible for coverage under the State System health plan for active employees:

- **Legal spouse**
 - Same-Sex Domestic partners, see [Dependent Eligibility](#) for more information.
- **Children under 26 years of age** who meet the following requirements:
 - A natural child of your own.
 - A legally adopted child (including a child living with the employee during the probation period).
 - A stepchild.
 - A minor child for whom the employee is the court or agency appointed legal guardian, as evidenced by the court or agency order establishing guardianship.
 - A child over the age of 18, for whom the employee was the child's court or agency appointed legal guardian prior to the child's 18th birthday.
 - A newborn child of an employee is automatically covered from the moment of birth to 31 days after the 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 university human resources office within 60 days from date of birth.
- **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.**

To view a detailed description and definition of dependent eligibility, see the [Dependent Eligibility](#) attachment.

Dependent Documentation

For dependents to be enrolled in coverage, applicable dependent documentation must be provided within the specified time requirements. View the [Employee Responsibilities - Qualifying Events](#) attachment for information on how long you have to enroll dependents.

Also, view the [Dependent Documentation](#) attachment for required documentation needed to enroll dependents.

Dependents with other coverage

If your spouse is also a State System employee or an annuitant eligible to participate in either active coverage or the Annuitant Health Care Program (AHCP), he or she may enroll as a single subscriber under their own plan, or as a dependent under the active employee's coverage, but not both. Likewise, dependents may only be covered under one active group plan or AHCP plan.

If your spouse is covered under the Pennsylvania Employees Benefit Trust Fund (PEBTF), the employee and dependents may be enrolled on each other's policies for the purpose of coordination of benefits.

If your spouse is eligible for employer coverage through their employer, the following rules apply based on your date of employment:

For Employees Hired PRIOR to July 1, 2013

Spouses added to coverage after July 1, 2001 who are eligible for **fully-paid** employer coverage (e.g., no employee contribution for coverage) through their employer must be enrolled in their employer's coverage and State System health coverage will provide benefits as secondary payer only.

For Employee Hired ON OR AFTER July 1, 2013

If an employee enrolls a spouse in the State System health plan and that person is eligible for coverage under their own employer's plan, the spouse shall be required to enroll in their own employer's plan for their primary coverage as a condition for eligibility for secondary coverage under the State System health plan **regardless of the cost** to the spouse for that coverage.

Health Plan Coverage

Preferred Provider Organization (PPO)

Applicable plan deductibles, coinsurance, and copays are determined by your employee group. Review the information below for more information.

For additional details and information, visit the State System website:

- [Nonrepresented Medical Plan](#)

	Nonrepresented	
	In-network	Out-of-network
Deductible	\$250 per person, \$500 per family	\$500 per person, \$1,000 per family
Member Coinsurance	10%	30%
Out-of-Pocket Maximum	\$1,000 per person, \$2,000 per family	\$2,000 per person, \$4,000 per family
Primary Care Physician Office Visit*	\$15 copay	30% after deductible
Specialist Office Visit*	\$25 copay	30% after deductible
Urgent Care*	\$25 copay	30% after deductible
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Preventive Care*	Plan pays 100% - no deductible	30% after deductible

*Not subject to deductible or coinsurance.

Hearing Benefits

Enrollment is included with your health plan election. In order to receive hearing benefits, you must be enrolled in an active health plan.

Hearing Coverage Summary

\$1,250 per ear (maximum of \$2,500 for 2 ears) every 36 months.

Preventive Care

There are **no member costs** for preventive care at in-network providers—the plan pays 100% of the costs for qualifying preventive services. By following the recommendations in the [preventive schedule](#), you may be able to either prevent certain medical conditions, or detect them before they become more serious.

Take a moment to review the [preventive schedule](#) and, if needed, contact your medical provider to obtain any recommended services.

If your medical provider orders diagnostic tests/screenings that are not covered on the preventive schedule, those services may be subject to additional costs (e.g. Deductible and/or coinsurance)

Prescription Drug Coverage

Enrollment in prescription drug coverage is included with your health plan election. Below are the copay amounts. For detailed information, view the [prescription drug coverage summary](#). To view the prescription website, [click here](#).

Prescription Drug Tier	Retail Copay (30-day supply)	Mail-Order Copay (90-day supply)
Generic	\$10	\$20
Brand Drugs, Formulary	\$30	\$60
Brand Drugs, Nonformulary	\$50	\$100

Certain prescription drugs are subject to prior authorization requirements, quantity level limits, or other management programs to ensure that these medications are being used in a safe and effective manner, and to help both you and the health plan control costs.

If you are taking a prescription drug in one of these drug classes, you may receive a letter from Highmark advising you of any additional requirements with which you or your medical provider may need to comply.

Managed Rx Coverage Program

The managed prescription drug coverage (MRxC) program consists of online edits that encourage the safe and effective use of targeted medications to meet the clinical needs of members. To better manage the rising cost of these medications, the MRxC program also promotes the use of lower cost brand and generic medications. Many of the criteria are automated in order to reduce the administrative burden on physicians and to reduce member disruption.

Managed Prior Authorization Program

Certain medications will require prior authorization to ensure the medical necessity and appropriateness of the prescription order as defined by Highmark prior authorization policies. The member's prescriber must obtain authorization from the Plan, prior to dispensing the medication by a retail pharmacy or through mail order, if applicable, otherwise the medication will not be covered by the Plan.

Step Edit Program

Generic medications can reduce prescription cost and increase medication adherence while providing the same benefits as the brand name medication. This policy defines the criteria under which coverage for a brand name medication will be considered when generic products are available within the same therapeutic class. Medications targeted in the program are used to treat acid reflux, cholesterol, and depression.

Specialty Medication information

If you or a covered family member need(s) to take a specialty medication, you will need to obtain the prescription from Accredo, a mail-order pharmacy provider solely focused on specialty medications.

Accredo has negotiated with Highmark to provide the deepest discounts on specialty medications, which can average \$5,000 or more in cost per month. Additionally, this vendor offers a dedicated care coordinator to provide support to patients. For additional questions or concerns, contact Accredo at 1-888-692-8110.

What is a specialty medication?

Specialty medications are used to treat chronic, rare, or complex conditions (such as rheumatoid arthritis, multiple sclerosis, or cancer). Additionally, specialty medications may:

- Be given by infusion, injection, or taken orally.
- Cost more than traditional medications.
- Have special storage and handling requirements.
- Need to be taken on a very strict schedule.
- Have support programs and services available to help patients receive the most benefit from their medication.

Dental and Vision Coverage

Offered at no cost to the employee.

Dental Plan Information – [click here](#).

Benefits currently administered by United Concordia (UCCI)

- \$1,250 maximum benefit per calendar year per person (Orthodontics have a separate maximum)

Vision Plan Information – [click here](#)

Benefits currently administered by National Vision Administrators (NVA)

- 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

Employee Contribution Rates

To view the current health plan employee rates, [click here](#). These rates include coverage for health, prescription drug, and hearing benefits.

Dental/Vision offered at no cost to the employee.

Healthy U Wellness Program

Employees can pay substantially lower health care contribution rates if they participate in the Healthy U wellness program. Employees (and enrolled spouses) must complete the Healthy U requirements **each program year** to be eligible for the reduced premium rates.

Participation in the Healthy U Wellness Program also carries with it many other rewards. In the long run, the payback in terms of your improved well-being will likely be far more significant than the contributions you saved.

For additional information view the [Healthy U website](#).

Healthy U Deadline

Employees must complete the Healthy U requirements by May 31 of every year.

If you are hired/enrolled on or after April 1, you will automatically be placed in the participating rate and do not need to complete the participation requirements until the next wellness plan year that begins July 1.

Premium Conversion Plan

Allows employees who are contributing to the cost of health care to pay those contributions on a pre-tax basis, resulting in higher net take-home pay. All employees enrolled in a health care plan and contributing toward the cost of that plan are enrolled.

Health Plan Coverage Effective Dates:

Coverage for you and your dependents begins on:

- Date of employment or;
- Date you become eligible.

You must enroll on a timely basis. View the chart below and the [Employee Responsibilities – Qualifying Events](#) attachment for additional information/direction on how long you have to enroll after qualifying events.

Event	Must Elect Within	Effective Date
Date of employment or date you become eligible	30 days of employment or eligibility	First day of employment or eligibility
Open enrollment	Applicable open enrollment dates	July 1 of the following year
Marriage	60 days of the marriage	Date of marriage
Newborn*	60 days of birth*	Date of birth*
Loss/Gain in coverage	60 days of event	Date of loss/gain

**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.*

If eligible dependents are not added to your health plan within **60 days of the event** 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. View the [Employee Responsibilities - Qualifying Events](#) attachment for information on how long you have to enroll dependents.

Health Plan Coverage Ending Dates:

Eligibility ends when:

- You terminate employment or are furloughed;
- You regularly work less than 50 percent of full-time;
- You retire, or
- You die.

Event	Must Drop By	Coverage Ends
Long-term unpaid leave of absence	n/a	when benefits entitlement on leave ends
Date eligibility ends	n/a	Date of eligibility loss
Divorced spouse	60 days within divorce	Date of divorce
Dependent child reaches age 26	Automatically dropped from coverage	Last day of the month
Failure to pay premiums	n/a	Last date paid

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

Flexible Spending Accounts (FSA)

Available to full-time permanent employees and permanent part-time employees who work at least 50% time. Flexible spending accounts (FSAs) which are governed by IRS Code, allow employees to have income withheld from their paychecks before taxes for eventual reimbursement of certain medical and day care expenses.

Important Plan Notes

- FSA is an annual election (January 1 - December 31) and must be elected each year. If you are a new employee electing the plan mid-year, the amount elected will be spread out over the remaining pays of the calendar year.
- While both plans are considered an FSA, the main difference between the Health Care FSA and the Day Care FSA is how the plan is used.
 - The Health Care FSA is for all of your eligible dependents (you, your spouse, and your federal tax dependents) medical, dental, vision, or prescription expenses.
 - The Day Care FSA is for eligible dependents (age 12 and under) day care, summer camp, or elder care expenses.
- The State System offers a carryover for the Health Care FSA, which permits participants to rollover a limited amount of unused Health Care FSA funds into the following calendar year (see Carryover Provision below for details on limits). Any remaining balances exceeding the carryover limit will be forfeited. There is no carryover for the Day Care FSA.
- Your entire election for Health Care FSA is available to you at the beginning of the year to pay for qualifying expenses. The Day Care FSA funds are available to you as you contribute to the plan.

Health Care FSA



You contribute money from your paycheck on a pre-tax basis and get reimbursed from your FSA account as you incur eligible expenses. The Health Care FSA is for you, your spouse, and your federal tax dependents on your out-of-pocket medical, dental, vision, or prescription expenses not paid by insurance.

Maximum Election for 2025 - \$3,200

See Carryover Information Below

- Copays for Prescriptions or Doctor Office Visits
- Dental Care or Braces
- Eyeglasses, Contact Lenses, or Laser Vision Correction
- Eligible Over-the-Counter Items

Your entire health care FSA election amount is immediately available to you at the beginning of the year to pay for qualifying expenses.

Day Care FSA



A welcome money saver for today's working parents. It allows you to set aside pre-tax money for eligible dependents (age 12 and under) day care expenses so you can work.

Maximum Election for 2025 - \$5,000

No Carryover to the next plan year.

- Day Care
- Summer Camp
- Before/After School Programs
- Elder Care

Day Care FSA funds are available to you as contributions are made to the account. Unlike a Health Care FSA, the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received.

Carryover Provision

Your unused health care FSA dollars can be carried over into the next plan year up to the maximum amounts:

- 2024 into 2025 - \$610
- 2025 into 2026 - \$640

The carryover provision does **not** apply to the Day Care FSA.

Along with the carryover provision, State System employees can submit expenses that were **incurred in the previous plan year** in the first three months of the following plan year (called a run-out period).

Annual Savings*	With FSA	Without FSA
Annual pay	\$50,000	\$50,000
FSA pre-tax contribution	(\$2,000)	\$0
Taxable income	\$48,000	\$50,000
Federal income, Social Security and Medicare taxes	(\$11,444)	(\$12,097)
After-tax dollars spent on eligible expenses	\$0	(\$2,000)
Real spendable income	\$36,556	\$35,903
Savings with an FSA	\$653	\$0
<small>* Sample tax savings for a single taxpayer with no exemptions. Actual savings will vary based on your individual tax situation. Please consult a tax professional for more information.</small>		

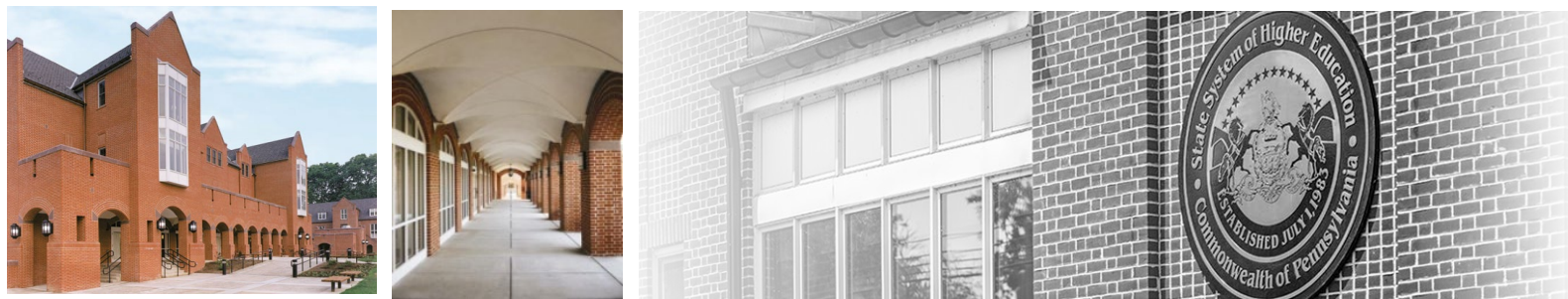
HSA Reminder

The State System does not offer an HSA plan but if your spouse is enrolled in an HSA plan offered by their employer, this may impact your FSA enrollment. A health savings account (HSA) is available to an eligible individual who has high deductible health coverage as long as the individual has no other impermissible health coverage. **A general-purpose FSA is impermissible and renders an individual ineligible to make contributions to an HSA even when it's their spouse enrolled in a general-purpose FSA.**

Annual Enrollment

The FSA plan requires annual enrollment. Even if you enrolled in an FSA in the current year, you must annually elect to participate in subsequent years.

Visit the [FSA website](#) and review the [FSA Handbook](#) for more information about flexible spending accounts, including a list of eligible expenses and an interactive contribution and tax-savings calculator. To speak with an FSA specialist, call 1-833-325-9998.



Additional Insurance Coverage

Group Life Insurance

The State System provides senior executives an opportunity to choose between the standard coverage for Nonrepresented employees or the enhanced coverage for only senior executives, up to the applicable maximum. For either coverage, the employer-paid term life insurance is provided with no medical underwriting required.

Coverage Options	Imputed Income and Taxes Apply	Additional Work-Related Accidental Death Coverage	Age Based Reductions
Standard - \$50,000	No	\$20,000	N/A
Enhanced - 2x salary up to a maximum of \$500,000	Yes (see below for more information)	\$20,000	N/A

- 90-day waiting period
- Right to convert upon termination/retirement.

The IRS requires employers to impute income on the value to life insurance benefits provided to key employees such as senior executives. Imputed income creates additional taxable income for you. The amount of taxable income depends on the following items:

- Amount of the coverage
- Cost of the insurance premiums
- Age of the employee

Imputed income is calculated based upon the actual premium cost, or, if greater, the cost factor associated with your attained age on December 31 of that tax year per an IRS rate table. When your age changes, the amount of taxable income may change as well.

To avoid any imputed income and associated taxes, you may choose the \$50,000 term life insurance coverage instead of the enhanced coverage. The IRS allows \$50,000 in tax-free employer-paid life insurance coverage.

If you waive the enhanced coverage amount during your initial eligibility and want to elect at a later point in time, you will be subject to medical underwriting approval from MetLife.

Voluntary Group Life Insurance (VGLIP)

VGLIP provides life insurance coverage to help your family cover your final expenses, including funeral costs. Life insurance helps your family during a difficult time by providing additional financial resources when they need it most.

Benefits elected within the first 31 days of eligibility will be issued without evidence of good health (subject to applicable coverage limits). If you wish to elect at any other time or elect coverage in excess of the guaranteed issue limits, evidence of good health will be required.

Additional Life Insurance Benefits

Enrollment in Voluntary Life comes with additional benefits, such as will preparation, an accelerated benefit option, funeral planning and discounts, and estate resolution services. To view these benefits, visit the [Voluntary Life Insurance website](#).

To view additional details including rate information, visit the [VGLIP website](#) or [summary](#).

Coverage Options	Elect in increments of	Guaranteed Coverage	Maximum Coverage
Employee	\$10,000	\$200,000	5x Salary or \$500,000
Spouse	\$5,000	\$25,000	\$100,000
Child(ren)*	\$5,000 or \$10,000	\$10,000	\$10,000

*One premium covers all children, regardless of the number of children you have.

Accident Death and Dismemberment Insurance (AD&D)

AD&D insurance can help protect families from financial hardship by paying a benefit upon death or serious injury due to a covered accident. Benefits can only be elected within the first 31 days of eligibility.

To view additional details including rate information, visit the [AD&D website](#) or [summary](#).

Coverage Options	Elect in increments of	Maximum Coverage
Employee	\$10,000	5x Salary or \$500,000
Spouse	\$10,000	\$250,000
Child(ren)*	\$5,000 or \$10,000	\$10,000

*One premium covers all children, regardless of the number of children you have.

Short-Term Disability Insurance (STD)

STD insurance is employer-paid income protection which provides income continuation at 60% of gross annual base salary up to a weekly maximum of \$2,500. The amount may be offset by other income sources such as retirement benefits, workers' compensation, social security, and paid leave with a guarantee of a minimum disability benefit amount of \$25/week. This program is administered by MetLife.

Benefits provided depend upon Long Term Disability (LTD) enrollment and elimination period selected

- 12 weeks for those enrolled in LTD with 90-day elimination period
- 25 weeks for those enrolled in LTD with 180-day elimination period
- 25 weeks if not enrolled in LTD

Voluntary Long-Term Disability Insurance (LTD)

LTD insurance is income protection which pays up to 60% of gross annual base salary to a maximum of \$5,000 monthly benefits. The amount may be offset by other income sources such as 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.

Benefits elected within the first 31 days of eligibility will be issued without evidence of good health. If you wish to elect at any other time, evidence of good health will be required.

To view additional details including rate information, visit the [LTD website](#) or [summary](#).

Coverage Options	Waiting Period
Option 1	180-day waiting period
Option 2	90-day waiting period

Paid Time Off

Leave benefit entitlements for the Chancellor are governed per the terms of their employment contract.

Holidays: Observation of holidays varies by university. Contact your Human Resources office for details.

Annual Leave – applicable to University Presidents

- Upon appointment, receive 30 days of annual leave.
- At the beginning of the new leave calendar year, 30 days of annual leave will be credited to your annual leave balance. If retirement or separation occurs prior to the completion of the year, the accrued leave payable will be prorated upon the number of months worked in that year.
- A maximum of 45 days of unused leave may be carried from one year to the next and can be payable upon retirement or separation.
- Additional 10 days in excess of 45 days may be carried from one year to the next and must be used within the current leave calendar year. These days are not payable upon retirement or separation.

Annual Leave – applicable to Chief of Staff and Vice Chancellors

Years of Service	Accumulation Per Year
Up to 3	20 days
3 – 5	25 days
Over 5	30 days

- At the beginning of the new leave calendar year, the total number of days based upon the schedule above will be credited to your annual leave balance. If retirement or separation occurs prior to the completion of the year, the accrued leave payable will be prorated upon the number of months worked in that year.
- A maximum of 45 days of unused leave may be carried from one year to the next and can be payable upon retirement or separation.
- Additional 10 days in excess of 45 days may be carried from one year to the next and must be used within the current leave calendar year. These days are not payable upon retirement or separation.

Sick Leave

Accumulation Rate	Days
6% of regular hours paid	15.6 days per year

- Unused leave may be carried from one year to the next
- Unlimited accumulation
- Employees who meet certain criteria may be eligible for a payout of their sick leave upon retirement. Refer to the [Retirement Guide](#) for details.

Bereavement and Sick Family Leave

Reason	Days
Death of relative	3-5 days depending on relationship
Sickness of immediate family	5 days per calendar year

Sabbatical Leave – applicable to University Presidents

- In accordance with Act 182
- At the discretion of the Chancellor
- Leave with pay and benefits

Retirement Programs

The following plans are available to employees hired on/after January 1, 2019. Current employees can find information on their plan at www.passhe.edu/retirement.

Eligibility

Enrollment in the retirement program is required, effective the first day of employment as a permanent full-time or part-time employee. Temporary employees must enroll in the retirement program once they have worked 750 hours in a calendar year.

Newly eligible employees have 30 days from their eligibility date to decide which retirement plan is best for them, the **Alternative Retirement Plan (ARP)** or the **State Employees' Retirement System (SERS)**.

If you do not select a retirement plan within 30 days, you will automatically be enrolled in the SERS Class A5 hybrid plan. Once enrolled in a retirement plan, that enrollment is irrevocable, meaning you must remain in that retirement plan for the duration of your employment, even if you leave employment with the State System and return to work later.

View the summary of information below and additional information at www.passhe.edu/retirement.

Plan	Employee Contribution	Employer Contribution
Alternative Retirement Plan	5%	9.29%
SERS Class A5 Hybrid Plan	8.25%	2.25% + Pension Fund Calculation*
SERS Class A6 Hybrid Plan	7.5%	2% + Pension Fund Calculation*
SERS Class 40 – Investment Plan	7.5%	3.5%

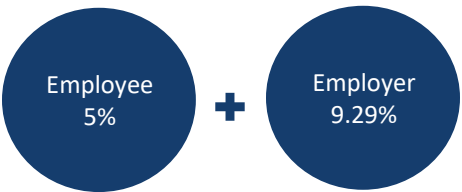
*The pension plan employer contribution is calculated each year based on assets and liabilities of SERS pension fund.

Alternative Retirement Plan (ARP)

The ARP is a defined contribution plan. Your retirement income is determined by your account balance at the time of retirement, which is comprised of your employee contributions (5% of salary), the employer contributions (9.29% of salary), and any earnings based on the performance of your investments.

Participants are 100% vested from their date of enrollment, which means from the date the monies are deposited into your ARP account, they are yours to keep. If you were to leave employment, regardless of how long you were employed, the entire investment account balance belongs to you. The ARP account is also portable, meaning if you leave employment before retirement, you can rollover those monies into a new employer's retirement plan, or into a different retirement account such as an IRA.

Employees contribute 5% of their pay on a pre-tax basis each pay period, while the State System contributes almost twice that amount - 9.29% as the employer contribution each pay period.



State Employees' Retirement Plan (SERS)

Under the SERS umbrella, there are three different plan options. If you select SERS as your group retirement plan, you are automatically enrolled in the Class A5 hybrid plan. After enrollment, you will be contacted by SERS and given 45 days to make a one-time election to switch to Class A6 or the Straight Defined Contribution/Investment Plan.

If you are enrolled in Class A5 or A6 hybrid plans, your retirement benefit comes from two plans:

- **Pension plan** that features guaranteed monthly payments and;
- **Investment plan** where the amount of money is based on contributions by you and your employer, along with personal investment choices and the markets.

If you are enrolled in the Straight Defined Contribution plan your account balance at the time of retirement is comprised of your employee contributions, employer contributions, and any earning based on the performance of your investments.

Participants do not become vested for the employer contributions until you have worked 10 years for the pension plan and 3 years for the investment plan. That means if you're no longer employed by the State System before fully vested, you only have the right to your contributions and interest. You also do not have a right to monthly pension payments.

Voluntary Retirement Plans

The State System offers two additional options to save and invest extra money for retirement. Whether you are supplementing your group retirement plan or you are not eligible to enroll in the group retirement plan, the voluntary retirement plans are available to all employees upon their date of hire. Employees can choose to contribute up to the annual IRS limits in both plans. There are no employer contributions for these plans.

To view the IRS limits and differences between the 457(b) and 403(b) plans, view the [Voluntary Plan Comparison](#)

Deferred Compensation – 457(b) Plan>>

The 457(b) Plan offers a simple, flexible way for you to save for retirement. With its powerful pretax and Roth saving features, investment options and planning resources, you can work toward replacing your working income in retirement - for life. Review the 457(b) Plan highlights document to see how the 457(b) Plan can help you save, invest and prepare for retirement.

To enroll complete a [paper form](#) or [register online](#) under "I have a plan enrollment code" (Enter your Group ID 98978-01 and Plan Enrollment Code [found here.](#))

[Empower Retirement Website](#)
[Plan Highlights](#)

Tax Sheltered Annuity (TSA) - 403(b) Plan>>

Employees are able to choose from TIAA and/or Fidelity as their TSA vendor and choose from the [same core investment lineup](#) as the ARP retirement plan, offered at the lowest possible fee structure. Access to a brokerage window is available for employees who desire investment choices outside of the core lineup with TIAA and/or Fidelity.

To enroll, log on to the [Retirement@Work TSA website](#). Click the links below for more information and to get started.

[Retirement@Work User Guide](#)
[Retirement@Work Website](#)

Visit www.passhe.edu/enrolltsa to enroll in the plans above.

Tuition Waiver

Tuition waiver benefit varies by employee group. View your university policy for additional information regarding your benefit. Contact your human resources office for more information.

Retiree Health Care

Employees hired prior to January 16, 2016, may be eligible for retiree health care upon retirement. View the [prospective retiree](#) page for detailed information.

Additional Information

State Employee Assistance Program (SEAP)

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 types of counseling services are listed below. The SEAP is administered by the Commonwealth's Office of Administration, who has contracted with Optum to provide SEAP services.

View the [SEAP brochure](#) or obtain one in your human resources office. 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), other members of the employee's household, and other family members (parents, siblings, grandparents/grandchildren etc.) regardless of residence 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. Individual family members, at their own initiative, may call the SEAP directly.

You will be able to speak to a SEAP counselor – a skilled professional with a clinical master's degree and at least four years' clinical experience. The SEAP 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 six (6) face-to-face counseling sessions are provided at no charge. 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

SEAP hotlines are available 24 hours per day, 7 days per week:

1-800-692-7459

1-800-824-4306 (TDD)

Questions? Need Additional Information?

For additional information or questions, contact your university benefits office.



Eligibility Rules for Spouse and Dependents



Covering Dependents Under Your Health Care Coverage

You may add/drop dependents during annual open enrollment or if you experience a qualifying life event which allows for a change in coverage. You will need to provide any required **original documentation** (e.g., birth certificate) to verify their eligibility, and you **must** provide their **Social Security Number**. If the dependent is not eligible for a Social Security Number, please contact your university human resources office for direction.

Who is eligible for coverage under the State System health plans?

The following categories of individuals may be eligible for coverage under the State System Group Health Plan for active employees:

1. Legal spouse/Same-Sex Domestic Partner*

If a spouse/same-sex domestic partner is eligible for coverage under their employer plan, the following rules apply:

Date of Employment	Rules for Spouse/Domestic Partner Eligibility
Hired Prior to July 1, 2001	No restriction on spouse/same-sex domestic partners and their eligibility for State System health coverage.
Hired July 1, 2001, to June 30, 2013	Spouses/same-sex domestic partners eligible for fully paid employer coverage through their employer must be enrolled in their employer's coverage, and State System health coverage will provide benefits as secondary payer only.
Hired on or After July 1, 2013	If an employee enrolls a spouse or same-sex domestic partner* in the State System health coverage and that person is eligible for coverage under their own employer's plan, the spouse/same-sex domestic partner shall be required to enroll in their own employer's plan for primary coverage as a condition for eligibility for secondary coverage under the State System plan regardless of the cost to spouse/same-sex domestic partner of that coverage .

*Same-Sex Domestic Partner Eligibility

- **Nonrepresented** - Only eligible for benefits if the same-sex domestic partner was enrolled prior to January 1, 2016.

2. Children under 26 years of age who meet the following requirements:

- A natural child of your own.
- A legally adopted child (including a child living with the employee during the probation period).
- A stepchild.
- A minor child for whom the employee is the court or agency appointed legal guardian, as evidenced by the court or agency order establishing guardianship.
- A child over the age of 18, for whom the employee was the child's court or agency appointed legal guardian prior to the child's 18th birthday.
- A newborn child of an employee is automatically covered from the moment of birth to 31 days after the 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 university human resources office within 60 days from date of birth.**
- A child of a domestic partner (if the eligibility above has been met)

Plan ahead!

The original eligibility documentation must be provided to your human resources office prior to your dependent being enrolled in the health plan.

3. 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.

More about adult children to age 26.

- Student status is not required.
- Your adult children can be married. If married, the coverage **does not** extend to your adult children's spouse, or to your adult children's own children.
- Your adult children **do not** have to live with you, be financially dependent on you, or be claimed as a dependent on your tax return.
- The extension of coverage of adult children to age 26 only applies to the State System Group Health plan for **active** employees. For individuals enrolled in a State System Annuitant Health Plan, these plans cover children up to age 19, or up to age 25 if a full-time student.

When can I make changes to my covered dependents?

There are two opportunities for employees to make changes to covered dependents:

1. Qualifying Events

If you experience a [qualifying life event](#) you have the opportunity to add or remove dependents from your coverage, or make other changes to your benefit elections. To make changes outside of open enrollment, employees must complete and submit the [enrollment/change form](#) to your human resources office within **60 days** of the event occurring. Below are some of the more common examples.

Removing Dependents	Adding Eligible Dependents	Other Plan Enrollment Changes
<p>You are required to contact your human resources office and remove a dependent that is no longer eligible for State System coverage under the following situations:</p> <ul style="list-style-type: none">– Covered child attains age 26 (unless disabled) removed automatically based on child date of birth– Divorce (removal of spouse and stepchildren).– Termination of a domestic partnership (removal of partner and children of partner).– Death of a dependent.	<p>You may add a dependent for State System coverage due to a qualifying life event. You must notify your human resources office and submit the enrollment change within 60 days of the qualifying life event.</p> <ul style="list-style-type: none">– You gain a dependent through birth or adoption.– You get married.– Your dependent loses coverage under another employer's plan.– Your dependent loses eligibility for coverage in a Medicare plan, a Medicaid plan, or a state children's health insurance program.	<p>You must notify your human resources office and submit the enrollment change within 60 days of the qualifying life event.</p> <ul style="list-style-type: none">– You lose coverage under your spouse's plan.– You move, either to an area outside of your current plan's service area, or to an area where a different plan option is available.

2. Open Enrollment – Every Spring

You may add/drop dependents during annual open enrollment. You will need to provide **original documentation** that verifies your dependent's eligibility for State System coverage, e.g., birth certificate, marriage certificate, and court-approved adoption order. For more on documentation requirements, view the [Dependent Documentation Attachment](#).

Instructions for Open Enrollment (Enroll or Make Changes) Through Self Service Workplace, FIORI

All changes must be made online using the self-service workplace, Fiori.

- Go to FIORI: (<https://workplace.passhe.edu>) and Sign in.
- On the tiles, select My Benefits Enrollment.
- Follow the enrollment [directions here](#).
- Review and retain the email confirmation to verify open enrollment changes. If you do not receive an email confirmation of open enrollment changes, contact your human resources office prior to the end of open enrollment.

Note:

- You must submit any required original eligibility documentation prior to your dependent being enrolled in the health plan.
- Select "Help Documents" for detailed instructions on how to utilize ESS for Open Enrollment (SSHE Health Enrollment).

For additional questions or information, please contact your university human resources office.

Dependent Documentation Attachment -

The State System requires verification of health care program eligibility both for dependents of newly hired and current employees' as a result of a life event change (i.e., marriage, birth or adoption of a child, etc.) or during open enrollment. This is to ensure that dependents covered under the State System Health Care Programs and the Supplemental Benefits Program meet the eligibility requirements for coverage.

- New employees will have **60 days** from their date of hire to provide satisfactory documentation
- 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
- For dependents added during open enrollment, the required documentation must be provided **by the end of the open enrollment period** in order for the dependent's coverage to be effective.
- All documentation must be provided to the university human resources office.

If required documentation is not provided within **60 days** (or the end of open enrollment), the dependent(s) will be removed from coverage retroactively to the date of their enrollment. COBRA benefits will not be offered as the dependent was not deemed eligible for coverage. If claims were incurred for an ineligible dependent, restitution will be required.

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** or a certified copy 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.

Dependent	Required Documentation	Possible Resources to Obtain Documentation
Spouse	<ul style="list-style-type: none"> • Marriage Certificate (this is not the certificate provided from the official conducting the ceremony) • Spouse Health Care Enrollment Attestation Form (for employees hired on/after July 1, 2013) • Affidavit attesting to the existence of marriage performed outside of the United States if a foreign marriage 	<ul style="list-style-type: none"> • County courthouse that issued original marriage certificate or can provide a certified copy. A list of Pennsylvania County Courthouses can be found at www.health.pa.gov under Health Statistics and Vital Records. • Spouse Health Care Attestation Form available on the State System website or from the university human resources office <ul style="list-style-type: none"> - Form for Employees hired prior to July 1, 2013 - Form for Employees hired on or after July 1, 2013 • Foreign Marriages Affidavit available from university human resources office
Child(ren) by birth	<ul style="list-style-type: none"> • Birth certificate* 	<ul style="list-style-type: none"> • 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 www.health.pa.gov. ✓ Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through http://www.cdc.gov/nchs/w2w.htm
Child(ren) by adoption	<ul style="list-style-type: none"> • Court approved adoption order OR Placement letter from court/adoption agency for pending adoptions 	<ul style="list-style-type: none"> • County courthouse that issued final adoption order • County court/adoption agency that issued placement letter
Child(ren) by legal guardianship	<ul style="list-style-type: none"> • Court or agency order establishing guardianship AND • Affidavit of Residence and/or Dependency for Other Children Form 	<ul style="list-style-type: none"> • County courthouse/agency that issued guardianship order • Affidavit of Residence and/or Dependency for Other Children Form available from university human resources office
Stepchildren	<ul style="list-style-type: none"> • Birth certificate* AND • Marriage certificate 	<ul style="list-style-type: none"> • 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 www.health.pa.gov. • Many states allow you to order a new birth certificate from their website. Access to other state websites can be linked through http://www.cdc.gov/nchs/w2w.htm • County courthouse that issued original marriage certificate. A list of Pennsylvania County Courthouses can be found at www.health.pa.gov under Health Statistics and Vital Records
Disabled dependent	Will be verified by health plan vendor	<ul style="list-style-type: none"> • Health Plan Vendor

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

Employee Responsibilities – Qualifying Events

You must enroll in benefits on a timely basis. View the chart below for guidelines on qualifying events. For further details on how certain events impact your benefits, visit <https://www.passhe.edu/hr/benefits/life-events/index.html>.

Event	Employee Action	Enroll/Notify HR Within
New Employee/ Newly Eligible Employee	Contact your Human Resources Office within 30 days to complete enrollment for benefits through Employee Self Service (ESS) or by hard copy form.	30 Days
Add Dependent (birth, adoption, or marriage)	Contact your Human Resources Office within 60 days to add your new Dependent. A newborn child of an employee is automatically covered from the moment of birth to 31 days after the 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 university human resources office within 60 days from date of birth.	60 days
Loss of Dependent (divorce, loss of eligibility, any other reason)	Contact your Human Resources Office within 60 days to remove the Dependent(s).	60 Days
Spouse obtains coverage through their employer	Contact your Human Resources Office within 60 days to drop coverage or; If your spouse will remain on as secondary coverage, complete coordination of benefits with Highmark.	60 Days
Turning age 65 (you or spouse) or otherwise becomes eligible for Medicare	Contact your Human Resources Office and the Social Security Administration about Medicare and other benefits. They may remain on active coverage.	3 months prior to turning age 65
Domestic Partner turns age 65 or otherwise becomes eligible for Medicare	Domestic Partner may remain on active coverage; however, they are encouraged to also enroll in Medicare Part A and Part B to avoid penalty for not enrolling when eligible.	3 months prior to turning age 65
Retirement	Contact your Human Resources Office to discuss your retirement and potential eligibility for benefits.	6 months prior to retirement
If you become disabled	Contact your Human Resources Office to find out how your coverage will be affected.	Immediately
Death	Your Dependents should contact your Human Resources Office to discuss health insurance continuation provisions.	Immediately

If eligible dependents are not added to your contract within 60 days of the event 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.

In some cases, failure to notify your human resources office within the required time will result in losing election rights to COBRA benefits, and/or loss of any premium refund due to retroactive changes to tier of coverage.

In situations where claims are incurred and paid on a dependent that was not removed from coverage in the appropriate time listed above, the employee will be liable for any claim payments made that cannot be recouped by the insurance vendor. State System policy requires that employees who receive an overpayment in employee benefits, whether through administrative error or oversight, refund the State System Health Care Program the amount of the overpayment.

Webpage Citation Page

If you print this benefit summary, the full address links from each page are listed below for your reference.

Health Plan Option – Page 3

PPO Website	https://www.passhe.edu/hr/benefits/healthcare/ppo.html
Preventive Schedule	https://www.passhe.edu/hr/benefits/healthcare/documents/preventive-schedule.pdf
Hearing Coverage Summary	https://www.passhe.edu/hr/benefits/healthcare/documents/hearing-benefit-grid.pdf

Prescription Drug Coverage – Page 4

Prescription Drug Summary	https://www.passhe.edu/hr/benefits/healthcare/documents/rx-benefit-grid.pdf
Prescription website	https://www.passhe.edu/hr/benefits/healthcare/rx.html

Supplemental (Dental/Vision) Coverage Page 5

Dental Website	https://www.passhe.edu/hr/benefits/healthcare/dental.html
Vision Website	https://www.passhe.edu/hr/benefits/healthcare/vision.html

Employee Contribution Rates Page 5

Current Employee Rates	https://www.passhe.edu/hr/benefits/healthcare/documents/employee-premiums.pdf
Healthy U website	https://www.passhe.edu/hr/benefits/healthcare/healthyu.html

FSA Page 7

FSA Website	https://www.passhe.edu/hr/benefits/fsa.html
FSA Reference Guide	https://www.passhe.edu/hr/benefits/documents/fsa/2025-fsa-handbook.pdf

Insurance Plans Page 9/10

Group Life Summary	https://www.passhe.edu/hr/benefits/insurance/documents/metlife-summary-sheet.pdf
VGLIP Website	https://www.passhe.edu/hr/benefits/insurance/vglip.html
ADD Website	https://www.passhe.edu/hr/benefits/insurance/add.html
VGLIP Summary	https://www.passhe.edu/hr/benefits/insurance/documents/vglip/vglip-summary.pdf
ADD Summary	https://www.passhe.edu/hr/benefits/insurance/documents/add/add-summary.pdf
LTD Website	https://www.passhe.edu/hr/benefits/insurance/ltd.html
LTD Summary	https://www.passhe.edu/hr/benefits/insurance/documents/ltd/ltd-summary.pdf

Retirement Programs – Page 12

Retirement Plan Comparison	https://www.passhe.edu/hr/benefits/retirement/documents/retirement-plan-comparison.pdf
SERS website	http://sers.pa.gov/
ARP Website	https://www.passhe.edu/hr/benefits/retirement/arp.html
ARP Comparison Guide	https://www.passhe.edu/hr/benefits/retirement/documents/arp-comparison-guide.pdf

Voluntary Retirement – Page 13

Deferred Comp Website	https://www.passhe.edu/hr/benefits/retirement/deferred-compensation.html
Deferred Comp Plan Highlights	http://sers.pa.gov/DeferredCompensationPlan.html
TSA website	https://www.passhe.edu/hr/benefits/retirement/tsa.html
TSA/deferred comp comparison	https://www.passhe.edu/hr/benefits/retirement/documents/403b-457plancomparison.pdf

Retiree Health Care – Page 13

Prospective Retiree Website	https://www.passhe.edu/hr/benefits/retirees/prospective/index.html
Retirement Guide:	https://www.passhe.edu/hr/benefits/retirees/prospective/documents/ahcp-retirement-guide.pdf

Additional Information – Page 14

SEAP website	https://www.passhe.edu/hr/benefits/seap.html
SEAP Brochure	https://www.passhe.edu/hr/benefits/documents/seap-brochure.pdf