PENNSYLVANIA'S STATE SYSTEM OF HIGHER EDUCATION

State System Employee Benefits

AFSCME, SEIU and SCUPA Employee Groups

Pennsylvania's STATE SYSTEM of Higher Education

Revised December 2019

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, prescription drug, and supplemental 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, sick leave, annual leave, personal leave).
- ✓ 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 for State System employees covered by AFSCME, SCUPA and SEIU collective bargaining agreements. The benefits described are available to most employees; however, certain eligibility requirements must be met.

This summary is provided for general purposes only. Legal Plan Documents and the collective bargaining agreements will govern any discrepancies that may arise. For additional information concerning health and supplemental benefits, contact the Pennsylvania Employees' Benefit Trust Fund (PEBTF) at (717) 561-4750 or toll-free at (800) 522-7279, or at www.pebtf.org. Benefits, benefit levels, and eligibility rules are subject to change. Refer to the PEBTF Summary Plan Description for detailed information.

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Important Dates and Information

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

Open Enrollment Every Fall

- PEBTF (Health and Supplemental)
- Flexible Spending Accounts

Make changes to your existing coverage.

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

Elections should be completed through Employee Self-Service (ESS) at https://portal.passhe.edu/irj/portal. Upon login, click Employee Self-Service, then Benefits, lastly select Benefits Enrollment.

All changes made during open enrollment are effective **January 1 of the following year.**

Annual Employee Attestation

Every year the PEBTF conducts an annual employee attestation for employees hired on/after August 1, 2003. You must attest that your enrolled spouse/domestic partner is not offered medical or supplemental coverage through his or her own employer. If your spouse/domestic partner is offered coverage, they must enroll in that plan, and can be enrolled as a dependent on your PEBTF coverage for secondary coverage only.

Medical and Supplemental Coverage Eligibility

Employee Eligibility

To be eligible for medical and supplemental coverage under this plan, you must be a permanent full-time employee or a permanent part-time employee who works at least 50% of full-time hours.

90-day Waiting Period

Employees may elect single medical coverage for the first 90 days of employment. Dependents can be added after the 90-day period or during the initial 90-day period, provided the employee pays the applicable dependent buy-up cost.

The time that an employee works in a temporary capacity may be credited toward the 90-day period (although you must be a permanent full or part time employee to be eligible for PEBTF benefits). Time when you are furloughed or otherwise not actively working does not count toward the 90-day period. If you leave employment and later return following a break in service of more than 180 calendar days, then you will be required to satisfy a new 90-day waiting period for full eligibility again.

Dependent Eligibility

The following Dependents are eligible to be enrolled:

- **Legal Spouse**
- **Common Law Spouse**
  (must be entered into prior to September 17, 2003)
- **Domestic Partner***
- **Children under age 26**
- **Disabled Children age 26 and older**

To view a detailed description and definition of dependent eligibility, see the dependent eligibility attachment.

Dependent Documentation

In order for dependents to be enrolled in coverage, applicable dependent documentation must be provided timely. See dependent documentation attachment for required documentation and more information. View the Employee Responsibilities - Qualifying Events attachment for information on how long you have to enroll dependents.

Duplication of Coverage

If you and your spouse/domestic partner both work for a PEBTF-participating employer, you may not be enrolled as both an Employee Member and as a Dependent under your spouse's/domestic partner's coverage.

In addition, you cannot participate in both the PEBTF Plan for Active Employees and the Retired Employees Health Program (REHP) of the Commonwealth of Pennsylvania. Finally, your Dependent child may be enrolled under your or your spouse's/domestic partner's coverage, but not both.

Spouse/Domestic Partner* Eligibility

Spouse/Domestic partners* of employees hired prior to August 1, 2003

To enroll for coverage in the PEBTF, if the Dependent spouse/domestic partner of an employee hired before August 1, 2003, is eligible for medical, prescription drug benefits or supplemental benefits (vision, dental and hearing aid) through his or her own employer **and** does not have to pay for coverage, he or she must take his or her employer's coverage as primary coverage. In that event, your spouse's/domestic partner's coverage in the PEBTF is limited to **secondary** coverage. If your spouse/domestic partner has to pay for coverage or is offered an incentive not to take his or her employer's coverage, your spouse/domestic partner does not have to enroll in his or her employer's coverage and the PEBTF will remain as primary.

Spouse/Domestic partners* of employees hired on or after August 1, 2003

To enroll for coverage in the PEBTF, a Dependent spouse/domestic partner of an employee hired on or after August 1, 2003, who is eligible for medical, prescription drug benefits or supplemental benefits (vision, dental and hearing aid) coverage through his or her own employer **must** take his or her employer's coverage as his or her primary coverage; regardless of any employee contribution the spouse/domestic partner must pay and regardless of whether the spouse/domestic partner had been offered an incentive to decline such coverage. Coverage for such Dependent spouse/domestic partner in the PEBTF is limited to **secondary** coverage. This rule does not apply for those spouses/domestic partners who are self-employed. You will have to complete an annual attestation to continue coverage for your spouse/domestic partner. The PEBTF will notify you of the attestation deadlines.

***NOTE**: Enrollments for domestic partners and children of domestic partners **will no longer be accepted on or after January 1, 2020**. The PEBTF will cease providing coverage for domestic partners and children of domestic partners effective January 1, 2021.

Coverage Information

Health Plan Choices

There are three health plan options for employees to choose from:

	In-Network Deductible*	Out-of-network
Basic PPO	$1,500 Single/$3,000 Family	$3,000 Single/$6,000 Family; plan payment 70%, member pays 30% of the next $11,200 single/$22,400 family after which the plan pays at 100%
Choice PPO	$400 Single/$800 Family	$800 Single/$1,600 Family; plan payment 70%, member pays 30% of the next $11,200 single/$22,400 family after which the plan pays at 100%
Custom HMO	No Deductible, Network Providers Only	N/A - Coverage only available at network providers

*excludes preventive care, office visits, and outpatient therapy copayments, emergency room and urgent care copayments and lab tests

For additional details and information visit the PEBTF websites:
Basic PPO offered by Highmark Blue Shield
Choice PPO offered by Aetna
PEBTF Custom HMO
- Aetna available in Western, Central and Southeastern Pennsylvania
- Geisinger available in northeastern Pennsylvania counties

Durable Medical Equipment (DME) Prosthetics, Orthotics, Diabetic and Medical Supplies Benefit

DMEnsion Benefit Management, a licensed third party administrator, provides DME, prosthetics, orthotics and medical supply services to PEBTF Members. Included with your medical enrollment.

- DME includes equipment such as wheelchairs, oxygen, hospital beds, walkers, crutches and braces, etc.
- Prosthetics and Orthotics (P&O) include artificial limbs, braces (such as leg and back braces), breast prostheses and medically-necessary shoe inserts for diabetics
- Medical supplies include urological and ostomy supplies
- Diabetic supplies include syringes, needles, lancets, test strips, pumps and glucometers (Members should obtain insulin under the Prescription Drug Plan)
- The PPO plan deductibles do not apply to DMEnsion

Prescription Drug Program

Employees may enroll in prescription coverage at any time; buy-up costs apply for the first 90 days of eligibility.

	Generic	Preferred Drug	Non-Preferred Brand Name Drug
Retail Prescriptions (up to 30-day supply)	$15	$40, plus the cost difference between the brand and the generic, if one exists	$80, plus the cost difference between the brand and the generic, if one exists.
Mail Order through CVS Caremark Mail Service (up to 90-day supply)	$22.50	$60, plus the cost difference between the brand and the generic, if one exists	$120, plus the cost difference between the brand and the generic, if one exists.
Maintenance Choice at a CVS pharmacy (up to 90-day supply)	$22.50	$60, plus the cost difference between the brand and the generic, if one exists	$120, plus the cost difference between the brand and the generic, if one exists.
Retail Maintenance at a Rite Aid Pharmacy (up to 90-day supply)	$30	$80, plus the cost difference between the brand and the generic, if one exists	$160, plus the cost difference between the brand and the generic, if one exists.

Preventive Care Covered Medications – No Copayment. Provided to all members with medical enrollment regardless of whether the member is enrolled in the prescription drug program.

Supplemental Benefits

Employees can enroll after 90 days of employment. Visit the PEBTF website for more details and information:

Vision Plan
NVA Offers Active Members the EyeEssential℠ Plan. Your National Vision Administrators (NVA) vision benefit includes coverage for an annual eye exam. Reimbursement for lenses and frames or contact lenses is provided every two years.

Dental Plan
United Concordia Dental PPO (fee for service) – uses Advantage Plus dental network

Hearing Aid Plan
The benefit is limited to one hearing aid per ear per 36-month period up to a maximum of $900 for a monaural hearing aid, $2,400 for CROS aids and $1,800 for binaural aids.

Employee Contribution Rates

Permanent full-time employees who elect PEBTF coverage will contribute 2.5% of their biweekly salary. This cost includes enrollment in health, prescription, and supplemental benefits (certain buy-ups/restrictions apply for the first 90 days of employment). Employees will pay an additional biweekly contribution to enroll in the Choice PPO plan*.

	Plan Buy-Up
Basic PPO	$0
Choice PPO*	$323 Annual for Single ($12.43 biweekly) $833 Annual for Family ($32.07 biweekly)
Custom HMO	$0

*employees hired before 8/1/2003 do not pay the buy-up

Get Healthy Wellness Program
If you do not participate in the Get Healthy Wellness program you will pay an additional 2.5% of biweekly salary.

New or newly eligible employees pay the additional 2.5% of biweekly salary at the start of their enrollment. Employees must complete the Wellness Screening within 45 days of the date of the communication letter from the PEBTF to qualify for participation in Get Healthy. If the Wellness Screening is completed within this time period, the employee will be refunded the additional 2.5% paid since enrollment. Employees will be required to meet continued participation requirements annually.

Buy-Up Costs

Additional cost depends on the coverage you choose; you will pay a buy-up amount:

- If you choose the Choice PPO plan (employees hired on/after 8/1/2003)
- If you enroll dependents in medical coverage in the first 90 days of employment.
- If you choose prescription coverage in the first 90 days of employment.

To review health plan rates, buy-up amounts, part-time employee rates and more, view the PEBTF Open Enrollment Newsletter

Waiver of Medical and/or Supplemental Benefits

Employees may elect to waive enrollment in medical, prescription and/or supplemental coverage for themselves and family members. Employee contributions will not occur while waiver of medical, prescription and supplemental coverage is in effect. If an employee chooses to waive some benefits, but enrolls in one or more other benefits, the 2.5% salary contribution (and any applicable buy-up) still applies:

- Employee waives medical coverage, but remains enrolled in prescription and/or supplemental benefits
- Employee waives prescription coverage, but remains enrolled in medical and/or supplemental benefits
- Employee waives supplemental coverage, but remains enrolled in medical and/or prescription benefits

Coverage Effective and End Dates

Effective Dates: 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.

Health Insurance	Prescription Drug	Supplemental Benefits (Dental, Vision, and Hearing)
Employees and dependents can enroll for health benefits at any time. (Buy-up cost applies to dependents for the first 90 days of employment.) The effective date cannot be more than 60 days retroactive from the date the Human Resources Office receives the form.	Your prescription drug coverage begins the day after you been employed for 90 days. You may enroll in prescription drug from the first day of eligibility, however you must pay an additional buy-up cost for the first 90 days of employment.	Your supplemental benefits (dental, hearing, vision) begin the day after you have been employed for 90 days.

First 90 days of employment:

- Single coverage only
- Buy-up costs apply to any added dependents or enrollment in prescription drug coverage
- No supplemental benefits

Beginning with the 91st day of employment:

- Employee and eligible dependents can enroll at any time
- Employee and eligible dependents can enroll in prescription drug coverage
- Supplemental benefits available

Ending Dates:

Your coverage will generally end on the date when:

- Your employment ends
- Your employment status changes to leave without pay without benefits
- Your employer no longer makes contributions on your behalf
- Your percent of time worked decreases to between 50% and 99%. Health coverage continues automatically at part-time employee rates unless you elect to terminate coverage.
- Your percent of time worked decreases to less than 50%
- You are furloughed
- Your death
- You are suspended from PEBTF coverage for fraud and/or abuse and/or failure to provide requested information and/or failure to cooperate with the PEBTF in the exercise of its subrogation rights and/or failure to repay debt to the PEBTF
- You fail to remit any required premium contributions or buy-ups, including members who are on leave without pay with benefits
- Otherwise no longer eligible to participate

Dependent coverage will generally end on the date when:

- Your coverage ends
- Your dependent no longer qualifies as an eligible dependent under the rules of the plan
- You voluntarily drop coverage for your dependent as permitted under PEBTF rules
- You or your dependent are suspended from PEBTF coverage for fraud and/or abuse and/or failure to provide requested information and/or failure to cooperate with the PEBTF in the exercise of its subrogation rights and/or failure to repay debt to the PEBTF
- The PEBTF determines an individual had been incorrectly enrolled as a dependent (in such event, coverage may be canceled back to the date the individual was incorrectly enrolled)
- Child age 26 removed from coverage last day of the month

Refer to the PEBTF Summary Plan Description for detailed information.

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.

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 dependent care expenses.

Health Care FSA

Enrolling in the health care FSA can help you save money on your deductible, coinsurance, or other qualifying medical costs. You contribute money from your paycheck on a pre-tax basis, and get reimbursed from your FSA account as you incur eligible expenses.

Financially, this helps you in two ways:

1. Your entire health care FSA election amount is immediately available to you at the beginning of the year to pay for qualifying expenses.
2. You will reduce your taxes by participating in an FSA, potentially saving you hundreds of dollars a year (depending on the amount of your FSA election and your tax bracket).

Eligible expenses for reimbursement include coinsurances, deductibles and amounts in excess of plan allowances or maximums, prescription drug copayments, PPO and HMO doctor office visit charges, lasik eye surgery, orthodontia, chiropractic services, etc.

Maximum annual contribution effective January 2020 is $2,700

Carryover Provision

Up to $500 of your unused health care FSA dollars can be carried over into the next plan year.

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

Along with the carryover provision, State System employees have the opportunity to 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).

Dependent Care FSA

This type of FSA is for **daycare or elder care** expenses, including before/after school care and summer day camps.

Please note: Dependent care is **not** for health care expenses for your dependents.

You may use your Dependent Care FSA to receive reimbursement for eligible dependent care expenses for qualifying individuals, **which includes a tax dependent 12 years or younger, or a spouse or other tax dependent of any age who is physically and/or mentally incapable of self-care.** Only the custodial parent of divorced parents can be reimbursed using a Dependent Care FSA.

Dependent care 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.

Maximum annual contribution is $5,000

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

** 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.*

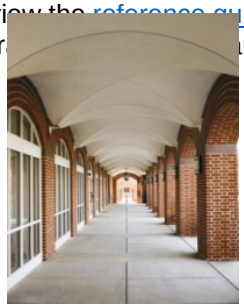
HSA Reminder

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 an 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 reference guide for more information about flexible spending accounts, including a list of [illegible] and tax-savings calculator. To speak with an [illegible] 557-3156.



Additional Insurance Coverage

Group Life Insurance

The State System enrolls all permanent employees in our group life insurance program at no cost to the employee. The amount of term life insurance is equal to the nearest $1,000 of basic annual salary up to the applicable maximum. Maintain your account and keep your beneficiary designation up to date with MetLife at www.metlife.com/mybenefits.

Union	Coverage Amount	Additional Work-Related Accidental Death Coverage	Age Based Reductions
AFSCME	1x salary up to a maximum of $40,000	$25,000	Reduced at age 70 to 65%; age 75 to 50%
SEIU	1x salary up to a maximum of $40,000	$25,000	Reduced at age 70 to 65%; age 75 to 50%
SCUPA	1x salary up to a maximum of $50,000	$20,000	Reduced at age 70 to 65%; age 75 to 50%

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

Voluntary Insurances

The following insurance programs are available to all permanent full-time employees, or permanent, part-time employees who are scheduled to work every pay period for at least 50 percent of full-time. These programs are administered by CIGNA.

Voluntary Group Life Insurance (VGLIP)

VGLIP provides life insurance coverage to help your family cover your final expenses, including funeral costs - CIGNA 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.

To view additional details including rate information, visit the VGLIP website or brochure.

Coverage Options	Elect in increments of	Guaranteed Coverage	Maximum Coverage
Employee	$10,000	$150,000	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 coverage 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 ADD website or brochure.

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.

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 brochure.

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

Additional CIGNA Benefits

Enrollment in VGLIP, AD&D, or LTD come with additional benefits offered by CIGNA, such as identify theft protection and will preparation. To view those benefits, see the Voluntary Insurance Attachment.

Paid Time Off

Leave benefits are determined by your employee group. Click the union below for more details:

- AFSCME
- SEIU
- SCUPA

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

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%

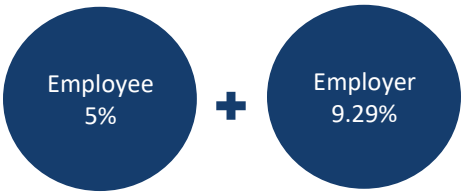
*The pension plan employer contribution is calculated each year based on assets and liabilities of SERS pension fund.

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 applicable collective bargaining agreement or university policy for additional information regarding your benefit. Contact your human resources office for more information.

Retiree Health Care

SCUPA employees hired prior to January 16, 2016, and AFSCME, and SEIU employees hired on any date, 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 four (4) 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
Work-Related Problems
Marital and Relationship Problems
Financial or Legal Concerns
Alcohol or Drug Problems
Death and Dying
Job Burnout
Stress
Physical Abuse
Stress and Anxiety
Depression
Aging Parents
HIV and AIDS
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.

Dependent Eligibility Attachment -

You may cover the following Dependents:

- **Spouse** (original marriage certificate required). An Affidavit Attesting to the Existence of Marriage Performed Outside of the United States (PEBTF-FM) should be completed if an employee was married outside of the country and cannot produce a valid marriage certificate.

- **Domestic partner*.** (same-sex and opposite-sex) A Domestic Partnership Verification Statement and Application for Health Benefits (PEBTF-12) Form must be completed and the appropriate verification evidence must be presented.

- **Common Law Marriages**. If you and your spouse are married by common law, the PEBTF will permit you to enroll your common law spouse as a Dependent, provided you complete a Common Law Marriage Affidavit and provide any additional information requested by the PEBTF to demonstrate the validity of your common law marriage. There are no exceptions to this rule. (The common law marriage must be entered into prior to September 17, 2003.)

- **Child under age 26**, including
    - Your natural child (original birth certificate required)
    - Legally-adopted child, including coverage during the adoption probationary period (Court Adoption Decree is required)
    - Stepchild for whom you have shown an original marriage certificate and a birth certificate indicating that your spouse/domestic partner is the parent of the child
    - Child for whom you are the court-appointed legal guardian or legal custodian as demonstrated by the appropriate court order – these orders expire on the child's 18th birthday
    - Eligible foster child
    - Child for whom you are required to provide medical benefits by a Qualified Medical Child Support Order or National Medical Support Notice

  Coverage for Dependent Children to Age 26: As an Employee Member, you may cover your child to age 26. Marriage, residency, tax support and student status are not considered in determining eligibility for children under age 26. Coverage for an eligible child ends on the last day of the month in which the child turns 26 unless the child qualifies as a disabled Dependent.

- **Disabled Dependent.** Your unmarried/unpartnered disabled Dependent child age 26 and older may be covered if all of following the requirements are met:
    - Is totally and permanently disabled, provided that the Dependent became disabled prior to age 26
    - Was your or your spouse's/domestic partner's Dependent before age 26
    - Depends on you or your spouse/domestic partner for more than 50% support
    - Is claimed as a Dependent on your or your spouse/domestic partner's federal income tax return. In the event of a divorce, your child may be eligible for coverage if the child is claimed as a Dependent by you every other year pursuant to a divorce decree or similar judgment
    - Completes a Disabled Dependent Certification Form (must be completed by Employee Member)

You may enroll your eligible Dependent at any time. However, the effective date cannot be more than 60 days retroactive from the date the PEBTF Enrollment/Change Form is received by your HR office. The necessary documentation must be presented when adding a new Dependent to PEBTF coverage. Your HR office will notify you of the documentation needed.

Refer to the PEBTF Summary Plan Description for detailed information.

***NOTE**: Enrollments for domestic partners and children of domestic partners **will no longer be accepted on or after January 1, 2020**. The PEBTF will cease providing coverage for domestic partners and children of domestic partners effective January 1, 2021.

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 http://www.passhe.edu/inside/HR/syshr/LifeEvents/Pages/default.aspx

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 his/her 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 health plan.	**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**

*PEBTF guidelines permit enrollment at any time.

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 PEBTF the amount of the overpayment.

Voluntary Insurance Attachment

The programs below are offered with enrollment in specific voluntary insurance plans offered by CIGNA. These programs include the Voluntary Group Life Insurance Program (VGLIP), Accident, Death, and Dismemberment (AD&D), and Long Term Disability (LTD) plans. View the chart to see what you could qualify for:

Cigna Benefit	Description	VGLIP	AD&D	LTD
Healthy Rewards®	Discounts of up to 40% on health and wellness services including weight management and nutrition programs, fitness club memberships, health and wellness products and more.	✓	✓	✓
Secure Travel®	Pre-trip planning, travel assistance, emergency medical assistance and referrals when traveling, medical evacuation/repatriation coverage.		✓	
Cignassurance®	Beneficiary support services, including bereavement counseling, legal and financial guidance.	✓	✓	
My Secure Advantage™	Will preparation, identity theft and money coaching services.	✓	✓	✓

Dependent Documentation Attachment

If required documentation is not provided within **60 days of the date of hire or life event change**, the dependent(s) will be removed from coverage retroactive 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.

For dependents added during open enrollment that were not previously covered under the PEBTF Health Program, the required documentation must be provided **by the end of the open enrollment period** in order for the dependent's coverage to be effective.

Dependent	Required Documentation	Possible Resources to Obtain Documentation
Spouse	• Marriage Certificate (this is not the certificate provided from the official conducting the ceremony) • Out of country marriage certificates can be accepted • If the spouse is not yet a US citizen and does not have a Social Security Number, documentation should be provided with the PEBTF-2 form supporting why the SSN is not being submitted	• County courthouse that issued original marriage certificate. A list of Pennsylvania County Courthouses can be found at www.health.state.pa.us under Health Statistics and Vital Records.
	✓ HR Office must submit the completed Employee Enrollment/Change Form (PEBTF-2). Please ensure the box in Section 7 – Dependent Data has been initialed verifying the required documents were viewed	
Common-Law Spouses (for whom HR has collected information attesting that the marriage was in effect prior to September 17, 2003	• Employee must present to the HR office with two of the documents as outlined below, dated prior to September 17, 2003. HR should make a copy and forward to the PEBTF with the other necessary documentation: 1. Original deed to the employee's home, if owned jointly 2. Original automobile title, if owned jointly 3. Original statement of a current bank account that is held in joint name 4. Original copy of the employee's will, identifying the spouse 5. A copy of the coverage page (indicating filing status) and signature page (if a different page) of the employee's 2002 Federal Income Tax Return, which indicates marital status The HR Office should not retain any copies of these documents.	
	✓ HR Office must submit the completed Employee Enrollment/Change Form (PEBTF-2) and Affidavit Attesting to the Existence of Common Law Marriage (PEBTF-5) along with the support documentation listed above. Please ensure the box in Section 7 – Dependent Data has been initialed verifying the required documents were reviewed.	
Domestic partner* (Same sex or opposite sex partner) ***NOTE**: Enrollments for domestic partners and children of domestic partners **will no longer be accepted on or after January 1, 2020**. The PEBTF will cease providing coverage for domestic partners and children of domestic partners effective January 1, 2021.	• Employee must present to the HR office with three of the documents as outlined below. All of the documents must be dated at least 6 months prior to the current date. HR should make a copy and forward to the PEBTF with the other necessary documentation: 1. A Domestic Partnership Agreement 2. A deed or lease evidencing common ownership of real property or a common leasehold interest in property 3. Evidence of joint title to a motor vehicle 4. Driver's license listing a common address 5. Proof of joint bank accounts or credit union bank accounts 6. Proof of designation as a beneficiary for life insurance or retirement benefits or beneficiary designation under a partner's will 7. Assignment of a durable power of attorney or health care power of attorney The HR Office should not retain any copies of these documents.	• Domestic Partnership Verification Form (PEBTF-12) is available on-line at www.pebtf.org
	✓ HR Office must submit the completed Employee Enrollment/Change Form (PEBTF-2), Notarized Domestic Partnership verification form (PEBTF-12) along with the support documentation listed above. Please ensure the box in Section 7 – Dependent Data has been initialed verifying the required documents were reviewed.	

Dependent	Required Documentation	Possible Resources to Obtain Documentation
Child(ren) by birth	• Original State issued Birth certificate	• 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.state.pa.us. Fee is $10. • 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
	✓ HR Office must submit the completed Employee Enrollment/Change Form (PEBTF-2). Please ensure the box in Section 7 – Dependent Data has been initialed verifying the required documents were reviewed. ✓ The children of Domestic Partners may be enrolled and will mirror the process outlined for natural children. However, the Domestic Partner must first be certified by PEBTF prior to the addition of the Domestic Partner's child.	
Child(ren) by adoption	• Court approved adoption order **OR** • Placement letter from court/adoption agency for pending adoptions	• County courthouse that issued final adoption order • County court/adoption agency that issued placement letter
	✓ HR Office must submit the completed Employee Enrollment/Change Form (PEBTF-2) along with a copy of the adoption papers or new birth certificate. Please ensure the box in Section 7 – Dependent Data has been initialed verifying the required documents were reviewed.	
Child(ren) by legal guardianship or legal custodial relationship	• Court or agency order establishing guardianship or custodial relationship. If the employee provides a temporary court order, the PEBTF will request a new court order when the expiration date is reached	• County courthouse/agency that issued guardianship/custodial order
	✓ HR Office must submit the completed Employee Enrollment/Change Form (PEBTF-2). Please ensure the box in Section 7 – Dependent Data has been initialed verifying the required documents were viewed	
Stepchildren and Child(ren) of domestic partners* ***NOTE**: Enrollments for domestic partners and children of domestic partners **will no longer be accepted on or after January 1, 2020**. The PEBTF will cease providing coverage for domestic partners and children of domestic partners effective January 1, 2021.	• Birth certificate indicating the spouse/Domestic Partner is the parent of the child **AND** • Marriage certificate OR documentation of a Domestic Partnership	• 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.state.pa.us. Fee is $10. • 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.state.pa.us under Health Statistics and Vital Records.
	✓ HR Office must submit the completed Employee Enrollment/Change Form (PEBTF-2). Please ensure the box in Section 7 – Dependent Data has been initialed verifying the required documents were viewed ✓ The children of Domestic Partners may be enrolled and will mirror the process outlined for natural children. However, the Domestic Partner must first be certified by PEBTF prior to the addition of the Domestic Partner's child.	
Child for whom the employee is required to provide benefits by a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN)	•	
	✓ An Employee Enrollment/Change Form (PEBTF-2) is not necessary when the PEBTF receives the QMCSO or NMSN directly from the courts. The PEBTF will notify the Central Benefits System HR Office to have the dependent enrolled in coverage (our office will notify the campus to perform the appropriate Action through PA-40) ✓ If the HR Office receives the QMCSO directly from the courts, the HR Office should complete it and send it to the PEBTF.	
Disabled Children	• Disabled Dependent Certification Form (PEBTF-6)	• Disabled Dependent Certification Form is available on-line at www.pebtf.org
	✓ The employee must complete and submit an Employee Enrollment/Change Form (PEBTF-2) and the Disabled Dependent Certification Form (PEBTF-6) to the HR Office who in turn must submit these forms to the PEBTF	
Foster child (age 18 or older) who lives with the employee and is solely supported by the employee, if employee was the foster parent prior to the dependent's 18th birthday. .	• Documentation from Social Services that placed dependent in the home prior to 18th birthday	
	✓ HR Office must submit the completed Employee Enrollment/Change Form (PEBTF-2) along with a copy of the court documents to validate the expiration date PEBTF will need to use when the child is no longer covered by the Social Services agencies. Please ensure the box in Section 7 – Dependent Data has been initialed verifying the required documents were viewed ✓ Foster children cannot be enrolled under the age of 18 as they must utilize benefits offered through Social Services agencies	

Paid Time Off Attachment

AFSCME Employees

Annual Leave

Years of Service	Accumulation Rate	Days
Up to 3	4.24% of regular hours paid	11 days per year
3 – 15	7.32% of regular hours paid	19 days per year
Over 15	9.24% of regular hours paid	24 days per year

Employees hired before July 1, 2011 are eligible for the following:

Years of Service	Accumulation Rate	Days
Over 25	11.55% of regular hours paid	30 days per year

- Up to 45 days of unused leave may be carried from one year to the next
- Leave in excess of 45 days not used within the first seven pay periods of the new leave calendar year will be converted to sick leave up to the maximum accumulation
- Payment for unused leave at termination/retirement

Sick Leave

Accumulation Rate	Maximum Days
4.24% of regular hours paid	11 days per year

- Unused leave may be carried from one year to the next
- 300 days maximum accumulation
- Employees who have more than one year of service since their most recent date of hire and who use no sick leave (other than sick leave used for bereavement leave) in an entire one-half leave calendar year shall earn an additional one-half day of annual leave. A maximum of one additional day of annual leave may be earned per leave calendar year.
- 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

*leave used is deducted from your sick leave balance

Additional leave for sickness in immediate family may be used for a serious health condition after meeting certain criteria; employees may use accrued sick leave, in addition to the five day entitlement, for a family member's serious health condition in accordance with the following schedule:

Leave Service Credit	Days
Over 1 – 3 years	7 days
Over 3 – 15 years	15 days
Over 15 – 25 years	20 days
Over 25 years	26 days

SEIU Employees

Annual Leave

Years of Service	Accumulation Rate	Days
Up to 3	4.24% of regular hours paid	11 days per year
3 – 15	7.32% of regular hours paid	19 days per year
Over 15	9.24% of regular hours paid	24 days per year

Employees hired before July 1, 2011 are eligible for the following:

Years of Service	Accumulation Rate	Days
Over 25	11.55% of regular hours paid	30 days per year

- Up to 45 days of unused leave may be carried from one year to the next
- Leave in excess of 45 days not used within the first seven pay periods of the new leave calendar year will be converted to sick leave up to the maximum accumulation
- Payment for unused leave at termination/retirement

Sick Leave

Accumulation Rate	Maximum Days
4.24% of regular hours paid	11 days per year

- Unused leave may be carried from one year to the next
- 300 days maximum accumulation
- Employees who have more than one year of service since their most recent date of hire and who use no sick leave (other than sick leave used for bereavement leave) in an entire one-half leave calendar year shall earn an additional one-half day of annual leave. A maximum of one additional day of annual leave may be earned per leave calendar year.
- 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

*leave used is deducted from your sick leave balance

Additional leave for sickness in immediate family may be used for a serious health condition after meeting certain criteria; employees may use accrued sick leave, in addition to the five day entitlement, for a family member's serious health condition in accordance with the following schedule:

Leave Service Credit	Days
Over 1 – 3 years	7 days
Over 3 – 15 years	15 days
Over 15 – 25 years	20 days
Over 25 years	26 days

SCUPA Employees

Annual Leave

Years of Service	Accumulation Rate	Days
Up to 1	4% of regular hours paid	10.4 days per year
1 – 15	6% of regular hours paid	15.6 days per year
15 - 25	8% of regular hours paid	20.8 days per year
Over 25	10% of regular hours paid	26 days per year

- Up to 45 days of unused leave may be carried from one year to the next
- Leave in excess of 45 days not used within the first seven pay periods of the new leave calendar year will be converted to sick leave up to the maximum accumulation
- Payment for unused leave at termination/retirement

Sick Leave

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

- Unused leave may be carried from one year to the next
- 300 days maximum accumulation
- Must contribute 1% of regular hours paid each biweekly period to sick leave bank
- 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

*leave used is deducted from your sick leave balance

Personal Leave

Employee Status	Days
Permanent full-time employees on 12-month schedule	5 days per year
Permanent full-time employees on 9-month schedule	4 days per year
Permanent Part-Time	Pro-rated basis

- Personal leave not used within the leave calendar year in which it was earned may be carried over for the first seven pay periods of the next leave calendar year. Any days not used within the first seven pay periods of the next leave calendar year will be lost.
- Payment for unused accrued leave at termination/retirement

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