PENNSYLVANIA'S STATE SYSTEM OF HIGHER EDUCATION

State System Employee Benefits

APSCUF Faculty and Coaches, Nonrepresented,
OPEIU (Nurses), POA (PASSHE Officers Association), and
SPFPA (Security/Police) Employee Groups

Pennsylvania's
STATE SYSTEM
of Higher Education

Revised July 2020

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 for State System Employees covered by APSCUF Faculty and Coaches, Nonrepresented, OPEIU, POA, and SPFPA Employees. 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 and the collective bargaining agreements will govern any discrepancies that may arise. For additional information concerning these benefits, contact your human resource office. Benefits, benefit levels, and eligibility rules are subject to change.

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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 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.

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.

Health Plan Eligibility

Employee Eligibility

To be eligible for coverage under the State System health plan, you must be a permanent, full-time employee (including temporary, full-time faculty with at least an academic year contract) or a permanent, part-time employee (including temporary, part-time faculty with at least an academic year contract) who is scheduled to work every pay period for at least 50% 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

In order 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 his/her 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 his/her 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 websites:

- Nonrepresented, OPEIU, POA, SPFPA - PPO
- APSCUF Faculty and Coaches - PPO

	Nonrepresented, OPEIU, POA, SPFPA		APSCUF Faculty and Coaches	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Deductible	$250 per person, $500 per family	$500 per person, $1,000 per family	$400 per person, $800 per family	$800 per person, $1,600 per family
Member Coinsurance	10%	30%	n/a	20%
Out-of-Pocket Maximum	$1,000 per person, $2,000 per family	$2,000 per person, $4,000 per family	n/a	$3,200 per person, $6,400 per family
Primary Care Physician Office Visit*	$15 copay	30% after deductible	$20 copay	20% after deductible
Specialist Office Visit*	$25 copay	30% after deductible	$30 copay	20% after deductible
Urgent Care*	$25 copay	30% after deductible	$50 copay	20% after deductible
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	$200 copay (waived if admitted)	$200 copay (waived if admitted)
Preventive Care*	Plan pays 100% - no deductible	30% after deductible	Plan pays 100% - no deductible	20% 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 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 Walgreens Specialty Pharmacy, a mail-order pharmacy provider solely focused on specialty medications.

Walgreens Specialty Pharmacy 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 Walgreens Specialty Pharmacy at 1-888-347-3416.

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.

Coaches, Nonrepresented, OPEIU, POA, SPFPA

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

APSCUF Faculty

Dental and vision benefits provided by the Pennsylvania Faculty Health and Welfare Fund. For additional information contact the Fund Administrator at 844-865-1137 or via email at pafaculty@cdsadmin.com

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

*In the event of an employee death for an APSCUF faculty or coach, coverage for enrolled dependents may be extended until the end of the month or until the 14th of the following month, depending on the date of death.

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, including temporary faculty employed for a one-academic year contract, who work 50% time. Flexible spending accounts (FSAs) governed by the 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 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.*

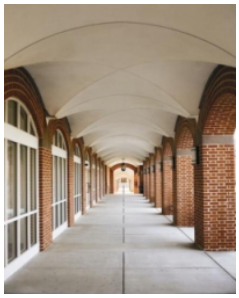
HSA Reminder

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 eligible expenses and an interactive contribution and tax-savings calculator. To speak with an FSA specialist, call 1-888-557-3156.



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
Nonrepresented, APSCUF Faculty and Coaches	1x salary up to a maximum of $50,000	$20,000	N/A
OPEIU	1x salary up to a maximum of $40,000	$25,000	Reduced at age 70 to 65%; age 75 to 50%
POA, SPFPA	1x salary up to a maximum of $40,000	$25,000	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 (including temporary, full-time faculty with at least an academic year contract), or permanent, part-time employees (including temporary, part-time faculty with at least an academic year contract) 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 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 benefit entitlements are determined by your employee group. Click the employee group below for more details:

- APSCUF Faculty
- APSCUF Coaches
- Nonrepresented
- OPEIU Nurses
- POA, SPFPA Security/Police

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.

Campus Police
There are a few exceptions related to campus police including patrol officer, police specialist, police supervisor, police chief, or assistant police chief. View the campus police retirement page for additional information.

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.

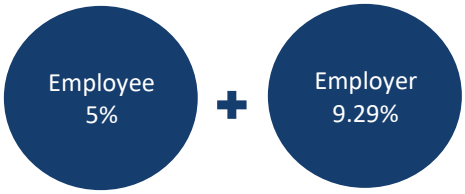
View the summary of information below and additional information at www.passhe.edu/retirement.

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 and/or university policy for additional information regarding your benefit. Contact your human resources office for more information.

Retiree Health Care

Nonrepresented, POA, SPFPA, and OPEIU employees hired prior to January 16, 2016, and APSCUF Faculty and Coaches 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.

Eligibility Rules for Spouse and Dependents

APSCUF Faculty and Coaches, Nonrepresented, OPEIU, POA, SPFPA

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 his/her 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 his/her 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 his/her employer must be enrolled in his/her 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 his/her own employer's plan, the spouse/same-sex domestic partner shall be required to enroll in his/her 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**

- **APSCUF Faculty and Coaches** - Must have a Same-Sex Domestic Partner Certification form on file prior to January 1, 2017, in order to be eligible to enroll that same-sex domestic partner to your health plan

- **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**
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: – 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.	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. – 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.	You must notify your human resources office and submit the enrollment change within **60 days** of the qualifying life event. – 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 Employee Self-Service (ESS)
   All changes must be made online using Employee Self-Service.
   - Go to Employee Self-Service (ESS): https://portal.passhe.edu/irj/portal and Sign in.
   - On the tabs across the top of your page, select Employee Self-Service.
   - Choose Benefits and then click Benefits Enrollment to view applicable open enrollment events.
   - Follow the enrollment process.
   - 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	• 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	• 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 – 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	• 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.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	• 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
Child(ren) by legal guardianship	• Court or agency order establishing guardianship **AND** • Affidavit of Residence and/or Dependency for Other Children Form	• County courthouse/agency that issued guardianship order • Affidavit of Residence and/or Dependency for Other Children Form available from university human resources office
Stepchildren	• Birth certificate* **AND** • Marriage 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.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	• 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 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 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.

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.	✓	✓	✓

Campus Police Retirement Benefits

Eligible campus police hired on/after January 1, 2019, have different retirement options available. This includes patrol officer, police specialist, police supervisor, police chief, or assistant police chief.

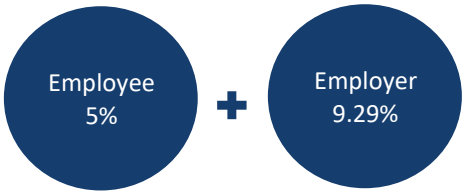
More information can be found at:

- Campus Police Retirement Page
- Police Retirement Plan Comparison

Police Retirement Plan Options:

Defined Contribution Plan - 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.

Defined Benefit Plan State Employees' Retirement Plan (SERS)

Retirement income is based on a fixed formula that considers your years of service, age, and final average salary. The retirement benefit amount for vested participants is guaranteed and not affected by the investment earnings of the plan. Participants are 100% vested after 10 years of service (5 years if enrolled prior to January 1st, 2011). Visit the SERS website for more information.

Plans Available:
SERS Class A3
Employees contribute 6.25% of gross salary.
Employees receive a 2% multiplier in the pension formula.

SERS Class A4
Employees contribute 9.3% of gross salary;
Employees can voluntarily elect this class in exchange for a higher pension formula multiplier of 2.5%.

Paid Time Off Attachment

APSCUF Faculty

Sick Leave

Faculty Status	Days
Regular full-time	15 days each academic year of service
Regular part-time	Pro-rated based upon your standard workload assigned
Full-time temporary employed for 1 academic year	15 days
Full-time temporary employed for 1 academic semester	7.5 days
Part-time temporary	1 day per semester

- Use limited to 90 days per calendar year
- Unused leave may be carried from one year to the next
- Unlimited accumulation
- Faculty members with at least 315 accumulated sick days must contribute 1 day annually 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 Per Event
Death of immediate family. No leave will be charged for up to 3 days; faculty member may use up to an additional 2 days of sick leave for this purpose	3-5 days
Sickness of immediate family	5 days per calendar year

Personal Leave

Faculty (Full-time Regular and Temporary)	Days
12-month faculty members	5 days per calendar year
10-month faculty members	3 days per calendar year
9-month faculty members	2 days per calendar year
Regular part-time faculty members	Pro-rated basis
Temporary part-time faculty members	Not eligible

- No carryover from previous year

APSCUF Coaches

Sick Leave

Status	Months of Service
Full-time	15 days for each 47-week service period
Part-Time	Pro-rated basis

- Credited at beginning of service period
- Each full day absence charged at 7.5 hrs. and for no more than 5 days per week
- Unused leave may be carried from one year to the next
- Maximum accumulation 300 days
- 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 contract year

Personal Leave

Status	Days
Full-time	2 days per service period

- No carryover from previous year

Nonrepresented 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
- Payment for unused leave at termination/retirement

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

Personal Leave

Employees receive 6 days per year.

- 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

OPEIU Nurses

Annual Leave

Employees hired before July 1, 2012

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

Employees hired on or after July 1, 2012

Years of Service	Accumulation Rate	Days
Up to 1	2.69% of regular hours paid	7 days per year
1 – 3	3.85% of regular hours paid	10 days per year
Over 3	5.77% of regular hours paid	15 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	Days
4.62% of regular hours paid	12 days per year

- Unused leave may be carried from one year to the next
- 300 days maximum 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

Personal Leave

Status	Days
Full-time	5 days per year
Part-time	Pro-rata 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

POA and SPFPA Security/Police

Annual Leave

Years of Service	Accumulation Rate	Days
Up to 3	2.70% of hours paid	7 days per year
3 - 15	5.77% of hours paid	15 days per year
15 - 25	7.70% of hours paid	20 days per year
Over 25	10% of 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	Days
5% of regular hours paid	13 days per year

- Unused leave may be carried from one year to the next
- 300 days maximum 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

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

Personal Leave

Full-time Employees	Days
First calendar year of employment	1 day
Second calendar year of employment	1 day per one-half calendar year (2 days)
Third calendar year of employment	2 days in first half calendar year and 1 day in second half calendar year (3 days)
Fourth calendar year of employment	1 day per one-quarter calendar year (4 days)
Fifth and subsequent calendar years	1 day in first, second, and fourth quarters calendar year 2 days in third quarter calendar year (5 days)

Permanent part-time employees earn personal leave on a 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

Webpage Citation Page

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

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APSCUF Faculty and Coaches PPO Website	http://www.passhe.edu/inside/HR/syshr/healthcare/Pages/FPPO.aspx
Preventive Schedule	http://www.passhe.edu/inside/HR/syshr/healthcare/Documents/Preventive_Schedule.PDF
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ADD Brochure	http://www.passhe.edu/inside/HR/syshr/insurance/Documents/VGLIP_ADD_Brochure.pdf
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TSA website	http://www.passhe.edu/inside/HR/syshr/retirement/Pages/Voluntary-Retirement-Plans.aspx
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