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SCUPA Employees

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This summary highlights the Employee Health Program, Retired Employee Health Program, Supplemental Benefits Program, and leave entitlements for Pennsylvania State System employees covered by the State College and University Professional Association (SCUPA) collective bargaining agreement. 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 SCUPA collective bargaining agreement 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.

General Information

Who is the Pennsylvania Employees Benefit Trust Fund (PEBTF)

The Pennsylvania Employees Benefit Trust Fund (PEBTF), established in 1988, administers health care benefits to approximately 84,000 eligible Commonwealth of Pennsylvania employees and their dependents and 60,000 retirees and their dependents, as well as additional employer groups including the Pennsylvania State System of Higher Education. The PEBTF is governed by a Board of Trustees comprised of both Commonwealth and Union representatives.

Who is Eligible for PEBTF Health Program Coverage

Eligibility for coverage is limited (Medical coverage only) for the first six months of employment as a new hire or re-hire. This six month period is satisfied once your cumulative period that you are actively working as an employee reaches six months. Time that you may work in a temporary capacity will be credited toward the six month requirement (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 six month requirement. 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 six month waiting period for full eligibility again.

1. Eligible Person is defined as:

a. Employees

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

b. Effective January 1, 2000, permanent part-time employees who work at least 50% of full-time hours must

- Elect both medical and supplemental coverage, or
- Decline both medical and supplemental coverage.

2. Eligible Dependent is defined as:

The following Dependents are eligible to be enrolled:

a. Legal Spouse for whom the Human Resource Office has seen the original marriage certificate.

Marriage certificates can be obtained from the courthouse in the county in which the marriage license was obtained. A list of Pennsylvania County Courthouses can be found at www.health.state.pa.us under Health Statistics.

b. Common Law Spouse for whom the Human Resource Office has collected information attesting that the marriage was in effect prior to September 17, 2003. The employee must present the Human Resource Office with two of the documents as outlined below, dated prior to September 17, 2003. The Human Resource Office will make a copy and forward to the PEBTF with the other necessary documentation:

- i. Original deed to the employee's home, if owned jointly
- ii. Original automobile title, if owned jointly

- iii. Original statement of a current bank account that is held in joint name
 - iv. Original copy of the employee's Will, identifying the spouse
 - v. 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
 - vi. The Human Resource Office will not retain any copies of these documents
- c. Domestic Partner for whom the Human Resource Office has collected information attesting to the Domestic Partnership. The employee must present the Human Resources 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. The Human Resource Office will make a copy and forward to the PEBTF with the other necessary documentation.
- i. A Domestic Partnership Agreement
 - ii. A deed or lease evidencing common ownership of real estate property or a common leasehold interest in property
 - iii. Evidence of joint title to a motor vehicle
 - iv. Driver's license listing a common address
 - v. Proof of joint bank accounts or credit accounts
 - vi. Proof of designation as a beneficiary for life insurance or retirement benefits or beneficiary designation under a partner's will
 - vii. Assignment of a durable power of attorney or health care power of attorney
 - viii. The Human Resource Office should not retain any copies of these documents
- d. Unmarried Dependent child under 19 years of age who meets one of the following requirements:
- i. Newborns (including newborns of employee's daughter, provided the dependent daughter is currently enrolled on the employee's coverage for benefits). The newborn is automatically covered for the first 31 days. A birth certificate must be produced for verification within seven months of the birth to avoid retroactive termination to the 31st day after birth.
 - ii. Natural child for whom the employee maintains parental rights. The employee must present an original birth certificate to the Human Resource Office for verification.
 - Birth certificates for children born in Pennsylvania may be obtained from the Pennsylvania Department of Health, Division of Vital Records. Birth certificates can be requested by facsimile, mail or online at www.health.state.pa.us. The website provides six locations to obtain birth certificates in person.
 - Birth certificates for children born in another state may be obtained from the state in which the child was born. In many states you can order a birth certificate from that state's website. Access to other state web sites can be linked through www.health.state.pa.us.
 - iii. Legally adopted child, including coverage during the adoption probationary period. Employee must provide documentation during the probationary period. Court adoption papers or a new birth certificate are required after the adoption is finalized.

- iv. Stepchild living with the employee member (50% residency or greater with the employee is required). Employee must present an original marriage certificate or documentation of a Domestic Partnership, as well as a birth certificate indicating the spouse/Domestic Partner is the parent of the child. In addition, for children of a Domestic Partner, employee must provide proof that the dependent is claimed on the Federal Income Tax Return of the Domestic Partner. For children of a spouse, employee must provide proof that the dependent is claimed on the employee's Federal Income Tax Return. The Domestic Partnership must be verified prior to enrollment of the children of the Domestic Partner.
 - v. Child who lives with the employee, is solely supported by the employee and for whom the employee/Domestic Partner is the court-appointed legal guardian. Employee must provide a copy of appropriate court order listing the employee or Domestic Partner.
 - vi. Foster child, age 18, who lives with the employee and is solely supported by the employee, if the employee was the foster parent prior to the child's 18th birthday. Employee must provide a copy of the documentation from Social Services.
 - vii. Child for whom the employee is required to provide benefits by a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN).
- e. Unmarried Dependent Child (age 19 – 23 years old). Coverage may be continued for a dependent child between ages 19 and 23 if the child meets all of the following requirements:
- i. Is a full-time student "attending" an accredited secondary school or Accredited Post-secondary Educational Institution. Attending includes periods of time over the summer, between consecutive semesters and over vacation period, provided the student returns to school for the very next scheduled regular semester and recertifies.
 - ii. Is not married
 - iii. Does not have benefits available to him/her through his/her own full time employer
 - iv. Depends on the employee for more than 50% financial support and is claimed as a dependent on the employee's or Domestic Partner's Federal Income Tax Return. A child may also be eligible if the employee provides other evidence to support child dependency status.
 - v. Renews student certification twice each year in January and July.
 - vi. Student Medical leave is available for eligible student dependents who cannot return to school on a full-time basis due to serious illness or injury. Please contact your Human Resource Office for additional details.
- f. Disabled children – An employee's unmarried disabled dependent of any age may be covered if the child meets all of the following requirements:
- i. Totally and permanently disabled, provided that the child became disabled prior to age 19 (total and permanent disability according to the PEBTF criteria must be documented by a physician on a Disabled Dependent Certification Form)
 - ii. Was a dependent of the employee before age 19
 - iii. Must depend on the employee for more than 50% support and is claimed as a dependent on the employee's Federal Income Tax Return
 - iv. The PEBTF may request recertification of disabled dependents from time to time

Health Program Coverage Effective Dates

Health Insurance

Your coverage begins on your date of employment or on the date you become eligible. If you enroll during an open enrollment period, coverage will begin the following January 1. In the case of employees who have declined coverage due to enrollment in another health care program, you can enroll for health insurance at any time with an effective date no later than 60 days from the date you signed the enrollment form.

You may enroll your eligible dependents at any time during the first six months of your employment or eligibility for health insurance or within 60 days of a change in life status. If you marry, your spouse will have coverage as of the date of marriage; however, you must complete a PEBTF2 enrollment form to add your spouse within 60 days of the marriage date before claims will be paid. A newborn child will be covered under the plan for 31 days following birth. Coverage will not continue beyond 31 days unless a PEBTF2 enrollment form is completed within 60 days.

Changes in your marital or family status must be reported to your Human Resources Office as soon as possible.

Supplemental Benefit Coverage **(which includes Prescription Drug, Dental, Vision and Hearing coverage)**

Your full PEBTF coverage, including coverage for Supplemental Benefits, will begin on the day following the date you have worked six full months of employment as a new hire or re-hire.

Health Program Coverage 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 percent of time worked decreases to between 50% and 99%, and you do not elect health coverage as a part-time employee
- 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

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 is 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)

If your coverage ends in certain circumstances, you and your eligible Dependent(s) may qualify for continued coverage of health benefits. Please refer to the "COBRA Continuation Coverage" section for more details.

Upon an employee's death, eligible Dependent(s) may qualify for continued coverage. For further information, your Dependents may contact your local Human Resource Office or the PEBTF. If the employee's death is a result of a work-related accident, eligible Dependents may qualify for paid coverage.

Continued Coverage as Provided by the PEBTF

In certain situations, medical coverage for you and your eligible Dependent(s) may be extended. If coverage would end while you are in the hospital, coverage continues for you until discharged from that facility or benefits are exhausted, whichever occurs first.

COBRA Continuation Coverage

As provided by the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), you and your eligible Dependent(s) have the right to continue benefits under the PEBTF if coverage ends for certain specified reasons which are referred to as "qualifying events." The continuation coverage is available to you and your eligible Dependent(s) if coverage ends due to:

- Termination of your employment (for reasons other than gross misconduct)
- Reduction in your work hours
- Your death
- Your divorce or legal separation (in states that recognize legal separation)
- Your Dependent child no longer meets the eligibility requirements for coverage
- Your entitlement to Medicare

NOTE: If you voluntarily drop (disenroll) a Dependent from coverage as permitted by the PEBTF rules, who would otherwise be an eligible Dependent if not disenrolled, this is not a COBRA qualifying event. Likewise, if your or your Dependent's coverage is suspended by the PEBTF for failure to repay amounts owed, or for failure to cooperate with respect to subrogation or coordination of benefits, such suspension is not a COBRA qualifying event.

COBRA Coverage and Survivor Spouse Coverage (due to Work-Related Deaths)

If your medical or Supplemental Benefits coverage ends due to certain reasons, the PEBTF may continue your coverage for a limited period of time. Federal law also allows you to continue coverage at your own expense under certain circumstances under the Federal law commonly known as COBRA

Notices

You or another qualified beneficiary in your family has the responsibility to inform the PEBTF of a divorce, legal separation or child's loss of Dependent status under the Plan. This information must be provided within 60 days of the date of the qualifying event. Otherwise, you (or your family Member) will not be permitted to continue coverage under COBRA. Your employer is responsible for notifying the PEBTF of other qualifying events (i.e., your termination of employment, reduction in work hours or death).

When the PEBTF becomes aware of a qualifying event, it will notify you that you have the right to choose continuation coverage. That notice will include more information about your rights under COBRA. As discussed above, you will have 60 days to elect COBRA coverage. If you fail to elect COBRA, your PEBTF coverage will terminate under the ordinary terms of the Plan. You should notify the PEBTF of any changes in your address or other changes that may affect how COBRA information is provided to you.

Support Orders

Either the Employee Member or the Dependent spouse Member may elect COBRA coverage for the Dependent spouse Member. It should be noted that a court spousal support order which directs that an Employee Member provide medical coverage for his/her spouse does not, and cannot, require that the PEBTF do anything other than comply with the terms of the benefit Plan, including the Plan's provisions and procedures for continuation coverage under COBRA. Therefore, the Employee Member or spouse Member must duly elect, and timely pay for, COBRA coverage in accord with the Plan's COBRA requirements in order to fulfill the Employee Member's obligation under the court order. Such a court order for spousal support relates only to the Employee Member's obligation, as the PEBTF is not a party under the court's jurisdiction in such a legal action.

Cost of Continued Coverage

Continued coverage is available to you and your Dependents at your or your eligible Dependent's expense. The cost to you or your Dependent(s) for this continued coverage will not exceed 102% of the PEBTF's cost, as determined by the PEBTF. However, in the case of a disabled individual whose 18-month continued coverage is extended to 29 months, the cost can be up to 150% of the PEBTF's cost during this 11-month period. You will also receive a notice from your health plan indicating that your coverage has been terminated.

Applying for Continued Coverage

Employers have the responsibility to notify the PEBTF within 30 days of your death, termination of employment or reduction of hours. **You are obligated to notify the PEBTF, in writing, within 60 days of a divorce or a child losing Dependent status.** Failure to notify the PEBTF of these events in a timely manner will cause COBRA coverage to be unavailable.

If you elect continued coverage within 60 days of losing coverage or the date you are notified, whichever is later, your coverage is effective as of the date you became ineligible. The COBRA coverage is reinstated retroactive to the qualifying event. Any denied medical expenses from that period must be resubmitted for payment. If the PEBTF is timely notified of the qualifying event, it shall, within 14 days, send a COBRA election notice to you or your Dependent(s), by First Class Mail. You will have 60 days to elect COBRA continuation coverage. You must elect and send the Election Form to the PEBTF on or before the 60th day from such notification date. **If the Election Form is not mailed (postmarked) before or by the 60th day, you will not receive another opportunity to elect COBRA coverage.**

If you have timely informed the PEBTF of a qualifying event, but are determined to be ineligible for COBRA coverage, the PEBTF will send you a notice of COBRA unavailability explaining the reason.

Within 45 days of the election of COBRA, you must pay an initial premium which will be billed by the PEBTF. This premium includes the period of coverage from the date of your qualifying event to the date of the election notice, and any regular monthly premium that becomes due between the election and the end of the 45-day period. **Thereafter, premiums must be paid monthly and must be postmarked to the PEBTF on or before the due date or your COBRA coverage will be terminated.** If your premium is not postmarked timely, you will receive a "reminder notice" which identifies the grace period – the end of the month for which the premium is due. However, if payment is not postmarked by the last day of the month, your coverage will be terminated and you should receive a "termination notice" within two weeks. All notices are sent to your last known address according to PEBTF records. If COBRA subscribers change their address it is their responsibility to notify the PEBTF, in writing.

Effect of Waiving COBRA Coverage

If coverage is waived, COBRA may not later be elected after the 60-day election period. In addition, if the employee experiences a gap in coverage as a result of a waiver of COBRA, the waiver of COBRA may affect an employee's Certification of Coverage (which protects an employee's right not to be affected by pre-existing medical condition requirements in obtaining new medical insurance, e.g., under a new employer's plan of benefits).

Length of Continued Coverage

COBRA continuation coverage will end on the earliest of the following dates:

- At the end of 18 months from the date COBRA coverage began, if the qualifying event is your termination of employment or reduction in hours (29 months if you or an eligible Dependent(s) are disabled). See "Special Disability Rules," below
- At the end of 36 months from the date COBRA coverage began for your Dependent(s) if the qualifying event is your death, divorce or separation, your child's loss of Dependent status, or the Member's entitlement to Medicare
- Your failure to pay the required monthly premium, other than the first premium, within 30 days of the due date. Coverage will be canceled retroactive to the due date. The PEBTF will not issue a pro-rata refund for COBRA premiums if you are called back to work in the middle of the month or if you obtain other medical coverage
- You or your Dependent becomes, after the date of the COBRA election, entitled to Medicare
- You or your eligible Dependent(s) become, after the date of the COBRA election, covered under another group health plan (as an employee or otherwise)
- PEBTF terminates all of its health care plans
- The end of the period for which the premium was paid for the COBRA benefit

If your COBRA coverage is terminated prior to the end of the scheduled period of coverage, the PEBTF will send you a notice of early termination of COBRA explaining (1) the reason for termination, (2) the effective date and (3) an explanation of any rights you or your dependents may have to elect alternative coverage.

NOTE: Federal law (COBRA) includes legal separation as a qualifying event. However, Pennsylvania law does not recognize or provide for a legal separation.

Special Disability Rules

An 18-month continuation of COBRA coverage may be extended to 29 months if:

- You or your Dependent(s) are determined by the Social Security Administration (SSA) to be totally disabled and the disability occurred within the first 60 days of COBRA coverage provided that:
 - 1) You notify the PEBTF of the disability determination before the end of the 18-month period, and
 - 2) The disability continues throughout the continuation period
- The special rules apply to the disabled individual and to other Dependent(s)

In order to qualify for the additional 11 months of extended coverage, you or your disabled Dependent(s) must notify the PEBTF within 60 days of being classified as totally disabled under Social Security. Likewise, if Social Security determines that you or a Dependent(s) are no longer totally disabled, you must notify the PEBTF within 30 days.

Extension of COBRA Due to a Second Qualifying Event

If a second qualifying event occurs before the end of the 18 months of COBRA coverage due to termination of employment or reduction in work hours, you may be entitled to an additional 18 months of COBRA coverage for a total of up to 36 months.

A second qualifying event includes:

- Divorce
- Death of a COBRA Employee Member
- Change in Dependent status
- Medicare entitlement of Employee Member

You must notify the PEBTF of a second qualifying event within 60 days.

Qualifying Events for Student Dependents

Dependents who are aged 19 to 23 and are full-time students attending an accredited educational institution remain eligible under the Plan as long as they continue to recertify twice a year with the PEBTF. **It is your responsibility to immediately notify the PEBTF if, at any time, the student Dependent does not attend college, drops below full-time student status or otherwise no longer satisfies the requirements for being an eligible Dependent (for example, if your Dependent gets married, works full time or no longer depends on you for more than 50% financial support). If the PEBTF is not notified within 60 days, your Dependent will not be able to elect COBRA.**

Student Dependents remain covered throughout the summer break between spring and fall semesters as long as they timely file their student certification forms with the PEBTF and return to full-time attendance in the fall. Students who do not recertify before September 1 and who do not attend college on a full-time basis will be terminated retroactive to July 1. Students who do not recertify during the January Student Certification will be terminated retroactive to January 1.

For purposes of determining the qualifying event dates when students cease to be "fulltime students," the PEBTF has adopted the following guidelines:

- Any student who is enrolled and attending full-time throughout the spring semester is assumed to be a full-time student until July 1
- Any student who timely recertifies and re-enrolls for the fall semester is assumed to be a full-time student up until he/she fails to actually attend full-time when classes resume
- If a student actually attends school full time after July 1 and does not return to school in the fall, the actual last date of the student's full-time attendance is the qualifying event for COBRA
- Failure to recertify and re-enroll for the fall semester will result in termination retroactive to July 1 and not to any earlier date as long as the student completed the spring semester as a full-time student and did not have any other qualifying event. July 1 is the qualifying event
- A student who has timely recertified and re-enrolled will be assumed to be a full-time student until the first day of fall classes which he/she fails to attend as long as the student did not have any other qualifying event. The first day of fall classes is the qualifying event
- A student who does not recertify during the January Student Certification will result in termination retroactive to January 1

NOTE: Remember that your child will cease to be a full-time student eligible for coverage if he or she stops attending classes on a full-time basis during a semester, even if previously certified with the PEBTF as a full-time student. In such event, **make sure you notify the PEBTF within 60 days** in order to preserve the student's COBRA rights. It is also important to remember that a full-time student may cease to be eligible under the requirements of the plan of benefits, e.g., marriage, full-time employment, ceasing to be financially dependent on the Employee Member.

COBRA Open Enrollment

During the Open Enrollment period, you may change plan options. As a COBRA participant, you may enroll in any PEBTF approved plan for which you are eligible which offers service in your county of residence.

Work-Related Deaths

Surviving spouses and Dependent(s) of an employee who died in a work-related accident may also have a right to free continuation coverage of **medical and Supplemental Benefits (if the Dependent(s) were enrolled in medical and/or supplemental coverage at the time of the employee's death)**, depending on the employee's collective bargaining agreement.

If eligible, the surviving spouse and Dependent(s) will receive continuation coverage, at no cost, until the surviving spouse remarries or becomes eligible for coverage under another employer's health plan. Dependent(s) will continue to receive continuation coverage until they no longer meet the eligibility rules of the Plan.

Further Information

The rules that apply under COBRA may change from time to time. If you have any questions about COBRA, please write or call the PEBTF or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Address and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

Conversion of Coverage

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

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

Certificates of Creditable Coverage

The PEBTF issues Certificates of Coverage to all members (employees, spouses and dependents) whose coverage with the PEBTF is terminated. This Certificate helps to protect people who are affected by pre-existing medical conditions in obtaining new medical insurance. The Certificate of Coverage is good for 63 days during which the individual did not have any creditable coverage.

Your Responsibilities:

Event	Medical and/or Supplemental Coverage	Group Life Insurance
When you acquire a Dependent (birth, adoption, or marriage)	Contact your Human Resources Office within 60 days to add your new Dependent	Contact Prudential Insurance Company of America at 1-800-893-7316 if you wish to change your beneficiary designation.
When you lose a Dependent (divorce, separation, or Dependent loss of eligibility for any reason including loss of full-time student status or graduation.)	Contact your Human Resources Office to remove the Dependent(s). If your Dependent is interested in COBRA continuous coverage, you or your Dependent must inform your Human Resources Office within 60 days of loss.	Contact Prudential Insurance Company of America at 1-800-893-7316 if you wish to change your beneficiary designation.
When you or your spouse turns age 65 or otherwise becomes eligible for Medicare.	Contact your Human Resources Office and the Social Security Administration about Medicare and other benefits at least 60 days prior to turning 65.	No action required.
When you turn age 70 or 75.	No action required.	Prudential Insurance Company of America will inform you if your amount of insurance is affected.
When your child between ages 19 and 23 becomes a full-time student.	Contact your Human Resources Office to complete the enrollment and student certification forms along with required support documentation.	No action required.
When you retire.	Contact your Human Resources Office to enroll in the REHP Annuitant Health Care Program and to discuss COBRA continuation coverage.	Your coverage ends. Contact Prudential Insurance Company of America at 1-800-893-7316 if you wish to apply for conversion of coverage.
If you become disabled.	Contact your Human Resources Office to find out how your coverage will be affected.	If you are permanently and totally disabled and losing active status, contact Prudential Insurance Company of America at 1-800-893-7316 to file for disability life insurance.
In case of your death.	Your Dependents should contact your Human Resources Office to discuss health insurance continuation provisions.	Your beneficiary should provide Prudential Insurance Company of America with a death certificate.

Basic Health Care and Supplemental Benefits
Administered by the PEBTF

Coverage

Employee Health Program

- Employees may choose from:
 - Preferred Provider Organization (PPO) Option
 - Health Maintenance Organization (HMO) Option – Employee must reside within an eligible county (check availability of coverage by county)
 - Consumer Driven Health Plan
- Survivor benefits for dependents of employees who die as a result of a work-related injury
- Benefits determined by PEBTF Board of Trustees

Supplemental Benefits Program

- 6 month waiting period
- Prescription Drug Plan
- Vision Plan
- Dental Plan
 - United Concordia Dental PPO (fee for service) – uses Advantage Plus dental network
 - Concordia Plus (dental HMO) – uses DHMO Concordia Plus dental network (**CLOSED PLAN AS OF JANUARY 1, 2009 – NO NEW ENROLLMENTS**)
- Hearing Aid Plan
- Survivor benefits for dependents of employees who die as a result of a work-related injury
- Benefits determined by PEBTF Board of Trustees

Eligibility/Contribution

Employee Health Program

- For permanent employees who elect health care coverage – you will contribute a percentage of bi-weekly gross salary towards cost of coverage (see chart below)

	Employee Contribution for non-participation in Get Healthy (not receiving waiver)	Employee Contribution for participation in Get Healthy (receiving waiver)
July 2009 to September 2010	2.0%	1.0%
October 2010 to June 2011	3.0%	1.5%

- New employees or newly eligible employees may complete the Health Risk Assessment at any time within 90 days of their effective date of medical coverage to qualify for participation in Get Healthy and the waiver for the lower contribution rate, and will be required to meet continued participation requirements annually.

- For permanent full-time employees hired on or after August 1, 2003 who elect coverage:
 - First 6 Months of Employment
 - Single coverage only in the least costly plans in their county of residence
 - May not elect Basic Option
 - No supplemental benefits
 - May purchase a more expensive plan; must pay cost difference in addition to the employee contribution
 - May purchase health benefits for eligible dependents – in same health plan as employee enrolled
 - Beginning with 7th Month of Employment
 - Employee and eligible dependents covered for medical benefits under least expensive plans
 - Employee and eligible dependents receive supplemental benefits
 - Continue to contribute a percentage of bi-weekly gross salary
 - May purchase a more expensive plan; must pay cost difference in addition to the employee contribution
- For eligible permanent part-time employees – employees contribute 50% plus employee contribution at the same percentage rate as permanent full-time employees

Annuitant/Retiree Health Care Program

Coverage/Contribution

- For annuitants retired 7/1/09 and after
 - Annuitants under age 65 –choice of PPO coverage with prescription drug card, or HMO coverage with prescription drug card
 - Annuitant pays same percentage (applied to cost of plan in effect at retirement) as he/she paid as an active employee until he/she reaches age 65 – if annuitant, subsequent to retirement, changes plans or adds or deletes dependents, the dollar amount of contribution will change to conform to the dollar amount of contribution for the most comparable plan and size of contract that was in effect on the date the annuitant retired.
 - Annuitants age 65 and over – Signature-65 and Major Medical coverage (\$500 deductible) to supplement Medicare Part A and B and prescription drug discount card
 - Annuitant pays same percentage amount (applied to cost of plan in effect at retirement) paid by active employees for the same type of contract and choice of plan
- Annuitant benefits continue to include coverage for dependents
- The Wellness Program and non-participant contribution increases do not apply to annuitants
- State System pays \$5 toward cost of coverage for annuitants not qualifying under eligibility requirements listed below

Eligibility

For Majority Paid Coverage

- For employees with current hire date prior to July 1, 1997, when covered employees retire
 - at age 60 with at least 10 years of credited service (may include purchased service)
 - at any age with at least 25 years of credited service (may include purchased service)
 - on approved disability with at least 5 years of credited service (may include purchased service)
- For employees with current hire date July 1, 1997 to June 30, 2004, when covered employees retire
 - at age 60 with at least 15 years of Commonwealth/State System service only
 - at any age with at least 25 years of Commonwealth/State System service only
 - on approved disability with at least 5 years of Commonwealth/State System service only
- For employees with current hire date on or after July 1, 2004, when covered employees retire
 - at age 60 with at least 20 years of Commonwealth/State System service only
 - at any age with at least 25 years of Commonwealth/State System service only
 - on approved disability with at least 5 years of Commonwealth/State System service only

For Partially Paid Coverage (\$5 State Share)

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

Flexible Spending Accounts

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

Medical Reimbursement Account

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

Dependent Care Reimbursement

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

Eligibility/Contribution

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

Eligibility/Contribution

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

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 take-home pay

Eligibility/Contribution

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

Group Life Insurance

Coverage

- Term life insurance equal to nearest \$1,000 of annual salary
- Minimum coverage \$2,500; maximum coverage \$50,000
- Coverage reduced at age 70 to 65%; coverage reduced at age 75 to 50%
- \$20,000 additional work-related accidental death benefit
- Three-month waiting period
- Right to convert upon termination/retirement

Eligibility/Contribution

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

Voluntary Group Life and Personal Accident Insurance

Coverage

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

Eligibility/Contribution

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

Voluntary Long-Term Disability Insurance

Coverage

- Income protection equal up to 60% of gross annual base salary to a maximum of \$5,000 monthly benefit
- Amount offset by retirement benefits, workers' compensation, social security, and paid leave with a guarantee of 10% of long-term disability benefit amount or \$100/month, whichever is greater
- Employee may elect either a 90-day or 180-day elimination period
- Cost of living adjustments

Eligibility/Contribution

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

Annual, Sick, and Personal Leaves

Annual Leave

- Paid leave earned based on percentage of regular hours paid biweekly and years of service as follows:

Up to one year of service	10.4 days/yr. (4% of hrs. paid)
Over 1 year to 15 years of service inclusive	15.6 days/yr. (6% of hrs. paid)
Over 15 years to 25 years of service inclusive	20.8 days/yr. (8% of hrs. paid)
Over 25 years of service	26.0 days/yr. (10% of hrs. paid)

- Unused leave may be carried from one year to the next
- 45 day maximum accumulation
- Payment for unused leave at termination/retirement

Sick Leave (Includes Bereavement and Sick Family Leave)

- Paid leave earned at 6% of regular hours paid biweekly which equates to 15.6 days/yr.
- Unused leave may be carried from one year to the next
- 300 days accumulation
- Must contribute 2.6 days annually to sick leave bank
- 3-5 days of leave may be used for death of relative, depending on relationship
- 5 days of leave may be used for sickness in immediate family
- Effective for retirement on or after October 12, 2006 - Payment in accordance with the following schedule for accumulated leave at retirement if certain eligibility is met

<u>Days Accumulated</u>	<u>% Payout</u>	<u>Maximum Days Paid</u>
0 – 100	30%	30
101 – 200	40%	80
201 – 300	50%	150
Over 300 (in last year of employment)	100% of days over 300	13

Personal Leave

- 12-month employees earn 5 days per year
- 9-month employees earn 4 days per year
- No carry-over from previous year
- Payment for unused accrued leave at termination/retirement

Sick Leave Bank Program

- Mandatory benefit program which requires employees to contribute earned sick leave in the amount equal to 1% of regular hours paid each biweekly pay period
- Employees receiving donated leave must use all accumulated sick leave before they are eligible for any Sick Leave Bank hours
- Employees may be granted up to a maximum of 225 hours per individual request from the Sick Leave Bank; additional time would need to be requested and approved by the Sick Leave Bank Committee and could be granted in increments of up to 225 hours

Holidays

- 10 paid holidays per year
 - New Year's Day
 - President's Day *
 - Fourth of July
 - Columbus Day *
 - Thanksgiving
 - Martin Luther King Jr., Day
 - Memorial Day
 - Labor Day
 - Veteran's Day*
 - Christmas
- Observation of holidays may vary by university (*minor holiday)

Retirement

- Choice of:
 - State Employees' Retirement System (SERS)
 - 6.25% employee contribution to SERS
 - Public School Employees' Retirement System (PSERS)
 - 7.5% employee contribution to PSERS
 - Alternative Retirement Plan (ARP)
 - 5.0% employee contribution to ARP
 - Participating ARP companies
 - Fidelity
 - ING
 - TIAA-CREF
 - VALIC
 - Employee may participate in one or more of the ARP companies at one time
- Employer contribution and benefits vary by plan (view the **Retirement Comparison Chart** by visiting the State System's website at www.passhe.edu keywords "Benefits, "Retirement Plans")
- Selection of retirement plan must be made within 30 days of date of hire; if no choice is made, employee will automatically default to SERS
- Selection is final and binding, and retirement plans cannot be changed once elected and enrolled

Tax Sheltered Annuity (TSA) Plans

- A supplemental retirement savings program authorized under Section 403(b) of the Internal Revenue Code
- All Pennsylvania State System of Higher Education employees are eligible to participate
- Eligible employees can enroll at any time
- Employee contributes a portion of salary for retirement on a pre-tax basis
- Participation is voluntary
- Employee makes entire contribution and there is no employer match
- Account with approved TSA vendor must be established and proof of account provided prior to completing the PASSHE Tax Sheltered Annuity Salary Reduction Agreement for bi-weekly payroll deductions
- For a comparison of the TSA and Deferred Compensation Plans, please refer to the Pennsylvania State System of Higher Education website at:
<http://www.passhe.edu/executive/HR/SystemHR/Benefits/Documents/403b-457PlanComparison%202008.pdf>

Deferred Compensation Plan

- A supplemental retirement savings program authorized under Section 457 of the Internal Revenue Code
- All Pennsylvania State System of Higher Education employees are eligible to participate
- Eligible employees can enroll at any time
- Employee contributes a portion of salary for retirement on a pre-tax basis
- Participation is voluntary
- Employee makes entire contribution and there is no employer match
- Contract with Great West (Commonwealth of Pennsylvania's Deferred Compensation Plan) must be established prior to beginning bi-weekly payroll deductions
- For a comparison of the TSA and Deferred Compensation Plans, please refer to the Pennsylvania State System of Higher Education website at:
<http://www.passhe.edu/executive/HR/SystemHR/Benefits/Documents/403b-457PlanComparison%202008.pdf>

State Employee Assistance Program

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

To obtain a brochure describing the services provided by the SEAP, you may contact your human resources office. Each university has a designated SEAP coordinator in the human resources office who can also answer questions about the program. Services provided by the SEAP are strictly confidential – the State System will not be notified if you use the services unless you give written consent.

Eligibility

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

Benefits

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

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

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

Parent/Child Conflict
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

Tuition Waiver

- Tuition Waiver
 - Employee (undergraduate credits not to exceed 128 undergraduate credits or 60 graduate credits at university where employed)
 - Spouse and/or (dependents to age 25) (up to first undergraduate degree at university where employed)

Other Benefits

Civil Leave With Pay
Family Care Leave Without Pay
Military Leave With or Without Pay
Direct Deposit of Pay
Savings Bonds Through Payroll Deduction
Social Security
Workers' Compensation

Educational Leave With or Without Pay
Work-Related Disability Leave
Parental Leave Without Pay
PA State Employees Credit Union (1-800-435-6500)
State Employee Assistance Program (1-800-692-7459)
Unemployment Compensation

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