Important: It is your (or your Dependent’s) responsibility to advise the PEBTF of any event that would cause your Disabled Dependent to no longer be eligible for coverage. If you or your Dependent fail to advise the PEBTF of any such event within 60 days of the event, your Dependent will not be able to elect COBRA continuation coverage. You will be responsible for any claims incurred when your Dependent was not eligible for benefits.

NOTE: If your Dependent is disabled and covered by Medicaid, coverage may be available provided the Dependent lives with you. A Coordination of Benefits Form (PEBTF-2A) must be completed to indicate that your Dependent is covered by Medicaid.

A Dependent shall be considered “Totally and Permanently Disabled” if he or she is unable to perform any substantial, gainful activity because of physical or mental impairment that has been diagnosed and is expected to last indefinitely or result in death. The determination whether an individual is Totally and Permanently Disabled will be made by the Trustees (or their delegate) in reliance upon medical opinion and/or other documentation (e.g. evidence of gainful employment) and shall be made independently without regard to whether the individual may or may not be considered disabled by any other entity or agency, including without limitation, the Social Security Administration. Accordingly, the Trustees may require from time to time the provision of medical records and/or employment information, and/or may require an individual to submit to an examination by a physician of the Trustees’ own choosing, to determine whether the individual is, or continues to be Totally and Permanently Disabled. Failure to cooperate in this regard is grounds for the Trustees to determine, without more, that the individual is not, or is no longer, Totally and Permanently Disabled.

1.10 Last Date of Coverage for Child
A child becomes ineligible as of the day he or she:
- Turns 26 (if not disabled)
- Is eligible for other employer-sponsored health coverage (other than from a parent)
- Is determined by the Trustees to no longer be Totally and Permanently Disabled if age 26 or older
- No longer meets the Dependent eligibility requirements of the PEBTF

Important: You (or your Dependent) must advise the PEBTF within 60 days of an event which causes a child to no longer be an eligible Dependent. If you or your Dependent fail to do so, your Dependent will not be able to elect COBRA continuation coverage. You will be responsible for any claims incurred when your Dependent was not eligible for benefits.

1.11 Domestic Partnerships
A domestic partner is a same or different-sex partner of an Employee Member who, together with the Employee Member, meets the following criteria:

- The Employee Member and his or her partner are engaged in an exclusive committed relationship of mutual caring and support and are and have, for the six-month period immediately preceding the date on which the Employee Member applies to have the partner qualify as a domestic partner, been jointly responsible for their common welfare and living expenses;
• Neither the Employee Member nor his or her partner is married (within the meaning of the laws of the Commonwealth of Pennsylvania) to or legally separated from any individual;

• The Employee Member and his or her partner are each at least 18 years old and mentally competent to enter into a contract in the Commonwealth of Pennsylvania;

• The Employee Member and his or her partner are each the sole domestic partner of each other;

• The Employee Member and his or her partner have lived in the same residence on a continuous basis for at least six months immediately prior to the date on which the Employee Member applies to have the partner qualify as a domestic partner under the Plan, and they have the intent to reside together permanently;

• The Employee Member and his or her partner are not related to each other by adoption or blood to a degree that, if they are of different sexes, prohibits or, if they were of different sexes, would prohibit marriage in the Commonwealth of Pennsylvania;

• The Employee Member and his or her partner do not maintain the relationship solely for the purpose of obtaining employment-related benefits;

• Neither the Employee Member nor his or her partner has been a member of another domestic partnership during the six-month period immediately preceding the date on which the employee applies to have the partner qualify as a domestic partner under the Plan (unless the prior domestic partnership ended as a result of the death or marriage of the domestic partner); and

• The Employee Member and, to the extent applicable, his or her partner, complete any application as may be required by the PEBTF for qualification of the partner as a domestic partner under the Plan and meet applicable documentation requirements.

An Employee Member and his or her partner must meet the above listed requirements for the partner to be treated as a domestic partner, and, therefore, as an eligible Dependent, whether or not any jurisdiction recognizes the couple as having a same-sex marriage, civil union, domestic partnership, or similar relationship.

**Dependent Children of the Domestic Partner:** Coverage for domestic partner's dependent children is also available.

**Tax Implications:** Although employees who cover domestic partners will be charged the same applicable contribution rates as those who cover other Dependents, the IRS requires that the contribution for the domestic partner's coverage be taken on a post-tax basis if the domestic partner is not the employee's tax-code dependent. In addition, employees must pay federal and
FICA taxes on the value of the benefits provided to domestic partners (known as imputed income). The value of the benefits may change on an annual basis. Taxes will be withheld biweekly from your paycheck if you add a domestic partner. There are no additional taxes for employees who already have family coverage; for example, an employee who covers his or her own child will not incur additional charges if the employee adds a domestic partner.

1.12 Common Law Marriages
If you and your spouse are married by common law, the PEBTF will permit you to enroll your common law spouse as a Dependent, provided you complete a Common Law Marriage Affidavit and provide any additional information requested by the PEBTF to demonstrate the validity of your common law marriage. There are no exceptions to this rule.

Your common law marriage must be recognized as such by the state in which it was contracted. Most states do not recognize common law marriage and while some states still recognize common law marriage, there is no such thing as a common law divorce. If you list an individual as your common law spouse and subsequently remove him or her from coverage, you will not be permitted to subsequently add someone else as your spouse, common law or otherwise, or as your domestic partner without first producing a valid divorce decree from a court of competent jurisdiction certifying your divorce from your prior common law spouse.

On September 17, 2003, the Pennsylvania Commonwealth Court ruled that it will no longer recognize common law marriage in Pennsylvania. Therefore, the PEBTF will only recognize a Pennsylvania common law marriage entered into prior to September 17, 2003.

If you entered into a common law marriage prior to September 17, 2003, and would like to cover your common law spouse, you will be required to provide proof of such a common law marriage by presenting documents dated prior to September 17, 2003, such as a deed to a house indicating joint ownership, joint bank accounts, and/or a copy of the cover page (indicating filing status) and signature page (if different) of your federal income tax return indicating marital status as of 2002. Figures reflecting income and deductions may be redacted, i.e. blacked out. Additional documentation may be required by the PEBTF.

1.13 No Duplication of Coverage
If you and your spouse/domestic partner both work for the commonwealth or a PEBTF-participating employer, you may not be enrolled as both an Employee Member and as a Dependent under your spouse’s/domestic partner’s coverage.

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

The only exception to these rules barring duplication of coverage is if you are an Active Employee and your spouse/domestic partner is an active or retired State Police enlisted member or retired REHP Member, your retired spouse/domestic partner can be covered.
as a Dependent under the PEBTF Plan for Active Employees for supplemental benefits only. The Retired Pennsylvania State Police Program (RPSPP) or the REHP will be the primary payor for the retiree even if the retiree is a Dependent on the Active Member’s Prescription Drug coverage. Active State Police Health Benefits Program (SPHBP) and RPSPP Members may enroll in Medicare Supplemental.

1.14 Eligibility – Supplemental Benefits

The eligibility rules that apply to supplemental benefits are identical to those for medical benefits with the following exceptions:

- You may cover your spouse/domestic partner who is a Member of the Retired Employees Health Program (REHP) or the RPSPP for prescription drug, vision, dental and hearing aid. The Retiree Member’s REHP Prescription Drug Plan will be primary
- State Police cadets are not eligible for supplemental benefits
- Certain parents may qualify for coverage under the Prescription Drug Plan provided certain conditions are met. Please contact the PEBTF for further details
- If you are placed on workers’ compensation as a result of a commonwealth work-related injury, you are required to use your prescription drug ID card to obtain prescription drugs relating to your injury

If you are hired or re-hired on or after August 1, 2003, you must complete a six-month period of employment before you are eligible for supplemental benefits.

1.15 When Coverage Begins – Hired After August 1, 2003

You are eligible for medical coverage on your first day of employment as an eligible permanent full-time or part-time employee, provided you timely enroll within 60 days as described below. To be covered, you must enroll by selecting a Medical Plan Option and completing and submitting a PEBTF Enrollment/Change Form to the HR Service Center or your HR office if your agency is not served by the center. The PEBTF Enrollment/Change Form may be downloaded from the PEBTF’s website, www.pebtf.org, Resources/Forms or you may contact the HR Service Center or your local HR office if your agency is not served by the center to complete the enrollment form and any other required documents.

Many employees at agencies under the Governor’s jurisdiction and the Office of the Attorney General can change their address, enroll in single medical coverage when newly eligible and make plan changes during Open Enrollment through employee self service (ESS) at www.myworkplace.state.pa.us. If you are unable to use ESS, please contact the HR Service Center at 1-866-377-2672 or your HR office if your agency is not served by the center.

Employees of the PA State System of Higher Education can make certain benefit changes through its own ESS at https://portal.passhe.edu/irj/portal or by contacting their university’s HR office.

If your agency does not participate in ESS, follow your agency’s procedures to make any changes to your personal and benefit information.