1.1 Summary

- Unless otherwise noted, you are eligible for medical and supplemental benefit (prescription drug, dental, vision and hearing aid) coverage if you are a full-time permanent employee or part-time permanent employee working at least 50% of full-time hours for the commonwealth (see section below for employees hired or re-hired on or after August 1, 2003).
- Temporary employees and permanent part-time employees working less than 50% of full-time hours are not eligible for PEBTF medical coverage. However, the time that an employee (first hired or rehired on or after August 1, 2003) works in a temporary capacity or less than 50% of full-time hours will be credited toward the six-month waiting period for supplemental benefits and Dependent medical coverage, once he or she becomes eligible.
- You must live in a service area where the HMO is approved in order to enroll in the HMO option.
- You may elect coverage for your eligible Dependents – see Eligibility Rules for New Hires or Re-hires – Hired on or After August 1, 2003.
- You can change your coverage option during the Open Enrollment period and under certain other limited circumstances.
- Coverage generally ends on your last day of employment or when you are no longer eligible.

1.2 Eligibility Rules for Employees Hired or Rehired – Hired on or After August 1, 2003

Employees hired or re-hired on or after August 1, 2003, will be eligible to enroll for PEBTF coverage as follows:

- May enroll in single medical coverage only in the least expensive option available in his or her county of residence.
- Must pay the applicable biweekly employee contribution (refer to your collective bargaining agreement, if applicable).
- May purchase a more expensive option in their county of residence by paying the cost difference, as determined by the PEBTF, in addition to the employee contribution.
- May purchase Dependent medical coverage for the first six months of employment.
- May add eligible Dependents for medical coverage at no additional charge in the least expensive option in their county of residence on the day immediately following the date the employee completes six months of employment (if a more expensive plan is chosen, the employee must pay the cost difference, as determined by the PEBTF).
- Will receive supplemental benefits on the day immediately following the date the employee completes six months of employment.
- Part-time employees must pay 50% of the cost in addition to the above-mentioned employee contributions.
Definitions:

New Hire or Re-hire: Anyone hired on or after August 1, 2003, who is a new employee or an employee who has a break in service greater than 180 calendar days, will be considered a new hire for purposes of the above described eligibility rules.

Furloughed Employee: Any employee who is recalled or placed under the terms of their collective bargaining agreement will not be considered a new hire for purposes of the Plan eligibility rules.

Six Months of Employment: For the first six months of employment as a new hire or re-hire, coverage is limited to employee medical coverage only. You also may purchase Dependent medical coverage during this six-month period. 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.

Eligibility for full PEBTF coverage, including coverage for supplemental benefits and dependent benefits, will begin on the day immediately following the date you have worked six full months of employment.

1.3 Spousal/Domestic Partner Eligibility

Employees Hired or Re-hired on or After August 1, 2003: In order to enroll for coverage in the PEBTF, a Dependent spouse/domestic partner of an employee hired on or after August 1, 2003 who is eligible for medical or supplemental benefit coverage through his or her own employer must take his or her employer’s coverage as his or her primary coverage regardless of any employee contribution the spouse/domestic partner must pay and regardless of whether the spouse/domestic partner had been offered an incentive to decline such coverage. Coverage for such Dependent spouse/domestic partner in the PEBTF is limited to secondary coverage. This rule does not apply for those spouses/domestic partners who are self-employed.

Employees Hired Before August 1, 2003: In order to enroll for coverage in the PEBTF, if the Dependent spouse/domestic partner of an employee hired before August 1, 2003, is eligible for medical or supplemental benefit coverage through his or her own employer and does not have to pay for coverage, he or she must take his or her employer’s coverage as primary coverage. In that event, your spouse’s/domestic partner’s coverage in the PEBTF is limited to secondary coverage. If your spouse/domestic partner has to pay for coverage or is offered an incentive not to take his or her employer’s coverage, your spouse/domestic partner does not have to enroll in his or her employer’s coverage and the PEBTF will remain as primary.