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.
A Declaration of Spouse/Domestic Partner Health Coverage (PEBTF-11) Form and a Coordination of Benefits (PEBTF-2A) Form must be completed any time there is a change to a spouse’s/domestic partner’s medical or supplemental benefit coverage. The PEBTF-2A Form must be completed any time there is a change in a Dependent’s other coverage.

1.4 Eligibility
You are eligible for medical and supplemental benefits if you are a permanent, full-time commonwealth employee or a permanent, part-time commonwealth employee who works at least 50% of full-time hours, as determined by the commonwealth. Other groups of employees may be eligible based on their collective bargaining agreements. Part-time employees who work at least 50% of full-time hours must elect coverage for 1) both medical and supplemental or 2) decline coverage. Your cost for these benefits is taken through payroll deduction.

The employee cost for coverage will be paid on a before-tax basis for federal and Pennsylvania income tax purposes (and for certain other states’ income taxes). If you have questions, check with the HR Service Center or your HR office if your agency is not served by the HR Service Center.

For any special eligibility provisions regarding supplemental benefits, please see the Supplemental Benefits section.

If you are on a Leave Without Pay With Benefits (LWOPWB), you must continue to pay for coverage or it will be canceled and you will be responsible for any claims incurred when you were no longer eligible for coverage due to non-payment. You will receive invoices from the PEBTF, but will be responsible for payment regardless of whether an invoice is received.

1.5 Eligibility Documentation
Effective August 1, 2003, all Employee Members are required to present documentation verifying the eligibility status for their Dependents. Employee Members are required to disclose all group medical and supplemental coverage available to their Dependents. Failure to provide this information is grounds for denying coverage to the Dependent(s). Providing false or misleading information with respect to eligibility documentation will be considered fraud and an intentional misrepresentation of a material fact. If you present false or misleading information, the PEBTF will take appropriate action, up to and including the forfeiture of benefits (perhaps retroactively).
1.6 Eligible Dependents
As an Employee Member, you may cover the following Dependents:

- Spouse (original marriage certificate required). An Affidavit Attesting to the Existence of Marriage Performed Outside of the United States (PEBTF-FM) should be completed if an employee was married outside of the country and cannot produce a valid marriage certificate.
- Domestic partner. A Domestic Partnership Verification Statement and Application for Health Benefits (PEBTF-12) Form must be completed and the appropriate verification evidence must be presented.
- Child under age 26, including
  - Your natural child (original birth certificate required)
  - Legally-adopted child, including coverage during the adoption probationary period (Court Adoption Papers or a new birth certificate required)
  - Stepchild for whom you have shown an original marriage certificate and a birth certificate indicating that your spouse/domestic partner is the parent of the child
  - Child for whom you are the court-appointed legal guardian as demonstrated by the appropriate court order
  - Foster child
  - Child for whom you are required to provide medical benefits by a Qualified Medical Child Support Order or National Medical Support Notice

You must add your Dependent within 60 days of a Qualifying Life Event. See page 133 for a definition of a Qualifying Life Event. If you do not contact the HR Service Center (for employees served by the HR Service Center) or your local HR office if your agency is not served by the HR Service Center within 60 days of the Qualifying Life Event, you will not be able to add your Dependent until the next Open Enrollment unless you experience another Qualifying Life Event. The necessary documentation must be presented when adding a new Dependent to PEBTF coverage. The HR Service Center or your local HR office will notify you of the documentation needed.

Coverage for an eligible child ends on the day before the child’s 26th birthday unless the child qualifies as a Disabled Dependent. Coverage also ends if your child is eligible under another employer-sponsored health plan (other than through a parent).

Important: It is your (or your Dependent’s) responsibility to advise the PEBTF of any event that would cause your 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.

1.7 Coverage for Dependent Children to Age 26
As an Employee Member, you may cover your child to age 26, provided your child is not eligible for coverage under another employer-sponsored health plan (other than through a parent).

You must attest that your child is not offered coverage through another employer-sponsored health plan (other than through a parent) by completing an Attestation Form each year prior to your child’s 19 to 25 year old birthdays. The PEBTF will mail you an Attestation Form 45 days prior to the first of the month in which your child’s birthday occurs. The PEBTF will mail the Attestation Form annually prior to your child’s 19th, 20th,
21st, 22nd, 23rd, 24th and 25th birthdays. It is your responsibility to complete the online attestation or return the paper Attestation Form before the first of the month in which your child’s birthday occurs. If you do not complete the attestation, coverage will be terminated on the day prior to your child’s birthdate.

Beginning January 1, 2011, marriage, residency, tax support and student status are not considered in determining eligibility for children under age 26.

If, at any time, your Dependent age 19 to 26 becomes eligible for another employer’s group health coverage (for example, his or her own employer-sponsored health coverage or coverage from a spouse or partner), you must immediately notify the PEBTF. Your child will be removed from PEBTF coverage effective the date he or she became eligible for other employer-sponsored coverage. You will be responsible for any claims incurred when your child was not eligible for benefits under the PEBTF.

1.8 Adult Dependent Coverage
The PEBTF provides coverage for adult Dependents age 26 to age 30 on a self-paid basis under certain conditions. Your Dependent must meet the following criteria:

- Is not married or in a domestic partnership
- Has no dependents
- Is a resident of Pennsylvania or is enrolled as a full-time student at an accredited educational institution of higher education
- Is not eligible for coverage under any other group or individual health insurance
- Is not enrolled in or entitled to benefits under any government health care benefits program (for example, Medicare or Medicaid)

The adult Dependent must enroll in PEBTF medical and supplemental benefits coverage in the same plan as the Employee Member and must pay a monthly premium for coverage to continue. Coverage ends if and when the Employee Member’s coverage ends.

While this option is available, you will have to pay a monthly premium directly to the PEBTF.

You may contact the PEBTF for information on Adult Dependent Coverage and the monthly premium amounts.

1.9 Disabled Dependent
Your disabled Dependent child may be covered at age 26 and older if the child meets all of the following requirements:

- Is totally and permanently disabled, provided that the Dependent became disabled prior to age 26
- Was your Dependent before age 26
- Depends on you or your domestic partner for more than 50% support
- Is claimed as a Dependent on your federal income tax return
- Lives with you
- Is not married or does not have a partner
- Completes a Disabled Dependent Certification Form (must be completed by Employee Member)
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;