

PA FACULTY HEALTH AND WELFARE FUND BENEFITS

Dental and Vision Benefits Provided By <u>APSCUF</u> Complete Enrollment Card to Qualify for Benefits

Benefits for Part-Time Faculty Eligibility for Benefits under the PA Faculty H&W Fund

The Pennsylvania Faculty Health and Welfare Fund (The Fund) provides certain dental and vision benefits and it is currently being administered by PATH Administrators (PATH, The Fund Administrator). The Fund was established using money negotiated by the collective bargaining process. The following is a brief, step-by-step explanation of how to use your APSCUF Health and Welfare (H&W) benefits. This summary in no fashion replaces the most up-to-date version of the Program of H&W Benefits and announcements, which can be viewed and downloaded from the Fund's Web site given below.

All information pertaining to The Fund can found at <u>pafac.com</u>. A link to this Web site can also be found at <u>apscuf.org</u> under Forms and Benefits for faculty members.

Enrollment For Part Time Benefits

The Fund Office will treat all information and documents provided to it by Faculty members as confidential and private to the extent possible, consistent with its legal obligations and obligation to administer the Fund's benefits. Please note that certain information and documents may be exchanged with other group health plan(s) as part of the Fund's Coordination of Benefits provisions.

A part-time faculty member is defined as any member of the APSCUF bargaining unit who works less than 100% of full-time in any academic year beginning the 1993–1994 academic year. Benefit claims will be reimbursed for services rendered on and after January 1, 1994.

Part-time faculty members, in order to qualify for benefit reimbursement, must have worked at least 25% of full-time in any one (1) of the preceding three (3) semesters. The benefit package shall be provided after the initial waiting period of one (1) semester is served, and thereafter, so long as benefit claims are incurred while the part-time faculty member is employed by the State System of Higher Education and work at least 25% of full-time (unless on an approved leave of absence or within a "Coverage Ending Dates" period, both as defined below).

A part-time faculty member who works continuously for at least one (1) semester each academic year shall serve the initial waiting period of one (1) semester for eligibility only once.

Part-time faculty members who work 25% to 49% of full-time are eligible for member only benefits. Part-time faculty members who work 50% to 99% of full-time are eligible for member benefits AND their lawful spouses are eligible for benefits. The term "spouse" includes any same-sex spouse married in one of the jurisdictions that have the legal authority to sanction same-sex marriage. The spouse of a part-time faculty member will not be eligible for benefits if the faculty member is working less than 50% of full-time.

Eligibility

Eligibility must be established before benefit claims are processed by the Fund for reimbursement.

To establish eligibility, the part-time faculty member must complete an Enrollment Form in full. THIS FORM MUST BE RETURNED TO THE FUND OFFICE BEFORE BENEFITS MAY BE OBTAINED. Enrollment forms may be obtained from your local Health and Welfare Specialist or from the Fund Office.

In addition to a completed Enrollment Card, a part-time Faculty member must submit to the Fund Office photocopies of the following documents to establish eligibility before benefits may be obtained: For benefits for the faculty member:

Faculty member's birth certificate

For benefits for the faculty member's spouse:

- Spouse's birth certificate and
- Marriage certificate establishing the marriage of the faculty member and spouse

A part-time faculty member must provide photocopies of the relevant documents when submitting an Enrollment Card (1) for the first time, (2) to add a spouse, or (3) to change any relevant information previously submitted on an Enrollment Card. Part-time faculty members need not submit photocopies of required documents that they previously provided to the Fund Office.

If any required document is written in a language other than English, the part-time faculty member must submit a certified translation of the document before benefits may be obtained.

If an eligible faculty member does not have a spouse at the time the faculty member becomes employed by the State System of Higher Education (State System), the spouse will be eligible for benefits on the day the faculty member acquires a spouse. A faculty member must file an updated Enrollment Form and submit copies of the required documents in order for the spouse to become eligible for benefits.

A spouse who is also a faculty member must receive benefits as a faculty member and not as a dependent.

In the event of a divorce, the former spouse of a part-time Faculty member will no longer be eligible for benefits beginning on the date of the divorce decree. If a part-time Faculty member and spouse for whom the Fund provides benefits divorce, the Faculty member must send an updated Enrollment Card reflecting this change in status to the Fund Office within 30 days of receipt of the divorce decree.

The spouse of a faculty member who is enrolled in another group health plan shall be eligible for benefits provided by the Fund, but the Fund's Coordination of Benefits rules must be followed. Any claim submitted by the spouse of a faculty member who is eligible for benefits from another group health plan(s) providing dental or vision benefits and who choose not to participate in that plan(s) shall be subject to the Fund's Coordination of Benefits rules.

If a spouse has chosen not to enroll in their employers' fully-paid group health plans, the Fund's participation will nonetheless be limited to that of a secondary payer.

The Trustees reserve the right to require the spouse of any faculty member claiming benefits from the Fund to provide a complete copy of the plan description of any other group health plan to the Fund Office under which the spouse is covered. Also any other documents as may be relevant to assure that the Coordination of Benefits rules are being fairly and properly applied.

FAILURE TO DISCLOSE TO THE FUND THE EXISTENCE OF FULLY-PAID EMPLOYER GROUP HEALTH PLANS MAY RESULT IN THE SUSPENSION, REVOCATION OF THE FUND'S BENEFITS, AND/OR REPAYMENT TO THE FUND OF CLAIMS IMPROPERLY FILED.

Coverage Ending Dates

Eligibility to receive part-time faculty benefits will continue for part-time faculty members and eligible spouses **until the end of the month following the month** in which any of the following employment events occur:

- Faculty member transfers to a non-faculty position,
- Faculty member terminates employment or retires (contact the Fund Administrator for information on coverage continuation for retrenchments),
- Death of a faculty member,
- Faculty member begins long-term unpaid absences (except sabbatical, sick, parental, military, or approved education leaves without pay).

If the part-time faculty member is not on an approved leave of absence (as defined above) and none of the four situations listed above apply, no payment will be made by the Fund for services rendered for the part-time faculty member when the faculty member works less than 25% of full time, and no payment will be made by the Fund for services rendered for the spouse of the part-time faculty member when the faculty member works less than 50% of full time.

A work stoppage is considered as a COBRA qualifying event. Faculty members who participate in a work stoppage are eligible to elect COBRA coverage (see the COBRA Continuation Coverage section for details).

Additional information regarding eligibility for benefits can be obtained from the local Health & Welfare Specialists or the Fund Office.

Preventive Care Benefits

The Part-Time Faculty Preventive Care Benefit Package includes reimbursement for the following services for Faculty members and spouses eligible for benefits:

- 1. A vision examination once every calendar year. The Fund will reimburse up to \$130.00 for vision examinations.
- 2. A dental preventive and restorative service plan is provided according to a schedule of maximum dental allowances. This plan includes yearly examinations, x-rays, restorative, endodontic, periodontics, and oral surgery services. The dental plan includes a \$50.00 per person per year deductible for spouses eligible for benefits.

Claim Filing Procedures

In order to obtain reimbursement for the services listed above, part-time faculty members must file completed claim forms with the Fund as follows:

- 1. Complete in full the Fund's Preventive Care Benefit package Claim Form and sign the form as required. Forms may be obtained from your local APSCUF Chapter office or from the Fund Office. Copies of claim forms may be used to submit claims to the Fund Office for reimbursement.
- 2. Append to completed claim forms detailed receipts from health care providers (dental services need to be listed on dental superbills).
- 3. Submit completed claim forms and detailed receipts to the Fund Office for reimbursement. Payment of claims will be made directly to the faculty member. Benefit payments may not be assigned to providers
- 4. Claims must be filed within 120 days of the date on which services were rendered. Reimbursement may be denied if claims are not filed properly within this 120-day rule.

Part-time faculty members may communicate with the Fund Office if they have any questions regarding eligibility for benefits, benefit payments or claim filing procedures.

No payment will be made by the Fund for services rendered on dates for which the part-time faculty member is ineligible for the plan of benefits. The Part-Time Faculty Preventive Care Package is a supplemental benefit plan. It should be regarded under all situations as a "third-payer plan." This plan of benefits shall coordinate payment, to the extent possible, with the faculty member's and spouse's primary and secondary care plans.

For complete details, please visit the PA Faculty Health and Welfare Fund's website pafac.com.

Always Open to Serve the Faculty – Visit Us @

pafac.com

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This Form May be Used for Faculty Members and Eligible Spouses

I understand that benefits provided to part-time faculty members and their eligible spouses are to be paid only after all other group insurance plans have made payment. I certify that my spouse and I have not received or submitted for payment for any benefits for which I am applying for reimbursement that has not been disclosed to the Pennsylvania Faculty Health and Welfare Fund. In no case shall benefits be paid in excess of actual charges taken together with other payments for which I may qualify. I understand that any reimbursement paid to me will be done so only after completing this claim form in full, attaching detailed provider receipts, and signing below as indicated.

BY: ______ DATE: _____ DATE: _____

IMPORTANT INSTRUCTIONS: Append detailed receipts and copies of payments from any other group insurance plan for which your spouse and you qualify for reimbursement. It is your responsibility to obtain payment from all other group insurance plans before submitting benefit claims to the Pennsylvania Faculty Health and Welfare Fund for consideration. This Part-Time Preventive Care Benefit Package is a supplemental benefit plan and it should always be regarded as a third-payer plan. Mail this completed form and receipts to the address listed above.

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