



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

FACULTY
DENTAL AND VISION
Benefits Provided By
APSCUF
Complete Enrollment Card to
Qualify for Benefits

The Fund is administered by ACA, Inc. The Fund was established through money negotiated in 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 Health and Welfare Benefits and announcements which can be viewed and downloaded from the Fund's website at pafac.com.

All PA Faculty Health and Welfare information and claim forms can be viewed or downloaded 24/7 at apscuf.org or pafac.com.

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.

Part-time Faculty are 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, 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 part-time Faculty are 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).

The initial eligibility waiting period of one (1) semester shall only be served once by part-time Faculty who work continuously for at least one (1) semester each academic year.

Part-time Faculty who work 25% to 49% of full-time are eligible for member only benefits. Part-time Faculty who work 50% to 99% of full-time are eligible for member benefits AND their lawful spouses or same-sex domestic partners 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. Unless a part-time Faculty member is working at least 50% of full-time, his or her spouse/same-sex domestic partner will not be eligible for benefits.

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 the Campus Health and Welfare Specialists or 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

For benefits for the Faculty member's same-sex domestic partner:

- Same-sex domestic partner's birth certificate

Completed Same-Sex Domestic Partnership Certification form, with supporting documentation, or a copy of the Same-Sex Domestic Partnership Certification form previously submitted to and approved by the PASSHE

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/same-sex domestic partner, 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 when a Faculty member becomes employed by the State System of Higher Education (System), the spouse will be eligible for benefits on the day the Faculty member acquires a spouse. If an eligible Faculty member does not have an eligible same-sex domestic partner when the Faculty member becomes employed by the State System of Higher Education (System), the same-sex domestic partner will become eligible for benefits on the date on which the Faculty member's same-sex domestic partner otherwise meets the eligibility requirements set forth in the Fund's Eligibility for Benefits rules. A Faculty member must file an updated Enrollment Form and submit copies of the required documents in order that a spouse/same-sex domestic partner may become eligible for benefits.

Spouses/same-sex domestic partners who are members of the Faculty must receive benefits as Faculty and not as dependents.

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.

For same-sex domestic partners, in the event of a termination of the domestic partnership, the former same-sex domestic partner of a Faculty member and any children of the same-sex domestic partner will no longer be eligible for benefits after the last day of the month in which the partnership ended. If the domestic partnership between a Faculty member and a same-sex domestic partner for whom the Fund provides benefits ends, the Faculty member must send an updated Enrollment Card reflecting this change in status to the Fund Office within 30 days of the termination.

The spouse/same-sex domestic partner of a Faculty member who is enrolled for another group health plan shall be eligible for benefits provided by the Fund, but the Fund's Coordination of Benefits rules must be followed.

If spouses/same-sex domestic partners have 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/same-sex domestic partner 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/same-sex domestic partner is covered. Also any other documents as may be relevant to assure that the Coordination of Benefits rules are being fairly and properly applied.

Any claim submitted by spouses/same-sex domestic partners of Faculty members who are eligible for benefits from another group health plan(s) providing dental or vision benefits and choose not to participate in that plan(s) shall be subject to the Fund's Coordination of Benefits rules.

Spouses/same-sex domestic partners of Faculty members who are eligible to participate but have not enrolled in their employers' fully-paid group health plans, shall be provided with benefits from the Fund on a secondary payer basis only.

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/same-sex domestic partners **until the end of the month following the month** in which any of the following employment events occur:

- Faculty members transfer to non-Faculty positions,
- Faculty members terminate employment or retire (contact the Fund Administrator for information on coverage continuation for retrenchments),
- Death of a Faculty member,
- Faculty members begin 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 he or she works less than 25% of full time, and no payment will be made by the Fund for services rendered for the spouse/same-sex domestic partner of the part-time Faculty member when the Faculty member works less than 50% of full time.

A work stoppage is considered a COBRA qualifying event. Faculty 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 Campus 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/same-sex domestic partners 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 spouse/same-sex domestic partners eligible for benefits.

CLAIM FILING PROCEDURES

In order to obtain reimbursement for the services listed above, Part-Time Faculty 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. 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 the 120 day rule.

Part-Time Faculty 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 Part-Time Faculty are 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 Faculty and spouses/same-sex domestic partners' primary and secondary care plans.

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

Always Open to Serve the Faculty – Visit Us @

pafac.com
www.pafac.com

PENNSYLVANIA FACULTY HEALTH AND WELFARE FUND
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"42 Years Working for You"

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Harrisburg, Pennsylvania 17106

PART-TIME FACULTY
Preventive Care Benefits Package Claim Form

This Form May be Used for Members or, if Eligible,
Spouses/Same-Sex Domestic Partners

Print Clearly or Type

Faculty Member's Name _____

Faculty Member's Date of Birth _____

Patient's Name _____

Patient's Date of Birth _____

Mailing Address _____

Faculty Member's Telephone Number _____

Append detailed receipts from providers:

Vision Examination \$ _____

Dental Expenses \$ _____

I understand that benefits provided to Part-Time Faculty and their eligible spouses/same-sex domestic partners are to be paid only after all other group insurance plans have made payment. I certify that my spouse/same-sex domestic partner 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 reimbursement will be paid to me only after completing this claim form in full, attaching detailed provider receipts and signing below as indicated.

BY: _____ DATE: _____
Faculty Member's Signature

IMPORTANT INSTRUCTIONS: Append detailed receipts and copies of payments from any other group insurance plan for which your spouse/same-sex domestic partner 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-payor plan. Mail this completed form and receipts to the address listed above.

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