

# ELIGIBILITY SUMMARY PACIFIC UNIVERSITY

Pacific University offers Medical, Prescription, and Dental with orthodontia coverage through the Pioneer Educator's Health Trust.

Alternative Care and Vision are NOT covered by this Plan.

Please refer to the Plan Booklet for coverage and benefit details.

## WHO IS ELIGIBLE

This insert describes who is eligible to enroll under the **plan**, and when that coverage begins.

### Employees

All regular full-time employees, in an eligible class, who work at least 1,040 hours over 12 months become eligible to apply for coverage under the **plan** on the first on the month following the date of hire.

#### Retired Employees

If **you** are retired **you** and **your enrolled dependents** are eligible to continue coverage under the **plan** if **you** are between the ages of 58 and 65, have worked for the University for 15 consecutive years on a full-time basis and were hired and began work prior to June 1, 1997.

### Dependents

This section describes dependent eligibility requirements. The **Trust** may require proof of dependent status.

#### Spouse/Domestic Partner

If **you** are married, **your** spouse is eligible to apply for coverage as long as there is a legally valid existing marriage with a person of the opposite sex, unless court ordered separation exists.

**Your** domestic partner is eligible to apply for coverage provided that all of the qualifying conditions are met:

- **you** and **your** domestic partner are the same or opposite sex;
- each domestic partner is at least 18 years of age and competent to enter into a contract;
- the domestic partners have lived as a couple in a shared residence for at least six consecutive months, unless you have a registered domestic partnership;
- neither domestic partner is legally married to anyone else or in another domestic partnership;
- the domestic partners are not related by blood closer than would bar marriage in the state they reside in; and

- you have submitted documentation, as required by Pacific University, to verify the interdependent relationship between you and your **opposite sex** domestic partner including a joint affidavit that the relationship is an exclusive mutual commitment that is the functional equivalent of a marriage.

### **Adult Children**

**Your Adult Children** shall be eligible for coverage under the **plan**, as long as:

- the child is not older than age 26

**Children** means **your** natural children, domestic partner's children, foster children placed with **you**, adopted children, or children placed with **you** in anticipation of adoption.

Step-children who reside in **your** household may also be eligible as long as a natural parent remains married to **you** and also resides in **your** household.

If **you** are the legal guardian of an unmarried child or children, these children are also considered eligible under the **plan**.

Adopted children who are under age 18 at the time of adoption will be considered eligible to enroll under the **plan** on the date the child is placed for adoption.

In addition, incapacitated children can remain enrolled past the maximum age limit. An incapacitated child is an unmarried child who is incapable of self-support because of a physical, mental, or developmental disability. The incapacitating condition must have existed prior to the child reaching maximum age limit. In order to obtain continued coverage for an incapacitated child, you must complete and provide the claims administrator a special application within 31 days of the child's loss of eligibility.

[There may be income tax consequences for covering a Dependent if such Dependent is not a qualified dependent entitled to tax-free health coverage in accordance with Internal Revenue Code Section 152. Please contact your independent tax advisor with any questions regarding your particular tax situation.](#)

### **Qualified Medical Child Support Order (QMCSO)**

An eligible child also includes any other child of **yours** or **your** spouse who is recognized in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) that has been issued by any court judgment, decree, or order as being entitled to enrollment for coverage under this **plan**, even if the child is not residing in **your** household. Such child will be referred to as an **alternate recipient**. **Alternate recipients** are eligible for coverage only if **you** are also covered under the **plan**. An application for enrollment must be submitted to the **Trust** for coverage under the **plan**. The **Plan Administrator** will establish written procedures for determining whether a medical child support order is a QMCSO or NMSN and for administering the provision of benefits under the **plan** pursuant to a valid QMCSO or NMSN. Within a reasonable period after receipt of a medical child support order, the **Plan Administrator** will determine whether such order is a QMCSO, as defined in Section 609 of ERISA, or a NMSN, as defined in Section 401 of the Child Support Performance and Incentive Act of 1998.

The Plan Administrator reserves the right, waivable at its discretion, to seek clarification with respect to the order from the court or administrative agency that issued the order, up to and including the right to seek a hearing before the court or agency.

### **If You And Your Spouse/Domestic Partner Are Employees Of Pacific University**

Every employee may enroll their eligible dependents. If both the husband and wife or domestic partner are employees, each may be covered as either an **enrolled employee** or an enrolled spouse or domestic partner, or both. Eligible children may be enrolled as dependents of one or both parents.

### **REFER TO PLAN BOOKLET FOR DETAILS**

As noted, this insert describes only who is eligible to enroll under the **plan**. Refer to the **plan booklet** for other eligibility provisions, like how to enroll new dependents, when coverage begins and ends, and continuation of coverage options. Please be aware that the date **you** or **your enrolled dependent** becomes eligible may be different than the date coverage begins. See the provisions in HOW TO ENROLL and WHEN GROUP COVERAGE BEGINS Sections of the **plan booklet**.

### **Non-FMLA Leave of Absence Benefit Continuation**

Under certain circumstances benefit continuation may occur during a non-FMLA Leave of Absence approved by the University. Please refer to the Benefits Section of the [Faculty Handbook, Staff Handbook, and Institutional Policies](#) for further details, and contact Human Resources.