

PENNSYLVANIA FACULTY HEALTH & WELFARE FUND

www.pafac.com

P.O. Box 60430

Harrisburg, PA 17106-0430

(717) 233-4776

DENTAL

HEARING

VISION

MAMMOGRAPHY

WELLNESS

IMMUNIZATION

EDUCATION LEAVE HEALTH BENEFITS
CONTINUATION PLAN

Health & Welfare benefits are benefits that are **not** included in the Highmark Blue Shield, PPO, or HMO plans.

\$0 contribution deducted from your paycheck.

Benefits Booklets and Claim forms can be viewed and downloaded from the PA Faculty Health & Welfare website: www.pafac.com.

Forms are also available at www.apscuf.org and at the local APSCUF office, Raub 107.

Lock Haven APSCUF
Lock Haven University
Office Manager: Shelley Schenck
Raub Hall, Room 107
570.484.2231

State APSCUF Office
Benefits Specialist: Nancy Koutris
319 N. Front Street
Harrisburg, PA 17108
1-800-932-0587, Ext 1



SUMMARY OF HEALTH & WELFARE “THE FUND” BENEFITS

Full time Permanent and Temporary Faculty

Eligibility

- All permanent fulltime and temporary fulltime faculty, spouses, and dependents are eligible.
- If you work the spring semester with expectations of returning for the fall semester, benefits will continue throughout the summer.

Enrollment

- Complete an enrollment card (available in the local APSCUF office)
- Return enrollment card to the local APSCUF office, Raub 107

Coverage period

- Benefits start immediately on faculty contract start date.
- Benefits will continue until the end of the month following the month that you either retire, resign, or appointment ends. (For example: Retire May 30th, you have Health & Welfare benefits until June 30th)

Dental Plan:

- You can go to the dentist of your choice
- Plan covers faculty member, spouse, & dependent children
- Dental Services & Allowable Dental Expenses can be viewed by visiting the Fund website www.pafac.com
- Pretreatment Review required for any dental service over \$500.00
- **Orthodontic Treatment:** Maximum reimbursement of \$3,100.00
- Filing Claims:
 - a. Take Dental Claim Form with you to dentist
 - b. You or your dentist can submit completed claim form and receipts to the Fund within 90 days after date of service.
 - c. Reimbursement can be sent to either you or the dentist (two different signature lines).

Vision Plan:

Exams: Employee/Dependents

Age 19 – 39: Not more than once every 2 calendar years.

Age 40 and over: Every calendar year

developing child through age 18: Every calendar year.

Lenses: Employee/Dependents

Age 19 – 39: Not more than once every 2 calendar years.

Age 40 and over: Once every year if prescription change = +.50 Diopter (+ .25 Diopter increase in multifocal add) or an axis change of 20 Diopter.

Developing Child through age 18: Once every calendar year if prescription change equals + .25 Diopter or axis change of 20 Diopter.

Frames

- Once every 2 calendar years

Contact Lenses (In place of clear glasses.)

- Medically required (anything glasses cannot correct)-Once every 2 calendar years
- Other than medically required – Once every 2 calendar years.

Sunglasses, Photo gray or Transition Lenses (For Employees Only).

- In addition to getting a pair of clear glasses or contacts, the Fund will also pay the cost of frames and lenses for a pair of sunglasses OR photogray or transition lenses as a second pair of glasses
- Sunglasses can be purchased once every 2 years
- Photo gray or Transition Lenses allowed in accordance with the frequency rules in previous section

Filing Claims:

- Vision Claim Form – submit claim form and receipts within 90 days after date of service.
- Pay the provider at time of visit
- Reimbursement will be sent directly to you

PRETREATMENT REVIEW necessary for aphakic lenses, medically required contact lenses, low vision aids, keratoconus, cataracts, and traumatic eye injuries.

VISION--SCHEDULE OF ALLOWANCES

Vision Exam - Up to	\$100.00	
Frames – Up to	100.00	
Lenses:		
single vision lenses – up to	85.00	
bifocal lenses – up to	125.00	
trifocal lenses – up to	181.00	
aphakic lenses- up to	125.00	(prior authorization required)

Contact Lenses (in lieu of vision exam, frames, & lenses)

Medically required \$317.00
(prior authorization required)

Other than medically required single vision lenses \$285.00
(incl. vision exam & glaucoma test)

VISION--SCHEDULE OF ALLOWANCES continued:

Other than medically required bifocal lenses \$325.00
(incl. vision exam & glaucoma test)

Low Vision Aids \$250.00
(prior authorization required)

Maximum payments for Reading glasses for **Faculty Only** – Over the counter and Prescription glasses (includes reimbursement for lenses and frames. Additional reimbursement for vision examinations is not included in this benefit) \$100.00

Keratonconus – up to 2 exams per year for active treatment, plus lenses or contact lenses per year- up to \$1,000.00 (prior authorization required)

Cataracts – up to 2 exams per year for active treatment, plus interocular or bifocal lenses per year – up to \$1,000.00 (prior authorization required)

Traumatic Eye injuries – treatment for traumatic injury causing change in perceptual acuity – up to 2 exams while under treatment, plus lenses or contacts per year – up to 350.00

Wellness Examinations and Related Test Plan:

Faculty and their spouses only are eligible for annual reimbursement up to **\$225.00** for out-of-pocket expenses incurred for physician examinations and related diagnostic tests beginning January 1, 2007. The Fund will reimburse up to **\$125.00** for physician examinations. In addition, the Fund will reimburse up to **\$100.00** for diagnostic tests including but not limited to, glucose, lipid, pap, Chlamydia, bone-density, prostate, colorectal, and mammogram tests.

The fund will not reimburse medical surgical health plan deductibles and/or co-pays faculty and spouses may be required to pay. The Fund's benefit coverage is limited to services not otherwise covered by faculty and spouses' basic health care plans.

Immunizations Plan:

The **faculty only** are eligible for annual reimbursement up to **\$300.00** for immunizations beginning January 1, 2007. The benefit includes, but is not limited to, foreign travel, influenza, PPV (pneumonia), MMR (measles/mumps/rubella), tetanus, VZV (chicken pox) and hepatitis A & B immunizations. The Fund will reimburse up to **\$30.00** for influenza and up to **\$45.00** for PPV immunizations.

This Fund benefit is available for the reimbursement of expenses not covered under faculty members' basic health care plans. Immunizations covered by PASSHE health plans may not be submitted to the Fund for reimbursement. The Fund's benefits should not be considered a substitute for the health plan benefits provided by the PASSHE.

Hearing Plan:

- for faculty members, spouses, and dependent children
- provides for hearing examinations & appliances
- Plan reimburses up to \$120 for hearing **exam once each calendar** year. The Plan will reimburse for (2) hearing appliances per ear every three calendar years at a maximum of \$1,000.00 per ear.
- Plan reimburses up to \$950.00 for one appliance and \$550.00 for a second appliance, or \$1,500 if two appliances are purchased, every 3 years.
- Hearing Exam Claim Form-submit form and receipts. Reimbursement is sent directly to you.

Benefits While on Leave:

All benefits are provided to eligible Faculty members who are granted the following approved leaves:

1. Leaves With Pay

- a. Sabbatical
- b. Sickness
- c. Work-Related Disability

2. Leaves Without Pay

- d. Sickness
- e. Childbirth
- f. Family Care

- g. **Educational** - See Education Leave Health Benefits Continuation Plan for complete instructions
- h. **Military** - See Benefits While on Active Military Duty for complete instructions

Those Faculty members who are granted any of the above-referenced leaves with and without pay must notify the Fund Office in writing of the following:

1. type of leave granted;
2. the month, date and year on which the leave will begin and end; and,
3. a copy of the letter from the university administrative officer granting the leave.

This notification must be sent to the Fund Office at least 30 days, whenever possible, prior to the beginning of the leave period. Benefits for each leave without pay for sickness and/or childbirth are limited to six (6) months.

Part-time and Part-Time Temporary

Eligibility

- Must have worked at least 25% of full-time in any one (1) of the preceding three (3) semesters.
- 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 are eligible for benefits.

Enrollment

- Complete an enrollment card (available in the local APSCUF office)
- Return enrollment card to the local APSCUF office, Raub 107

Coverage Period

- Benefits start on second semester contract start date.
- Benefits will continue until the end of the month following the month that you either retire, resign, or appointment ends. (For example: Retire May 30th, you have Health & Welfare benefits until June 30th)

Filing Claims for Part-Time Benefits

- Fill out a Part-Time Faculty Preventative Care Benefit Package Claim Form and attach receipts for all services. This form is available in the APSCUF office or you can download the form off of website: www.pafac.com

The Part-Time Faculty Preventative Care Benefit Package includes reimbursement for the following services:

1. A vision examination once every two (2) calendar years. The Fund will reimburse up to \$100.00 for vision examinations.
2. Annual reimbursement up to \$225.00 for out-of-pocket expenses incurred for physician examinations and related diagnostic tests. The Fund will reimburse up to \$125.00 for physicians examinations. In addition, the Fund will reimburse up to \$100.00 for diagnostic tests including, but not limited to, glucose, lipid, pap, Chlamydia, bone-density, prostate, colorectal and mammogram tests. The Fund's benefit coverage is limited to services not otherwise covered by basic health care plans. The Fund's benefits should not be considered a substitute for the health plan benefits provided by the Pennsylvania State System of Higher Education.
3. 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, periodontic, and oral surgery services.