

Group Medical Insurance
BU-PP 413

Policy:

Baylor University provided eligible employees the option to enroll in a group medical insurance plan. This plan provides hospitalization benefits and other medical expense benefits for enrolled employees and enrolled dependents.

Topics:

Eligibility
Eligible dependents
Premium payments
Enrollment/Change in Status
Cancellation
Coverage
Separation from Service

Related policies:

[BU-PP 400 – Benefit Eligibility Classifications](#)
[BU-PP 410 – Group Insurance, General](#)
[BU-PP 600 – Retirement](#)

Additional information:

For more details about Baylor Group Medical Insurance and Pharmacy benefits, see the [Medical Insurance](#) page of the Human Resources website.

Contact:

Human Resources 254.710.2000 or AskHR@baylor.edu

Eligibility –

All regular full time employees (and their eligible dependents) may enroll in a group medical insurance plan upon employment.

Eligible dependents –

The following are considered eligible dependents for the purposes of the medical plans:

- An employee's spouse (a person of the opposite sex to whom one is lawfully married, as defined by Article 1, Section 32 of the Texas Constitution, as the union of one man and one woman.)
- An employee's child who is under 26 years of age or medically approved disabled prior to 26th birthday.

Dependent means your spouse or a *child* who is:

- Under the limiting age shown on the Schedule of Coverage;
- A *child* of any age who is medically certified as disabled prior to the 26th birthday and dependent on the parent for support and maintenance. The disability must begin while the child is covered under the Plan and before the child attains the limiting age.

Child means:

- a. Your natural child; or
- b. Your legally adopted child, including a child for whom the Participant is a party in a suit in which the adoption of the child is sought; or
- c. Your stepchild; or
- d. Your foster child; or
- e. A child of your child who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made; or

- f. A child for whom a Participant has received a court order requiring that Participant to have financial responsibility for providing health insurance; or
- g. A child not listed above:
 - 1. whose primary residence is your household; and
 - 2. to whom you are legal guardian or related by blood or marriage; and
 - 3. who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States.

Premium payments –

Premiums change periodically; see the [Human Resources](#) website for details.

Enrollment/Change in Status –

Initial enrollment	The employee has 30 days from date of hire to enroll.
Open enrollment	Open enrollment occurs near the end of each calendar year (dates are announced). Coverage becomes effective January 1 of the following year.
Change in status*	The employee may request changes consistent with a change in status within 30 days of any of the following events: <ul style="list-style-type: none"> • Marriage or divorce • Childbirth or adoption • Death of spouse or child • Change in employment of spouse • Additional changes may also apply; for a supplemental list, see the Life Events page.

*Internal Revenue Code stipulates change-in-status regulations.

Cancellation –

Employees may cancel participation only during the open enrollment period at the end of each calendar year or within 30 days of a change in status.

Employees who waive or cancel or coverage will have an opportunity to enroll during the next open enrollment, or they may enroll under the provisions for change in status.

Coverage –

For details of medical coverage provided, see the [Medical Insurance](#) page of the Human Resources website.

Separation from Service –

Employees separating from service and their dependents who have been covered may apply for continued coverage for up to 18 months subject to the following conditions:

- Participants must apply within 30 days of separation for extended coverage.
- Participants must not be eligible for Medicare or other group coverage.
- Participants must pay the total monthly health/medical insurance contribution. For extended coverage information and cost, see the [Continuation of Insurance Coverage](#) page of the Human Resources website.

NOTE: For information on continued coverage during official retirement, see [BU-PP 600](#).