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
Pre-existing conditions
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, you may view or download information on the Medical Insurance page.

Contact:
askHR at (254) 710-2000 or askHR@baylor.edu

Eligibility -
All 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
- 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:

1. Under the limiting age shown on the Schedule of Coverage;
2. 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.

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. 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

e. A child for whom a Participant has received a court order requiring that Participant to have financial responsibility for providing health insurance; or

f. 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; please see the Human Resources website for further details.

Enrollment/Change in Status –

<table>
<thead>
<tr>
<th>Initial enrollment</th>
<th>The employee has 30 days from the time of employment to enroll. NOTE: Pre-existing conditions apply (see below).</th>
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<tbody>
<tr>
<td>Open enrollment</td>
<td>Open enrollment occurs near the end of each calendar year (dates are announced). Coverage becomes effective January 1 of the following year.</td>
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| Change in status*  | The employee may change enrollment within 30 days of any of the following events:  
• 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 cancel or reject coverage will have another opportunity to enroll during the next open enrollment period, or they may enroll under the provisions for change in status.
Pre-existing conditions –
A “pre-existing condition” is a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six months prior to the individual’s eligibility date.

Benefits for expenses related to pre-existing conditions will be available during the first 12 months of participation ONLY if the following conditions are met:

- the individual was continuously covered by another insurance carrier for the 12 months before the effective date of the Baylor plan’s coverage. (“Continuously covered” means there were no lapses in coverage that lasted more than 63 days.)
- the individual obtains a certificate of coverage from the prior carrier and presents it to the Human Resources office.

All pre-existing conditions are covered after 12 months of continuous participation in the Group Medical Insurance plan.

Coverage –
For details of medical benefits provided, please refer to your benefits booklet or the Medical Insurance 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. To view extended coverage information and cost, visit the Continuation of Insurance Coverage page.

NOTE: For information on continued coverage during official retirement, please see BU-PP 600.