

**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
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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, see your summary booklets and any current amendments. Lost or misplaced booklets may be replaced by contacting Compensation & Benefits or you may view or download information at: [Medical Insurance](#).

Contact:

Compensation & Benefits (x2218)

Eligibility -

All full time (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 unmarried, dependent upon the employee for more than one-half of his/her support as defined by the Internal Revenue Code of the United States, not in active military service, and who is:
 - Under 26 years of age or disabled
 - An employee's child who is 19-26 and is not eligible for their own employer group medical insurance.

Dependent means your spouse or an unmarried *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 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 [Compensation & Benefits](#) website for further details.

Enrollment/Change in Status –

Initial enrollment	The employee has 30 days from time of employment to enroll. NOTE: Pre-existing conditions apply (see below).
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 change enrollment 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, please contact Compensation & Benefits (Ext. 2218)

*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 at any time if there is 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 Baylor Compensation & Benefits 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 [Compensation & Benefits](#) 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. Contact Compensation & Benefits for the amount.

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