

## Eligibility for the Episcopal Health Plan (EHP)

The Medical Trust determines eligibility for the Plans. The employer or Group Administrator is responsible for determining whether the Employee is eligible for any employer contributions towards coverage, confirming that Members meet the eligibility criteria described below and for maintaining documentation related to the Members' enrollment and elections. The Medical Trust may request a copy of required documentation at any time.

The terms Eligible Individual and Eligible Dependent, as defined below, are used throughout this document and identified with capital letters.

Eligible Individuals and their Eligible Dependents described below must be part of a Participating Group that is participating in the EHP.

### Eligible Individuals

- An Exempt Employee
- A Non-Exempt Employee normally scheduled to work 1,000 or more compensated hours per plan year
- A Seminarian who is a full-time student enrolled at a participating seminary of the Association of Episcopal Seminaries
- A postulant, novice or professed member of Episcopal Religious Orders<sup>4</sup> who has been accepted or received by the Religious Order
- A Pre-65 Retired Employee, not eligible for Medicare, as long as his/her former employer is participating in the EHP

### Eligible Dependents

- A Spouse\*
- A Domestic Partner, if Domestic Partner benefits are elected by the Participating Group\*
- A Child who is 30<sup>5</sup> years of age or younger on December 31<sup>st</sup> of the current year\*\*
- A Disabled Child, 30 years of age or older on December 31<sup>st</sup> of the current year, provided the disability began before the age of 25\*\*
- A Pre-65 Dependent, of a Post-65 Retired Employee enrolled in the MSHP\*\*\*
- A Pre-65 Surviving Dependent of a deceased Post-65 Retired Employee or Pre-65 Retired Employee\*\*\*

*\*For information on the eligibility of a former spouse refer to the Termination of Individual Coverage, under Divorce*

*\*\*The Dependent must be enrolled under the Subscriber's Plan.*

*\*\*\*The Dependent will be enrolled as a Subscriber; however, eligibility is based on the Post-65 Retired Employee's status.*

<sup>4</sup> As defined in Title III, Canon 14.1, Constitution and Canons of The Episcopal Church, 2012

<sup>5</sup> Local managed care plans cover children up to age 26; the eligibility rules of the regional or local plans vary and will apply.

## Ineligible Individuals

Individuals described below are not eligible to enroll in the EHP.

- A part-time Non-Exempt Employee who is scheduled to work and be compensated for less than 1,000 hours per plan year
- A Temporary Employee
- A Seasonal Employee
- A Seminarian who is not a full-time student or not enrolled at a participating seminary of the Association of Episcopal Seminaries
- A parent or other relative of a Subscriber, including grandchildren and in-laws, not listed in the Eligible Dependents section above
- A Post-65 Retired Employee or Pre-65 Retired Employee (or Spouse/Domestic Partner) eligible for Medicare, regardless of whether he or she is actually enrolled in Medicare
- A volunteer
- An Employee whose working papers have expired and can no longer legally work
- An Eligible Individual or Eligible Dependent who refuses to provide a Social Security or Individual Taxpayer Identification number
- An Employee receiving a disability retirement benefit where the disability retirement occurred prior to age 55 and who is not Medicare eligible

## Coverage and Eligibility Exceptions

There may be certain circumstances where an individual who does not meet the eligibility requirements listed above may choose to request a special eligibility determination from the Plan. The Bishop with authority over the Participating Group must submit the Coverage and Eligibility Exception Request Form to the Plan in these circumstances. The Plan will review the case presented and provide an individual eligibility determination within 30 days after receipt of the form. If eligibility is granted, the effective date of coverage will be the 1<sup>st</sup> of the month following the receipt of the enrollment form. The Coverage and Eligibility Exception Request Form is provided in the Appendix section.

## Important Notes

### Waiting Periods

The Plan does not require, or allow Participating Groups to require, that an Eligible Individual must be employed or be part of the Participating Group for any length of time before being allowed to participate in the Plan. Additional information on new hires can be found in the Plan Election and Enrollment Guidelines section.

### Pre-Existing Medical Conditions

Eligibility will not be denied due to an individual's health status.

### Medicare/Medicaid

Eligibility for Medicare/Medicaid or the receipt of Medicare/Medicaid benefits will not be taken into account in determining eligibility for participation in the EHP. For participation in the EHP for SEE qualified members, eligibility for Medicare will be taken into account in determining eligibility.