

Eligibility for the Episcopal Health Plan (EHP)

The Medical Trust determines the minimum eligibility for the Plans. The employer or Participating Group is responsible for determining whether the Employee is eligible for any employer contributions toward coverage, confirming that Members meet the eligibility criteria described below, and 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.

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

Eligible Individuals

- An Employee normally scheduled to work 1,000 or more compensated hours per plan year or who is treated as a full-time Employee under the Employer Shared Responsibility Provisions under the Affordable Care Act (Pay or Play Rules), but only for the applicable stability period
- An Employee who is on a paid leave of absence or on a legally mandated unpaid leave (provided they met the eligibility criteria described in the first bullet and were a Member immediately preceding such leave)
- A Seminarian
- A Member of a Religious Order
- A Pre-65 Former Employee, not eligible for Medicare, as long as their former employer is participating in the EHP
- A cleric, not eligible for Medicare, who is eligible for benefits under The Church Pension Fund Clergy Short-Term Disability Plan, or under The Church Pension Fund Clergy Long-Term Disability Plan who was either (1) enrolled in the EHP or MSP-SEE Plan as of the date of their disability or (2) eligible for enrollment in the EHP or MSP-SEE Plan as of the date of their disability and who subsequently experiences a Significant Life Event that entitles them to subsidized medical coverage under The Church Pension Fund Clergy Long-Term Disability Plan

Eligible Dependents

- A Spouse of an Eligible Individual enrolled in a Plan sponsored by the Medical Trust*
- A Domestic Partner of an Eligible Individual enrolled in a Plan sponsored by the Medical Trust, if Domestic Partner benefits are elected by the Participating Group
- A Child of an Eligible Individual enrolled in a Plan sponsored by the Medical Trust, who is 30⁹ years of age or younger on December 31 of the plan year**

⁹ Fully insured plans may not cover children up to age 30; as the eligibility rules of the regional or local plans vary and will apply, please confirm your chosen plan's eligibility rules prior to enrollment.

- A Disabled Child of an Eligible Individual enrolled in a Plan sponsored by the Medical Trust, who is older than 30⁹ years of age on December 31 of the plan year, provided their disability began before the age of 25**
- A pre-65 Dependent, not eligible for Medicare, of a Post-65 Former Employee enrolled in the GMAP***
- A pre-65 Surviving Dependent, not eligible for Medicare, of a deceased Post-65 Former Employee or Pre-65 Former Employee who, in each case, was enrolled in a Plan sponsored by the Medical Trust at the time of their death***
- A pre-65 Dependent of a Pre-65 Former Employee enrolled in the GMAP****

**For information on the eligibility of a former Spouse, refer to the [Termination of Individual Coverage](#) section, under [Divorce](#).*

***The Dependent must be enrolled under the Eligible Individual's Plan.*

****The Dependent will be enrolled as a "subscriber" (i.e., as if they were themselves an Eligible Individual); however, eligibility is based on the Post-65 Former Employee's status.*

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Ineligible Individuals

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

- A part-time Employee who is scheduled to work and be compensated for less than 1,000 hours per plan year, unless such Employee is required to be treated as a full-time Employee under the Pay or Play Rules
- A Temporary Employee, unless such Employee is required to be treated as a full-time Employee under the Pay or Play Rules
- A Seasonal Employee, unless such Employee is required to be treated as a full-time Employee under the Pay or Play Rules
- A seminarian who is not a full-time student or who is not enrolled at a seminary that is or is part of a Participating Group
- A parent or other relative of an Eligible Individual, including grandchildren and in-laws, not listed in the Eligible Dependents section above
- A Post-65 Former Employee or Pre-65 Former Employee (or Spouse/Domestic Partner) eligible for Medicare, regardless of whether they are actually enrolled in Medicare
- A volunteer
- Any Employee who does not meet the local jurisdiction's employment requirements (e.g., age or work visa requirements)
- A person who would otherwise be an Eligible Individual or Eligible Dependent who refuses to provide a Social Security Number
- A person who would otherwise be an Eligible Individual or Eligible Dependent who does not have their primary residence in the United States
- A Dependent's dependent who is not a legal ward of, a foster child of, legally adopted by, or placed for adoption with, in each case, the Eligible Individual, Eligible Individual's Spouse, or, if Domestic Partner benefits are provided by the Participating Group, the Eligible Individual's Domestic Partner
- A person who would otherwise be an Eligible Individual or Eligible Dependent who is on long-term disability and eligible to enroll in Medicare Part A and Part B
- A person who would otherwise be an Eligible Individual or Eligible Dependent who has been barred from enrolling because their eligibility has been terminated for cause due to such individual's actions

- A person who would otherwise be an Eligible Individual or Eligible Dependent whose coverage by the Plan would be illegal under applicable law

Coverage and Eligibility Exceptions

There may be certain circumstances in which an individual who does not meet the eligibility requirements listed above may choose to request a special eligibility determination from the Plan. Under these circumstances, the individual with requisite authority to make benefits decisions on behalf of the Participating Group must submit the [Coverage and Eligibility Exception Request Form](#) to the Plan. The Plan will review the case presented and provide an individual eligibility determination within approximately 30 days after receipt of the form. If eligibility is granted, the effective date of coverage will be the first of the month following the receipt of the enrollment form. The [Coverage and Eligibility Exception Request Form](#) is provided in the Appendix section.

Standalone Employee Assistance Program (EAP) Plan

The Plan offers the Employee Assistance Program (EAP) with Cigna as a standalone Plan that Participating Groups may offer to Employees who are Eligible Individuals for EHP coverage but are not enrolled in such coverage.

Please note that Eligible Individuals who enroll in Medical Trust health coverage are automatically enrolled in the Cigna EAP and should not be enrolled in the Standalone EAP Plan.

If the Standalone EAP Plan is offered by a Participating Group, Billed Groups that elect to enroll Employees who waived EHP coverage as qualified opt-outs must pay for the Standalone EAP Plan coverage. Requiring Employees to contribute toward the cost of the Standalone EAP Plan would violate the Affordable Care Act and subject the Billed Group to significant penalties.

Eligibility for the Standalone EAP Plan is limited to Employees who are Eligible Individuals for EHP coverage and decline to enroll in the coverage. All Employees of a Billed Group that offers the Standalone EAP Plan who declined EHP coverage must be enrolled in the Standalone EAP Plan.

Since Eligible Individuals do not have the ability to enroll in the Standalone EAP Plan during Annual Enrollment, enrollments must be completed by the employer or Participating Group.

Important Notes

Waiting Periods

The Plan may allow Participating Groups to require that an Eligible Individual be eligible for a length of time before being allowed to participate in the Plan, subject to a maximum waiting period of 60 days. It should be noted that requiring a longer waiting period may result in a violation of the Affordable Care Act, which could result in significant penalties.

Additional information on new hires can be found in the [Plan Election and Enrollment Guidelines](#) section.

Medicare/Medicaid

Except as noted above, eligibility for Medicare/Medicaid or the receipt of Medicare/Medicaid benefits will not be taken into account when determining eligibility for participation in the EHP. For participation in the MSP-SEE Plan, eligibility for Medicare will be taken into account when determining eligibility.