



PENNSYLVANIA FACULTY

P.O. Box 60430
Harrisburg, Pennsylvania 17106-0430

HEALTH AND WELFARE FUND

Telephone: (717) 233-4776

IMMUNIZATIONS FOR THE FACULTY PLAN Travel, Routine, Influenza and Pneumonia Vaccinations Full-Time Faculty Only Qualify for Reimbursement

Most faculty have coverage for vaccinations (excluding travel immunizations) who participate in the Highmark PPO basic health plan provided by the State System of Higher Education (PASSHE). Faculty who participate in the PASSHE's indemnity basic health plan are not covered for influenza and pneumonia vaccinations. Check with your health plan or health care provider to determine if your plan provides these coverages. If it does not, the Fund will provide the faculty with up to a maximum annual reimbursement of \$300.00 for vaccinations. The Fund's benefits should not be considered a substitute for the health plan benefits provided by the PASSHE.

Faculty Member's Name: _____

Member's Date of Birth: _____

Member's Home Mailing Address: _____

Member's Telephone Number: _____

In which basic health plan provided by the PASSHE do you participate (check one)?

- The Highmark PPO health plan
- A HMO health plan
- The Highmark Indemnity health plan

Provide the total fees/costs charged by your provider for the following vaccinations.

- \$_____ Travel vaccinations
- \$_____ Routine vaccinations, such as MMR, VZV and hepatitis
- \$_____ Influenza vaccination (maximum reimbursement of \$30.00)
- \$_____ Pneumonia vaccination (maximum reimbursement of \$45.00)

Append a health care provider's receipt to this form when filing for reimbursement. Sign below and return this fully completed form, including your health care provider's receipt, to the Fund Office for reimbursement of out-of-pocket expenses. By signing below I certify I am eligible for the Fund's reimbursement.

BY: _____
Faculty Member's Signature

DATE: _____