

RETIREE HEALTH CARE

SUMMARY PLAN DESCRIPTION

STANFORD
UNIVERSITY



EFFECTIVE JANUARY 2008



This booklet explains the retiree health care provisions of the Stanford University Post-Retirement and Post-Employment Benefit Plan (“Plan”).

This booklet along with the Statements of Coverage and related benefit documents for each coverage option offered under the Plan constitute the Summary Plan Description for the Stanford Retiree Health Care Program.

Read this booklet carefully and keep it with your other benefit booklets for future reference.

Official retirees continue to receive information from Stanford Benefits each year. Be sure to keep Benefits informed of any address change or if you gain or lose a dependent.

Benefits are provided according to an insurance or service contract, or according to the governing Post-Retirement and Post-Employment Benefit Plan document adopted by Stanford University. If the terms of this document conflict with the terms of such insurance contract, service contract or the governing Plan document, then the terms of the contracts or Plan document will control unless otherwise required by law.

Although Stanford expects and intends to continue the Stanford University Post-Retirement and Post-Employment Benefit Plan indefinitely, the university reserves the right to amend or terminate the Plan at any time for any reason.

The Plan does not provide vested benefits. This means that if the Plan changes or ends, you may not receive benefits as described here, but may be entitled to receive different benefits or benefits under different conditions.

You will be notified of any changes that affect your benefits as required by federal law.



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Window Retirees (retired between September 1, 1979 and December 1, 1986)

Benefits and eligibility for the Window Retiree plans is explained in a separate Summary Plan Description booklet, *Window Group Retiree Benefits*. Contact Stanford Benefits if you need another copy.

INTRODUCTION TO YOUR RETIREE HEALTH CARE BENEFITS

Stanford University offers official retirees and their eligible dependents a choice of health care plans to use during their retirement years. Retiree health care benefits include medical, prescription drug, mental health/substance abuse and dental care.

This booklet, together with the Summary of Coverage booklet for each health care plan you select, will provide you with the main provisions of the retiree health care program.

Summary of Coverage booklets contain plan-specific information, including the benefits covered, costs, procedures, limitations and exclusions. To obtain a Summary of Coverage booklet, you may:

- Contact the health plan directly.
- Go online to <http://benefits.stanford.edu> and choose *Resource Library*.
- Call Stanford Benefits or the SLAC Benefits Office.

For More Benefit Information

If you have questions or need more information, you may:

- Contact your health care plan directly.
- Go online to <http://benefits.stanford.edu> and:
 - Review benefit information under the *Retirement* section.
 - Print forms from the *Resource Library* section.
 - Access provider Web sites from the *Contact* section.
 - Review your current coverage or make changes to your benefits based on a life event change (family status change) by clicking on the **MyBENEFITS** button.
- Request a copy of the *When Employment Ends – Retirement* booklet from Stanford Benefits or go online to <http://benefits.stanford.edu> and download it from the *Resource Library*.
- Call Stanford Benefits Monday to Friday between 8 a.m. and 5 p.m. PST at (650) 736-2985 or toll-free at (877) 905-2985.

See *Plan and Contact Information* on page 13 for health plan telephone and Web addresses.

ELIGIBILITY

There are two ways to become an official retiree.

- If you were hired before January 1, 1992, you must complete at least 10 years of benefits-eligible service and be at least age 55. **Or** you can qualify under the Rule of 75 (see below).
- If you were hired after January 1, 1992, you must complete at least 10 years of benefits-eligible service and your age plus years of benefits-eligible service must equal at least 75. This is called the Rule of 75.

For each month you work at least one day in a benefits-eligible position at Stanford, that month will count towards a year of service. Each 12 months is an additional year of service.

Eligible Dependents

Your dependents may also be eligible for coverage. Eligible dependents include your:

- Spouse, if not legally separated.
- Registered domestic partner.
- Surviving spouse until remarried, or surviving registered domestic partner until entered into another registered domestic partner relationship.
- Unmarried children to age 19.
- Unmarried children to age 23 if full-time students (12 units per quarter/semester)
- Unmarried children over the age limits if:
 - They are dependent on you for primary financial support and maintenance due to physical or mental disability,
 - They are incapable of self-support, *and*
 - The disability existed before reaching age 19. You may be asked to provide documentation or proof of disability to your medical plan for its review and approval of continued coverage.

In most cases, coverage for a disabled child can continue for as long as the child is incapable of self-support, is unmarried and fully dependent on you for support.

Eligible children include:

- Natural children
- Stepchildren
- Legally adopted children
- Children for whom you are the legal guardian
- Foster children
- Children placed with you for adoption
- Children of your registered domestic partner who depend on you for support and live with you in a regular parent/child relationship
- Unmarried children for whom you are legally responsible to provide health coverage under the terms of a Qualified Medical Child Support Order (QMCSO). See *Participation*, page 3.

If you die while eligible for the retiree health care program, coverage is available for your remaining eligible dependents. Your surviving spouse or registered domestic partner must notify Stanford Benefits of your death and must request to postpone coverage, continue enrollment, or newly enroll in coverage. If your eligible surviving spouse or registered domestic partner then dies, coverage continues for the remaining eligible children.

While Stanford provides access to these health care benefits for the dependents defined on page 2, the surviving dependents must pay their portion of the cost. Stanford reserves the right to require proof of dependency, where applicable.

If you have met the age and service requirements to qualify as an official retiree but die before officially retiring from Stanford University, your eligible dependents may be covered under the retiree health care program upon your death.

Registered Domestic Partner Eligibility

You can cover your domestic partner if your partnership is registered with the State of California. Non-residents are allowed to register with California. For more information about registration, go to <http://www.ss.ca.gov/dpregistry> or call your local office of the Secretary of State.

PARTICIPATION

Your Options at Retirement

When you become eligible for retiree health care and are ready to retire, you have three options:

- **Enroll** for coverage to start at retirement,
- **Postpone** the start of coverage until a later date, or
- **Waive coverage** and permanently lose future eligibility.

Your decision is very important and you should carefully consider these choices.

Enroll – Enroll means you enroll for coverage before you leave Stanford so that benefits start on the first day of the month after your date of retirement. Your medical plan options depend on your age and location. The retiree coverage you elect stays in effect until the end of the calendar year in which you enroll, unless you have a life event change. See *Life Event Change*, page 4.

During each annual Open Enrollment period, you will receive information that allows you to enroll in benefits for the following calendar year. If you are already enrolled and do not make any changes to your benefits during Open Enrollment, your coverages will continue through the following year and you must pay the new costs. You will not be allowed to make any changes unless you experience a life event change.

Postpone – Postpone means you do not enroll at retirement but reserve the right to enroll in your retiree benefits during any future Open Enrollment period, or if you have a life event change. You may only postpone once.

Once enrolled in a Stanford retiree medical plan, you no longer have the option to postpone enrollment. If you enroll and then terminate coverage for any reason, re-enrollment is not allowed. You and your eligible dependents lose all future eligibility for Stanford retiree health care.

If you die while eligible for the retiree health care program, your eligible surviving dependents have a one-time option to postpone coverage. If your eligible surviving spouse or registered domestic partner then dies, your surviving children likewise have a one-time option to postpone coverage.

If you do not enroll or apply to postpone coverage within 31 days of your retirement, you will be automatically placed in postpone status indefinitely until you contact Stanford Benefits.

Waive Coverage – You may decline or drop retiree health care coverage at retirement or at any time. This means you permanently waive your right to retiree health care. See *When Coverage Ends*, page 10. If you wish to waive coverage, you will be asked to sign a form confirming your decision.

Important Note: Only you can enroll, postpone, waive coverage or make changes for yourself and your eligible dependents. Your spouse or registered domestic partner may not enroll for you without your written permission.

Medicare

All retirees and eligible dependents age 65 or older must be enrolled in Medicare Parts A and B to participate in Stanford's retiree medical plans. Since prescription drugs are included in your medical plan, do not enroll in Medicare Part D (prescription drug coverage).

To apply for Medicare, go to your local Social Security office three months before retiring.

If you work past age 65 and delay signing up for Medicare Part B, contact Social Security at least one month before you retire to enroll.

Life Event Change (Family Status Change)

Generally, you can make changes to your coverage only once a year during Open Enrollment, unless you or an eligible dependent has a life event change.

Your change in coverage must be due to, and consistent with, your life event change. For example, you may drop a dependent spouse from coverage due to a divorce.

A life event change may include:

- Marriage, divorce, legal separation or annulment.
- The birth, adoption, placement for adoption or legal custody of a child.
- A dependent no longer qualifies for coverage.
- You or a dependent becomes qualified for coverage.
- A spouse, registered domestic partner's or dependent's death.

- A dependent starts or stops work for any reason including an unpaid leave of absence, layoff, lockout or strike.
- Your dependent changes from full-time to part-time employment (or vice versa).
- You or a dependent gains or loses health care coverage.
- You or a dependent moves out of the medical plan's service area.
- You or a dependent becomes eligible for or loses Medicare or Medicaid coverage.
- A benefit is offered or eliminated in your or your dependent's health care benefit program.
- A Qualified Medical Child Support Order (QMCSO) or other court order requiring you to enroll a dependent child.

You must update your benefit information within 31 days of the life event date. If you do not, you will have to wait until the next Open Enrollment period to make the change, unless you experience another life event change.

To make a change, call Stanford Benefits and speak with a service representative.

If You Are Rehired or Recalled

If you return to work at Stanford University in a benefits-eligible position and work at least 20 hours a week, you will be asked to enroll in active (employee) benefits again. This is how your benefits will be affected:

- If you are rehired or recalled within the same calendar year you retired, you will continue in the health and life plans you had as an active employee.
- If you are enrolled in Medicare, your Stanford active health care benefits become primary and Medicare becomes secondary.
- If you are enrolled in a Medicare Advantage health plan during retirement and return to a Stanford, contact Stanford Benefits as soon as possible to dis-enroll from the Medicare Advantage plan during this period of employment.
- If you are in retiree *postpone* status when you are recalled or rehired, you will return to *postpone* status when you terminate employment and return to retiree status.
- If you are enrolled in a Stanford retiree health care plan when you are recalled or rehired, you may either re-enroll in retiree health care **or** waive retiree health care coverage when you terminate employment and return to retiree status. If you waive coverage, you lose all future eligibility for retiree health care. See *Participation*, page 3.

Important Note: If you return to work and work less than 20 hours a week, you will not be asked to enroll in active (employee) benefits but will remain in your retiree health care plan.

Qualified Medical Child Support Order (QMCSO)

If you have the responsibility to cover a child under a Qualified Medical Child Support Order (QMCSO), please contact Stanford Benefits for enrollment information. If you do not enroll the child, the custodial parent or state agency may enroll them.

Cancellation of Your Retiree Health Coverage

You may cancel your or your eligible dependents' medical coverage at any time for any reason. In order for the cancellation to take effect, you must notify Stanford Benefits *in writing*. The cancellation will be effective on the first day of the following month in which Stanford receives your notice. However, once you cancel medical coverage, you and your eligible dependents *lose all future eligibility for Stanford's retiree health care*.

If you die, your surviving spouse or surviving registered domestic partner may likewise cancel medical coverage at any time for any reason, but the cancellation means that your surviving spouse or registered domestic partner and eligible dependents *lose all future eligibility for Stanford retiree health care*.

If you do not pay premiums as required, your retiree health coverage will be cancelled. When coverage is cancelled for this reason, you and all eligible dependents *lose all future eligibility for Stanford retiree health care*.

If your surviving eligible dependents do not pay premiums as required, their health coverage will be cancelled. When coverage is cancelled for this reason, they *lose all future eligibility for Stanford retiree health care*.

BENEFITS AND CONTRIBUTIONS

Stanford contributes toward the cost of retiree health care coverage. You pay the balance. The university will determine, and periodically communicate, your share of the cost of benefits. The university may change plan benefits and rates at any time.

Your cost depends on whether you are eligible for the Grandfathered Contribution method or the Defined Contribution method.

Grandfathered Contribution Method

Under the Grandfathered Contribution method, the university contributes a percent of the lowest cost plan towards your retiree and eligible dependent coverage. The lowest cost plan may change from year-to-year. Be sure to look at your annual Enrollment Guide to determine which plan is considered the lowest cost when you enroll.

You are eligible for the Grandfathered Contribution method if, as of December 31, 2005, you:

- Were an existing retiree, or
- Qualified as an official retiree eligible for retiree health care (see *Eligibility*, page 2), or
- Were in a benefits-eligible position, at least age 55 and within 5 years of becoming an official retiree.

Defined Contribution Method (Non-Grandfathered)

Under the Defined Contribution method, the university contributes a dollar amount for each year of benefits-eligible service.

25x group – If you were hired before January 1, 2006 in a benefits-eligible position but you do not qualify for the Grandfathered Contribution method:

- Your contribution is calculated under the Defined Contribution method, and
- You are guaranteed a minimum contribution as if you had 25 years of service. If your service is over 25 years at the time of retirement, your contribution will be based on actual years of service. However, the university contribution cannot exceed the cost of the retiree health plan you choose.

Regular Retiree Contribution (RRC) group – If you were hired on or after January 1, 2006 in a benefits-eligible position, your contribution is calculated under the Defined Contribution method.

Payment for Benefits

At retirement you will receive information on the cost of coverage and the premium payment process. If you enroll in coverage, you must pay your premiums in the manner and on the schedule set by Stanford.

At each annual Open Enrollment, you will receive information on the coverage options and their cost for the next plan year. These costs may change each year. If you choose to enroll for coverage, you are responsible to pay your premiums as required by Stanford. Your coverage can be cancelled for non-payment of premiums. See *When Coverage Ends*, page 10.

BREAK IN SERVICE

Eligibility for Retiree Health Care

If you terminate employment with the university and return at a later date into a benefits-eligible position, your prior benefits-eligible service is credited towards qualifying as an official retiree.

University Contributions for Retiree Health Care

If you terminate employment with the university and return at a later date into a benefits-eligible position, special contribution rules apply. Your prior benefit-eligible service may be credited towards calculation of the university contribution for retiree health care if you meet certain requirements described below.

If you become eligible for retiree health care on or after January 1, 2008 and want to receive credit for prior university service to determine the university's contribution to the cost of retiree health benefits, you must have at least 10 consecutive years of benefits-eligible service immediately before retirement. This requirement became effective January 1, 2008.

If you do not complete the required 10 consecutive years of benefits-eligible service immediately before retirement, you will not have prior years of service recognized for purposes of determining the university's contribution to the cost of retiree health benefits. Instead, only the benefits-eligible years of service in the most recent period of employment will be recognized for this purpose.

Grandfathered Employees – If you qualified for the Grandfathered Contribution method at termination, you are not subject to this policy. Once you qualify as an official retiree, the university contribution will be based on your grandfathered status.

25x Non-Grandfathered Employees – If you were eligible for the minimum 25 years service contribution at termination, you lose this status when you return to the university. If you leave after December 31, 2007 and later return to a benefits-eligible position, you may be affected in several ways:

- If you terminate after December 31, 2007, but before meeting the qualifications for official retiree status, you will lose the 25 years initially granted to employees working in a benefits-eligible position on December 31, 2005. Only your actual benefits-eligible service will be used in the Defined Contribution calculation.
- If you return and stay in a benefits-eligible position for at least 10 consecutive years immediately preceding your retirement, all prior years of benefits-eligible service will be used in the Defined Contribution calculation.
- If you work in a benefits-eligible position for less than 10 consecutive years immediately preceding your retirement, you lose all previous years of service for purposes of determining your university contribution. Only benefits-eligible years of service in the most recent period of employment will be used in the Defined Contribution calculation.

Employees Who Are Laid Off – If you qualify as an official retiree on your layoff date, you will maintain your official retiree status unless you waive retiree coverage. If you return to Stanford in a benefits-eligible position *and* within two years of your layoff, you will be treated as if you had never left. All previous benefits-eligible service will count toward eligibility for

official retiree status. Then, once you qualify as an official retiree, you will fall under the retiree medical contribution method that you would have been eligible for had you not been laid off. If you fall under the Defined Contribution method, all previous eligible service will count.

If you return to Stanford in a benefits-eligible position *after* two years following the date of your layoff, you are subject to the rules described on page 8 for employees who terminate employment with the university and return at a later date into a benefits-eligible position.

CLAIM AND GRIEVANCE PROCEDURES

If your claim for retiree health care benefits is denied, in whole or in part, you may request a review of that denial. To do so, you must follow the procedures set by the health care plan as described in the plan's Summary of Coverage. The health plan will review your grievance in accordance with its claim procedures as required by ERISA. If the denial of the claim is upheld, you have the right to further appeal the denial. Any further appeal of a denied claim must be made following the procedures set by the health plan and as described in the plan's Statement of Coverage. For more information about filing a request for review of a denied claim, please contact your health plan. Contact information for each health plan is provided in *Plan and Contact Information*, page 13.

If you have a claim or grievance related to something other than your health care benefits under the Plan, for example a claim regarding eligibility to participate in the Plan or to make a change in your coverage, you must notify Stanford Benefits *in writing* within 180 days after you receive notification of a denial of your request. Your request should be sent to the Post-Retirement and Post-Employment Benefit Plan, Attention: Executive Director of Human Resources, 655 Serra Street, Stanford CA 94305-6110.

CONTINUING COVERAGE UNDER COBRA

When you terminate employment from the university, by law Stanford must send you a COBRA package even though you are terminating as an official retiree. If you want to continue your active (employee) medical, dental or vision coverage rather than enrolling in the retiree health care program, you must make an election under COBRA. For information about your COBRA coverage, refer to the *Stanford University Educated Choices Summary Plan Description* which is available online at <http://benefits.stanford.edu> or by contacting Stanford Benefits.

If you elect retiree health care coverage, you will not elect COBRA coverage. Note that retiree health care benefits do not include vision coverage and the dental plan is slightly different.

The decision is yours, but if you choose the COBRA coverage you must be sure to *postpone* retiree health care in order to be able to enroll in retiree health care at a later time. See *Your Options at Retirement* on page 3 for more information on postponing your retiree health care benefits. Contact Stanford Benefits if you need further assistance.

HEALTH PLAN COVERAGE CERTIFICATE (HIPAA)

As a participant in the Stanford retiree health care program, you are protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA describes how certain health information may be used and limits the circumstances under which coverage may be excluded for medical conditions existing before you enroll.

Under HIPAA, you are entitled to a certificate showing evidence of prior health care coverage for you and any dependents and the date when coverage under the plan ended. If you had less than 18 months of continuous coverage, the certificate includes the dates any waiting period began and when coverage began and ended.

Keep a copy of the certificate since you may need it to prove you had prior coverage when you join a new health plan. Or, if you purchase individual coverage, your insurer may request a copy of the certificate. To request a HIPAA certificate of your Stanford coverage, contact Stanford Benefits.

WHEN COVERAGE ENDS

Your coverage under the Stanford retiree health care program ends on the date:

- The Plan ends,
- You are no longer eligible for the Plan,
- Your coverage is cancelled for nonpayment of premiums, in which case you and your eligible dependents lose all future eligibility for Stanford retiree health care,
- You voluntarily terminate coverage, in which case you and your eligible dependents lose all future eligibility for Stanford retiree health care,
- You accept re-employment by the university and become eligible for university-sponsored medical coverage (see *If You Are Rehired or Recalled*, page 5), or
- You die.

Your eligible dependents' coverage ends on the date:

- The Plan ends,
- You are no longer eligible for the Plan,
- They are no longer eligible for the Plan,
- Coverage is cancelled for nonpayment of premiums, in which case they lose all future eligibility for Stanford retiree health care,
- They voluntarily terminate coverage, in which case they lose all future eligibility for Stanford retiree health care,
- They die.

Coverage ends on the last day of the month in which the event occurs. If Stanford terminates the plan, coverage will end on the date determined by Stanford.

ADMINISTRATIVE INFORMATION

Subrogation (Third Party Liability)

The retiree health care program provides payment for covered expenses if you or your dependents are ill or injured. However, if a third party (person or organization) is at fault for the illness or injury and you or your covered dependents bring a claim against the third party, you must reimburse the plan for any plan-paid benefits immediately after you collect damages. The plan may file a lien against the third party or the third party's agent, or with the court.

When you receive services through the plan for a third party illness or injury, you agree to reimburse the plan and consent to the plan's lien.

Recovery of Overpayment

When an overpayment has been made, the plan has the right at any time to recover the overpayment from the person to whom it was made, or to deduct the overpayment amount from a future claim payment.

Plan Changes or Termination

Stanford reserves the right to change or terminate the retiree health care program at any time. Plan changes or terminations are subject to any relevant collective bargaining agreements. Any change or termination of the plan will not affect any prior valid claim. Any claim incurred on or after the amendment date will be paid according to the new provisions. If changes are made in the benefits described in this Summary Plan Description, you will receive notification as required by law.

YOUR ERISA RIGHTS

As a participant in the Post-Retirement and Post-Employment Benefit Plan, you are entitled to the following rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA).

Receive Information

You may examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the plan, including insurance contracts, collective bargaining agreements and copies of documents filed by the plan with the U.S. Department of Labor, such as detailed annual reports (Form 5500).

You may obtain copies of plan documents upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.

You may receive a summary of the plan's annual financial report which the Plan Administrator is required by law to furnish.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people (called *fiduciaries*) who operate the plan. Fiduciaries are required to be prudent and act in the interest of plan participants and beneficiaries.

No one, including Stanford, may discriminate against you in any way to prevent you from obtaining a benefit or exercising your ERISA rights.

If your claim for a benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. These rights are more fully described in the Summary of Coverage for your retiree health plan.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive them, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If you disagree with the plan's decision or lack of response to your request concerning the status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that plan fiduciaries misuse the plan's money or if you're discriminated against for asserting your ERISA rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance

If you have any questions about the plans, you should contact the Plan Administrator. If you have any questions about this statement or about your ERISA rights, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

You may also obtain certain publications regarding your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration Brochure Request Line toll-free at (866) 444-3272, by contacting the PWBA field office nearest you, or by logging on to the Internet at www.dol.gov/ebsa.

PLAN AND CONTACT INFORMATION

Plan Name

Stanford University Post-Retirement and Post-Employment Benefit Plan

Plan Number

516

Employer and Plan Sponsor

The Board of Trustees of the Leland Stanford University

655 Serra Street

Stanford, CA 94305-6110

(650) 736-2985

Plan Administrator

Executive Director of Human Resources

Stanford University

655 Serra Street

Stanford, CA 94305-6110

(650) 736-2985

Employer Identification Number

94-1156365

Effective Date of Plan

January 1, 1995

Plan Year

September 1 – August 31

Service of Legal Process

Executive Director of Human Resources

Stanford University

655 Serra Street

Stanford, CA 94305-6110

(650) 736-2985

Medical Plans	For Non-Medicare Eligible Participants	Plan Type	Funding
Blue Shield PPO Plan Blue Shield of California Claims Department P.O. Box 272560 Chico, CA 95927-2560 (800) 873-3605 www.blueshieldca.com	Self-insured	Stanford & Retirees	
Blue Shield High Deductible PPO Plan Blue Shield of California Claims Department P.O. Box 272560 Chico, CA 95927-2560 (800) 873-3605 www.blueshieldca.com	Self-insured	Stanford & Retirees	
Health Net HMO Commercial Claims P.O. Box 14702 Lexington, KY 40512 (800) 522-0088 www.healthnet.com	Insured	Stanford & Retirees	
Kaiser Permanente HMO Northern CA Claims Department P.O. Box 12923 Oakland, CA 94604-2923 (800) 464-4000 http://my.kp.org/ca/stanforduniversity/	Insured	Stanford & Retirees	
PacifiCare HMO Claims Department P.O. Box 6006 Cypress, CA 90630-6006 (800) 624-8822 www.pacificare.com	Insured	Stanford & Retirees	

Medical Plans	For Medicare-Eligible Participants	Plan Type	Funding
	<p>Blue Shield Retiree Medical Plan Blue Shield of California Claims Department P.O. Box 272560 Chico, CA 95927-2560 (800) 873-3605 www.blueshieldca.com</p>	Self-insured	Stanford & Retirees
	<p>Health Net Medicare COB Plan* Commercial Claims P.O. Box 14702 Lexington, KY 40512 (800) 522-0088 www.healthnet.com</p> <p><i>*Formerly known as Health Net Supplement Plan</i></p>	Insured	Stanford & Retirees
	<p>Health Net Seniority Plus Member Services Department P.O. Box 10198 Van Nuys, CA 91410-0198 (800) 275-4737 www.healthnet.com</p>	Insured	Stanford & Retirees
	<p>Kaiser Permanente Senior Advantage Northern CA Claims-Medicare Dept P.O. Box 24010 Oakland, CA 94623-1010 (800) 443-0815 http://my.kp.org/ca/stanforduniversity/</p>	Insured	Stanford & Retirees
	<p>PacifiCare Senior Supplement Plan P.O. Box 6072 Cypress, CA 90630-0072 (800) 851-3802 www.securehorizons.com</p>	Insured	Stanford & Retirees
	<p>PacifiCare SecureHorizons Claims Department P.O. Box 489 Cypress, CA 90630 (866) 622-8055 www.securehorizons.com</p>	Insured	Stanford & Retirees

Mental Health Plan	For All Except Blue Shield High Deductible Plan Participants	Plan Type	Funding
Mental Health and Substance Abuse	United Behavioral Health Claims Department P.O. Box 30755 Salt Lake City, UT 84130-0755 (877) 504-4477 www.liveandworkwell.com (access code: 11030)	Self-insured	Stanford
Mental Health Plan	For Blue Shield High Deductible Plan Participants Only	Plan Type	Funding
Mental Health and Substance Abuse	Blue Shield of California Claims Department P.O. Box 272560 Chico, CA 95927-2560 (800) 873-3605 www.blueshieldca.com	Self-insured	Stanford
Dental Plan	For All Participants	Plan Type	Funding
Dental PPO	Delta Dental Claims Department P.O. Box 997330 Sacramento, CA 95899-7330 (800) 765-6003 www.deltadentalca.org/stanford	Self-insured	Stanford & Retirees
Other Benefits-Related Information			
Stanford Benefits	(650) 736-2985 (877) 905-2985	http://benefits.stanford.edu	
SLAC Benefits Office	(650) 926-2356	email: benefits@slac.stanford.edu	

TERMS TO KNOW

Benefits-Eligible Service – This is service credited for each month in which an Eligible Employee works at least one day (including holidays, paid time off, and vacation days) in a benefits-eligible position or is on a temporary or seasonal layoff. No service credit is given for certain disability and personal leaves. See the Post-Retirement and Post-Employment Benefit Plan for the full definition of Benefits-Eligible Service.

COBRA – Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

Dependent – see Eligible Dependent

Domestic Partner – see Registered Domestic Partner

Eligible Dependent – Your spouse or registered domestic partner and children within the age limits discussed in *Eligibility*, page 2. You must be the child's legal guardian in order to cover that child. An eligible dependent is not necessarily a dependent for tax purposes. Stanford reserves the right to require proof of dependency upon request.

Eligible Employee – An employee in a faculty or regular staff position who is regularly scheduled to work at least 6 consecutive months at a 50% or more full-time equivalent schedule (4 months if covered by SEIU Local 715 collective bargaining agreement). Excludes employees in casual, contingent, temporary and certain other statuses as defined in the Post-Retirement and Post-Employment Benefit Plan.

ERISA – Employment Retirement Income Security Act of 1974, as amended.

Family Status Change – See Life Change Event.

HIPAA – Health Insurance Portability and Accountability Act of 1996, as amended.

HMO (Health Maintenance Organization) – Health care delivery system that typically uses contracted primary care physicians to coordinate all health care for enrolled members. HMOs require you to select a primary care physician. The primary care physician coordinates your care and refers you to specialists and hospitals. Covered services are usually paid in full after you pay any required copay. No claim forms are required. See definition of the Kaiser Permanente HMO below for a non-primary care physician HMO model of health care.

Legally Separated/Legal Separation – The legal condition that exists when a court order confirms that two individuals, although still married, are not financially responsible for each other's debts.

Life Change Event – A change in your life that allows you to make a mid-year change to your benefit coverage. Examples of a life event include, but are not limited to, marriage, divorce, birth of a child, or your child reaching the maximum age for benefit coverage under the Stanford plan. May also be referred to as a family status change or status change.

Medicare Advantage Plan – In this type of plan, you assign your Medicare benefits to the HMO you choose, which means you must receive all your medical care through the HMO’s contracted network of providers. See **HMO** for more information.

Medicare Supplement Plan – (also known as a *Medicare COB Plan*) This type of health plan offers benefits and services beyond those covered by Medicare. Medicare is the primary payer so claims are submitted to Medicare first. Charges for any services not covered by Medicare are sent to the health plan. The plan reviews the claim and pays benefits. You may choose any licensed doctor anywhere in the world, but your costs will be lowest when you use one of your health plan’s network providers and one who accepts Medicare. The Blue Shield Retiree Medical and PacifiCare Senior Supplement plans are examples of this type of plan.

Official Retiree – You can retire from Stanford as an Official Retiree and be eligible to enroll in retiree medical and dental coverage when you meet certain age and service requirements. For more information, see *Eligibility*, page 2.

Open Enrollment – The time period each year (usually in November) when you have an opportunity to change your benefit elections. Changes you make during Open Enrollment take effect the following January 1.

Plan – The Stanford University Post-Retirement and Post-Employment Benefit Plan.

PPO (Preferred Provider Organization) – Health plan that allows you to receive care from any licensed provider with financial incentives, such as higher levels of reimbursement, to use the preferred network of contracted providers.

(QMCSO) Qualified Medical Child Support Order – This is either a National Medical Child Support Notice issued by a state child support agency, or an order or judgment from a state court or administrative body directing the employer to cover a child under the plan. Federal law provides that a QMCSO must meet certain form and content requirements in order to be valid.

Registered Domestic Partner – Stanford University follows the California Family Code for the purpose of defining the term. Briefly, the Code defines Registered Domestic Partner as:

- The *same-sex* partner of an eligible retiree who shares a long-term committed relationship of indefinite duration and who meets the eligibility requirements set forth by Stanford from time to time.
- The *opposite-sex* partner of an eligible retiree so long as at least one of you is at least age 62 and is eligible for Social Security benefits and both of you share a long-term committed relationship of indefinite duration, and who meets the eligibility requirements set forth by Stanford from time to time.

You may cover your domestic partner if your partnership is registered with the State of California. (Non-residents are allowed to register with California.) For more information about registration, go to <http://www.ss.ca.gov/dpregistry> or call your local office of the Secretary of State.

Summary of Coverage – A document prepared and issued by a health plan carrier which details benefits and coverage under the plan. Details include benefit limitations and exclusions, and terms and conditions of participation.

Surviving Spouse or Registered Domestic Partner Benefit – If an employee or retiree has met the requirements for official retiree status, their spouse or registered domestic partner is eligible to have continuing coverage under Stanford’s retiree health and dental plans if the retiree dies. See *Eligibility*, page 2.