Retiree Medical

For questions and assistance with your benefits
or information in this section, contact the benefits service center at
855-278-7157 (Monday – Friday, 5:00 a.m. – 5:00 p.m. PT).

Lucile Packard Children's Hospital Stanford is a participating employer in the Stanford Health Care employee benefit plan.

For Non-Represented, SEIU-UHW Represented and CRONA Employees

Effective January 1, 2017

Stanford HEALTH CARE

Lucile Packard Children's Hospital Stanford

HealthySteps

Your Handbook and Health Booklets

The information provided in this Handbook and in the Health Booklets is intended to provide a Summary Plan Description (SPD) of the Stanford Health Care and Lucile Packard Children's Hospital Stanford benefit plans. For purposes of this Handbook, Stanford Health Care as the plan sponsor and Lucile Packard Children's Hospital Stanford as a participating employer are referred to as "the hospital" or collectively as "the hospitals."

The summary provided in this Handbook and in the Health Booklets is intended to provide an accurate explanation of how your benefit plans work. It is not intended to serve as any form of contract or plan document. If there is a discrepancy between the descriptions in this Handbook and the insurance contracts and plan documents, the contracts and plan documents will always govern.

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Retiree Medical Insurance

Eligible employees who leave the hospitals on or after age 55 may continue their medical insurance under one of the hospitals' retiree medical plans.

Who is Eligible for Retiree Medical Insurance?

When you leave the hospitals, you may be eligible for retiree medical benefits if:

- You are at least age 55 when your active employment status with the hospitals ends, and
- You have at least 10 years of continuous service after age 45 (Retiree Groups A and B) or at least 15 years of continuous service after age 40 (Retiree Groups C and D).

If you are not eligible for retiree medical coverage, you may continue the medical coverage in which you are enrolled at retirement under the provisions of COBRA.

NOTE

If you or your dependents are not eligible for retiree medical coverage:

See the *Your Health Care Benefits* section for active employees for information about COBRA rights after coverage as an active employee ends.

Your dental and vision coverage ends the last day of the month in which your employment terminates. You may continue your dental coverage under the provisions of COBRA. You pay the full cost for COBRA coverage. The Vision Service Plan is not available through COBRA.

In some cases, you may be eligible for retiree medical coverage but you may not be able to cover your dependents. In that case, your dependents may be eligible to continue their health coverage under COBRA.

Retiree Groups

Your "Retiree Group" determines which retiree medical plan you are eligible for and your share of the cost for your retiree medical coverage. See "How to Determine Your Retiree Group

" charts beginning on page 6 to determine your Retiree Group.

Continuous Service

Years of continuous service are all the consecutive years you worked as a Regular, benefits-eligible employee with the hospitals without a break in service. Years of continuous service includes the time you work with a Predecessor Employer (as defined below), without a break in service (i.e., your employment with the hospitals begins on the next business day) from the Predecessor Employer to the hospitals. You do not receive credit for time you work as a:

- Relief employee (however, time worked as a Relief or Temporary employee will not cause a break in service to occur); or
- Temporary agency or Contract employee.

Predecessor Employer

A Predecessor Employer is UCSF Stanford Health Care, UCSF, Stanford University, Stanford Health Services (SHS) and Lucile Packard Children's Hospital Stanford.

Breaks in Service

Voluntary Terminations

A break in continuous service occurs when you leave the hospitals. If you return to work with the same hospital within one year, you will get credit for your prior eligible service. If you return to work with the same hospital after one year, you will not receive credit for your prior eligible service. You may or may not receive credit for other breaks in service, as described here:

- If you were a Lucile Packard Children's Hospital Stanford employee and you are directly hired by Stanford Health Care (i.e., in the pay period immediately following the pay period in which you ceased employment with Lucile Packard Children's Hospital Stanford), you will receive credit for your continuous service with Lucile Packard Children's Hospital Stanford. This also applies if you were a Stanford Health Care employee and you are directly hired by Lucile Packard Children's Hospital Stanford
- If you were a Stanford University employee and you leave your employment with the University and are later hired by the hospitals, but not immediately after your termination from Stanford University (i.e., your employment with the hospitals begins on the next business day), your years of service at Stanford University before the break will not count
- Effective January 1, 2013:
  - If you were a Lucile Packard Children's Hospital Stanford employee and you leave your employment with Lucile Packard Children's Hospital Stanford and are later hired by Stanford Health Care, but not immediately after your termination from Lucile Packard Children's Hospital Stanford or not within the pay period immediately following the pay period in which employment ceased with Lucile Packard Children's Hospital Stanford, your years of service at Lucile Packard Children's Hospital Stanford before the break will not count. If, however, you receive benefits under a collective bargaining agreement with the SEIU-UHW and you commence work at Stanford Health Care within one year of your employment terminating from Lucile Packard Children's Hospital Stanford, you will get credit for your prior eligible service at Lucile Packard Children's Hospital Stanford

- If you were a Stanford Health Care employee and you leave your employment with Stanford Health Care and are later hired by Lucile Packard Children's Hospital Stanford, but not immediately after your termination from Stanford Health Care or not within the pay period immediately following the pay period in which employment ceased with Stanford Health Care, your years of service at Stanford Health Care before the break will not count. If, however, you receive benefits under a collective bargaining agreement with the SEIU-UHW and you commence work at Lucile Packard Children's Hospital Stanford within one year of your employment terminating from Stanford Health Care, you will get credit for your prior eligible service at Stanford Health Care.

Layoffs

If you are rehired within one year of a layoff:

- Your service prior to the layoff is restored
- The period of time that you were laid off is not counted towards your service
- If you are rehired while you are still receiving severance pay from the hospitals, the period of time that you continue to receive severance pay after your rehire date will not count towards your service unless you repay the severance pay benefits for the overlapping period.

Leave of Absence

You do not incur a break in service during an approved leave of absence. However, leave of absence time in excess of six months (seven months for a combination pregnancy and family leave) does not count toward your continuous service requirement for retiree medical eligibility.

If You Become Disabled Six Months Prior to Age 55

Your service will be bridged for up to six months if your disability is approved by Social Security.

To be eligible for retiree medical benefits you must:

- **Be age 55 or older when your active employment status with the hospitals ends, AND**
- **Have at least 10 years of continuous service after age 45 (Retiree Groups A and B) or at least 15 years of continuous service after age 40 (Retiree Groups C and D).**

Stanford HEALTH CARE

Lucile Packard Children's Hospital Stanford

HealthySteps

How to Determine Your Retiree Group

If You Meet This Criteria:		Your Retiree Group is:
Stanford Health Services (SHS) employees who were retired on December 31, 1992		**Group A**
SHS employees who, on December 31, 1992, met one of the following three criteria (based solely on SHS service, without regard to any service with UCSF, UCSF Stanford Health Care, Stanford University and Lucile Packard Children's Hospital Stanford):		**Group A**
Age	**Years of Continuous Service**	
65 or over	5	
55 or over	10	
Any age	25	
Individuals who on October 31,1997, were employees of Stanford Health Services, Lucile Packard Children's Hospital Stanford or UCSF and on November 1,1997 (a) became UCSF Stanford Health Care employees[1] and (b) met one of the following 3 criteria:		**Group B**
Age	**Years of Continuous Service**	
50 or over	5	
40 or over	10	
Any Age	15	
Individuals who on October 31,1997, were employees of Stanford Health Services, Lucile Packard Children's Hospital Stanford or UCSF and on November 1,1997 (a) became UCSF Stanford Health Care employees[1] and (b) did not meet the criteria for Groups A and B.		**Group C**
All other individuals hired by UCSF Stanford Health Care, Stanford Health Care on or after November 1, 1997 or Lucile Packard Children's Hospital Stanford on or after January 1, 2013 on or after November 1, 1997.		**Group D**

[1] Including former UCSF and Stanford University employees whose jobs were transferred to UCSF Stanford Health Care after November 1, 1997 but prior to October 31, 1998. Their retiree category is determined based on their age and service as of November 1, 1997.

Acquisitions

Employees of the clinics acquired by UCSF Stanford Health Care in 1998 were assigned to Retiree Groups B, C or D based on their age and continuous service at the time of the acquisition. Employees of clinics or hospitals acquired in the future will be assigned to Retiree Groups B, C or D based on the terms of the acquisition.

Which Plans Are You Eligible for?

The medical plans for which you are eligible depend on your Retiree Group, as described in the chart below. For more information about the under age 65 plans (Aetna Choice POS II Plan, SHCA and Kaiser Permanente HMO), see the *Your Health Care Benefits* section and/or the evidence of coverage documents. For more information about the over age 65 plans (AARP Medicare Coordination Plan and Kaiser Senior Advantage), see the summary plan descriptions and/or evidence of coverage documents.

	Group A	Group B	Group C	Group D
For individuals under age 65: Same plan as active employees				
Aetna Choice POS II Plan[1]	X	X	X	X
Stanford Health Care Alliance (SHCA)	X	X	X	X
Kaiser Permanente HMO plan	X	X	X	X
For individuals over age 65:				
AARP		X	X	X
Medicare Coordination Plan	X			
Kaiser Permanente Senior Advantage	X	X	X	X
If you are a split family and one individual is over 65 and one or more individual is under 65, you may enroll in these plan combinations	Medicare Coordination Plan and Aetna Choice POS II Plan or SHCA Kaiser Permanente Senior Advantage Plan and Kaiser Permanente HMO Plan	Kaiser Permanente Senior Advantage Plan and Kaiser Permanente HMO Plan AARP Medicare Supplemental Plans: C, F or K with the Prescription Drug Plan and Aetna Choice POS II Plan or SHCA		

[1] If you enroll in the Aetna Choice POS II Plan, you may be eligible to set up a Health Savings Account (HSA) at the Stanford Federal Credit Union or any bank that provides HSA services. The HSA may allow you to contribute pretax dollars to an account to pay for expenses such as prescription drugs, office visit coinsurances and a wide range of medical expenses not payable under the Aetna Choice POS II Plan.

TIP

When you become eligible for Medicare (generally at age 65), you must enroll in and obtain Medicare Parts A and B to receive retiree medical benefits from the hospitals. If you enroll in Medicare Part D, you can only participate in the AARP United Health Care Plan. If you do not enroll in Part D when you're first eligible, and you don't have other creditable prescription drug coverage or qualify for Medicare's Extra Help program, you'll likely pay a late enrollment penalty.

Cost Sharing

If you aren't sure which retiree group you are in (A, B, C or D), see "How to Determine Your Retiree Group" on page 6.

Retiree Group A

The hospitals pay 100% of the cost of retiree medical coverage for you and your spouse.

Retiree Group B

If you retire on or after January 1, 2017, you will have 30 days to decide between the following two cost sharing options:

Option 1 — Enroll in a Stanford Health Care/Lucile Packard Children's Hospital Stanford Retiree Medical Plan with part of the premiums paid by the hospitals.

The hospitals pay 80% of the cost of retiree medical coverage for you and your spouse up to a 1994/1995 plan year maximum contribution determined in accordance with the applicable table below, and you pay 20% of that cost plus any costs that exceed the hospitals' contribution. The hospitals' maximum contribution is determined as follows:

For all Retiree Groups, the amount, if any, the hospitals pay to cover your eligible domestic partner or his/her children is a taxable benefit. This amount will be reported to the IRS and will be treated as income for tax purposes.

Step	For Retirees and Spouses Under age 65	Retiree	Spouse
1	1994/1995 plan year costs	$2,375	$2,196
2	Two times 1994/1995 plan year costs (2 x Step 1)	$4,750	$4,392
3	80% of two times 1994/1995 plan year costs (0.80 x Step 2)	$3,800	$3,514
4	The hospitals' maximum monthly contribution (Step 3 ÷ 12 months)	$317	$293

Step	For Retirees and Spouses Over age 65	Retiree	Spouse
1	1994/1995 plan year costs	$1,769	$1,574
2	Two times 1994/1995 plan year costs (2 x Step 1)	$3,538	$3,148
3	80% of two times1994/1995 plan year costs (0.80 x Step 2)	$2,830	$2,518
4	The hospitals' maximum monthly contribution (Step 3 ÷ 12 months)	$236	$210

Option 2 — Elect a one-time contribution to a Health Reimbursement Account (HRA) instead of having the hospitals pay part of the premiums.

If you elect this option, the hospitals will set up an HRA in your name for you to use. You can use the account to pay for IRS qualified health care expenses, including medical premiums either through a hospital plan or other coverage of your choice. The amount in your HRA depends on your age and years of service at retirement. When you retire, you will receive a personalized packet with an estimate of the potential HRA contribution that the hospitals would make for you.

If you elect Option 2:

- Only you will receive an HRA — one will not be provided to your eligible dependents
- You will be moved to Retiree Group D — the value of your HRA benefit and the cost of retiree medical coverage will be the same as Retiree Group D (See "Retiree Group D" on page 11 for more details.)
- While you pay the full cost of your retiree medical coverage, you can use the Retiree HRA to help offset these costs.

Important: Determining which option is best for you requires some careful thought. Once you submit your decision form, your option choice is irrevocable, which means it cannot be changed at any time. Your personalized packet will include items to consider as you make this important one-time decision. If the hospitals don't receive your decision form within the 30-day window, you will default to Option 1.

Retiree Group C

If you retire on or after January 1, 2017, you will have 30 days to decide between the following two cost sharing options:

Option 1 — Enroll in a Stanford Health Care/Lucile Packard Children's Hospital Stanford Retiree Medical Plan with part of the premiums paid by the hospitals.

Effective January 1, 2009 for Non-Represented retirees and spouses, retirees and spouses represented by CRONA, and effective August 27, 2009 for retirees and spouses represented by the SEIU-UHW, the hospitals will pay 80% of the 1997/1998 cost of retiree medical coverage for you and your spouse up to a maximum contribution determined in accordance with the applicable table below, and you pay 20% of that cost plus any costs that exceed the hospitals' contribution.

Step	For Retirees and Spouses Under age 65	Retiree	Spouse
1	1997/1998 plan year costs	$1,643	$1,966
2	Two times 1997/1998 plan year costs (2 x Step 1)	$3,286	$3,932
3	80% of two times 1997/1998 plan year costs (0.80 x Step 2)	$2,629	$3,146
4	The hospitals' maximum monthly contribution (Step 3 ÷ 12 months)	$219	$262

Step	For Retirees and Spouses Over age 65	Retiree	Spouse
1	1997/1998 plan year costs	$456	$456
2	Two times 1997/1998 plan year costs (2 x Step 1)	$912	$912
3	The hospitals' maximum monthly contribution (Step 2 ÷ 12 months)	$76	$76

Option 2 — Elect a one-time contribution to a Health Reimbursement Account (HRA) instead of having the hospitals pay part of the premiums.

If you elect this option, the hospitals will set up a HRA in your name for you to use. You can use the account to pay for IRS qualified health care expenses, including medical premiums either through a hospital plan or other coverage of your choice. The amount in your HRA depends on your age and years of service at retirement. When you retire, you will receive a personalized packet with an estimate of the potential HRA contribution that the hospitals would make for you.

If you elect Option 2:

- Only you will receive an HRA — one will not be provided to your eligible dependents
- You will be moved to Retiree Group D — the value of your HRA benefit and the cost of retiree medical coverage will be the same as Retiree Group D (See "Retiree Group D" on page 11 for more details.)
- While you pay the full cost of your retiree medical coverage, you can use the Retiree HRA to help offset these costs.

Important: Determining which option is best for you requires some careful thought. Once you submit your decision form, your option choice is irrevocable, which means it cannot be changed at any time. Your personalized packet will include items to consider as you make this important one-time decision. If the hospitals don't receive your decision form within the 30-day window, you will default to Option 1.

Retiree Group D

Retiree Health Reimbursement Account

If you are a member of Retiree D group, you are eligible for a tax-free health reimbursement account if you were hired on or after November 1, 1997, and you are at least 55 with at least 15 years of continuous service when you retire. While you pay the full cost of your retiree medical coverage, you can use the Retiree Health Reimbursement Account to help offset some of these costs.

The value of your benefit is based on your number of continuous years of service with the hospitals and your age at retirement. The money in your account may be used to help pay for IRS qualified medical expenses and premiums in retirement – tax free. The hospitals will determine your benefit amount at the time of your retirement, based on the table on the next page. The Retiree Health Reimbursement Account will be set up automatically and does not require you to complete an enrollment form; however, you must notify the hospital of your retirement. Your Retiree Health Reimbursement Account is generally available two months following the date of your retirement.

Your Benefit Amount

Note: Any years of service as a relief employee do not count toward your years of continuous service for eligibility or the benefit amount you receive.

Your years of continuous service when you retire	Your age when you retire							
	55 – 61	62 – 64	65	66	67	68	69	70+
15	$5,000	$7,000	$12,000	$13,000	$14,000	$15,000	$16,000	$17,000
16	$5,750	$7,750	$12,750	$13,750	$14,750	$15,750	$16,750	$17,750
17	$6,500	$8,500	$13,500	$14,500	$15,500	$16,500	$17,500	$18,500
18	$7,250	$9,250	$14,250	$15,250	$16,250	$17,250	$18,250	$19,250
19	$8,000	$10,000	$15,000	$16,000	$17,000	$18,000	$19,000	$20,000
20	$8,750	$10,750	$15,750	$16,750	$17,750	$18,750	$19,750	$20,750
21	$9,750	$11,750	$16,750	$17,750	$18,750	$19,750	$20,750	$21,750
22	$10,750	$12,750	$17,750	$18,750	$19,750	$20,750	$21,750	$22,750
23	$11,750	$13,750	$18,750	$19,750	$20,750	$21,750	$22,750	$23,750
24	$12,750	$14,750	$19,750	$20,750	$21,750	$22,750	$23,750	$24,750
25	$13,750	$15,750	$20,750	$21,750	$22,750	$23,750	$24,750	$25,750
26	$14,750	$16,750	$21,750	$22,750	$23,750	$24,750	$25,750	$26,750
27	$15,750	$17,750	$22,750	$23,750	$24,750	$25,750	$26,750	$27,750
28	$16,750	$18,750	$23,750	$24,750	$25,750	$26,750	$27,750	$28,750
29	$17,750	$19,750	$24,750	$25,750	$26,750	$27,750	$28,750	$29,750
30	$18,750	$20,750	$25,750	$26,750	$27,750	$28,750	$29,750	$30,750

Enrolling in Retiree Medical Insurance

When you leave the hospitals at or after age 55 you may be eligible for retiree medical benefits.

Initial Enrollment

Retirees who are eligible for retiree medical benefits are required to sign an enrollment form 31 days prior to leaving the hospitals.

By signing the form, you agree to pay your share of the premium, if any, and to obtain Medicare Parts A and B coverage as soon as you are eligible. The form also allows you to waive coverage.

If you elect retiree medical coverage and you are under age 65 and are not Medicare-eligible, you and the eligible dependents you enroll may remain in the same plan you had as an active employee or you may enroll in a different plan, so long as you elect to do so within 30 days of

your retirement. You may change plans during annual open enrollment or if you experience a qualifying life event, such as moving out of your medical plan's service area. See *Using Your Handbook and Benefits Program* for more details. Covered individuals who are eligible for Medicare are enrolled in one of the post-65 benefit plan options listed in the "When Family Members Become Eligible for Medicare" on page 16.

If you waive coverage, you must provide proof of continuous coverage if you want to re-enroll at the next annual open enrollment. You may also enroll during the year if you lose group coverage and enroll within 31 days of the loss. Please review your enrollment materials carefully to be sure you understand the applicable rules.

Assess Your Retiree Medical Needs Early

As you approach retirement and each year thereafter, consider these points:

- If you and your spouse/eligible domestic partner both work at the hospitals and are eligible under different categories, you should contact the benefits service center at 855-278-7157 five years prior to your expected retirement to determine the appropriate classification
- Where will you live? To be covered under the Kaiser Permanente HMO plan, you must live in their service area. The service area for Kaiser Senior Advantage can be different from the service area for Kaiser Permanente HMO.
- Will you continue to have medical coverage elsewhere as an active employee or as the dependent of an active employee? Review the coordination of benefit rules in the *Your Health Care Benefits* section for active employees and consider whether you need retiree medical coverage while you have "active" plan coverage
- Does your spouse/eligible domestic partner have retiree medical with his/her employer? Review the coordination of benefit rules in the *Your Health Care Benefits* section for active employees and consider whether your spouse/eligible domestic partner needs retiree medical coverage
- Who will you cover under the hospital plan? You can enroll your spouse/eligible domestic partner and children **only** if they were continuously covered under a hospital medical plan for the **five years immediately prior to your retirement** (one year for Category "A" retirees).

When Retiree Medical Coverage Begins

Your retiree medical coverage from the hospitals begins the first day of the month after your active employment status ends. You must submit the enrollment form 31 days prior to leaving the hospitals.

Eligible Dependents

You may enroll the spouse/eligible domestic partner and children who were continuously covered under your medical plan for the **five years immediately prior to your retirement** (one year for Category "A" retirees).

Generally, eligible dependents are your:

- Legally married spouse or eligible domestic partner
- Children under age 26
- Unmarried children of any age who are incapable of self-support as a result of a physical or mental disability which began before age 19 and who are principally dependent on you or your spouse/eligible domestic partner.

See the *Using Your Handbook and Benefits Program* section for active employees for a complete definition of eligible dependents. Eligible dependents who have not been covered for five[1] years, may purchase COBRA coverage immediately after you retire. See the *Your Health Care Benefits* section for active employees for more information about when dependents must make their COBRA or conversion election.

[1] Only a spouse/eligible domestic partner and children who meet the definition of dependent outlined in the *Using Your Handbook and Benefits Program* section for active employees may be enrolled for medical coverage.

If You Have Other Coverage

When you leave the hospitals, you may plan to work for another employer who offers medical benefits or you may have coverage under your spouse's or eligible domestic partner's employer plan.

REMEMBER

If you waive coverage and are not *continuously* covered elsewhere, you forfeit future rights to enroll in a Retiree Medical plan offered by the hospitals.

Plans that cover you as an active employee or as the dependent of an active employee pay before the retiree medical plan pays. Therefore, you may prefer to waive retiree medical coverage until you need it. You may enroll in the hospitals' retiree medical plan within 31 days of losing your other employer-sponsored coverage or during any annual open enrollment period. If you wish to enroll during an annual open enrollment period, you must provide proof of continuous enrollment in another health plan; the proof must include the coverage period from the date you first waived participation in the plan through the date your coverage under this plan will be effective.

If Both You and Your Spouse/Eligible Domestic Partner Worked for the Hospitals

If your spouse (or eligible domestic partner) is eligible for the hospitals' medical benefits as an active employee or retiree, you can:

- Both enroll — Each of you can select coverage on your own as either a retiree or employee. If you are covering children[1], you can determine which of you has the better rates and/or is in the best position to cover them, or
- Enroll one of you as the employee/retiree, and the other as a dependent — Choose no coverage for one of you, and enroll the other person and any children[1] as dependents of the retiree/employee, or
- Both enroll in the better plan — If you and your spouse/eligible domestic partner both work for the hospitals and are in different retiree groups, the employee with more comprehensive coverage may enroll his or her spouse/eligible domestic partner. The spouse/eligible domestic partner must have been continuously covered (as either an employee or a dependent) under an active plan for the five years immediately prior to the retirement of the employee with better coverage. Note: If you or your spouse/eligible domestic partner choose this option, the employee who is covered as a dependent cannot later enroll in coverage under his/her Retiree Group.

[1] Only a spouse/eligible domestic partner and children who meet the definition of dependent outlined in the *Using Your Handbook and Benefits Program* section for active employees may be enrolled for medical coverage.

When You Become Eligible for Medicare

When you or your spouse/eligible domestic partner reach age 65, your retiree medical benefits change because, generally, that is when Medicare eligibility begins. Before your 65th birthday, you or your spouse (or eligible domestic partner) will receive a reminder that:

- You must enroll in Medicare Parts A and B to continue to receive retiree medical benefits through the hospital;
- Your benefits are changing; and
- Your plan enrollment options and premium contribution, if any, are changing.

The hospitals will send you a packet a couple of months before you turn 65 with your medical plan options along with an enrollment form. If you are in the Kaiser Permanente HMO Plan, Kaiser Permanente will also send you enrollment material about the Senior Advantage Plan. If you are in the Aetna Choice POS II Plan or SHCA, the hospitals will request

TIP

If you are eligible for Medicare prior to age 65, for example if you have been receiving Social Security disability income benefits for 24 months, you must enroll in Medicare Parts A and B and notify the benefits service center at 855-278-7157. Failure to obtain Medicare Parts A and B when you first become eligible could result in the loss of the hospitals' retiree medical coverage.

that UnitedHealthcare send you an AARP packet (applies to Group B, C and D retirees).

Everyone must return the hospitals' enrollment form 31 days before you (or your spouse/eligible domestic partner) reach age 65. You must also return the Kaiser Permanente Senior Advantage or the AARP forms to them directly if you are enrolling in one of their plans.

Covered family members not yet eligible for Medicare remain in the same plan, as shown in the following charts.

When Family Members Become Eligible for Medicare

Group A		
Current Plan	**New Plan for Family Members Who Are...**	
	Covered by Medicare	**Not Covered by Medicare**
Aetna Choice POS II Plan	Medicare Coordination Plan	Aetna Choice POS II Plan
SHCA	Medicare Coordination Plan	SHCA
Kaiser Permanente HMO	Kaiser Permanente Senior Advantage	Kaiser Permanente HMO
Coverage Waived	Medicare Coordination Plan	Aetna Choice POS II Plan
Coverage Waived	Kaiser Permanente Senior Advantage	Kaiser Permanente HMO

Group B, C or D		
Current Plan	**New Plan for Family Members Who Are...**	
	Covered by Medicare	**Not Covered by Medicare**
Aetna Choice POS II Plan	AARP Medicare Supplement and Prescription Drug Plan	Aetna Choice POS II Plan
SHCA	AARP Medicare Supplement and Prescription Drug Plan	SHCA
Kaiser Permanente HMO	Kaiser Permanente Senior Advantage	Kaiser Permanente HMO
Coverage Waived	AARP Medicare Supplement and Prescription Drug Plan	Aetna Choice POS II or SHCA
Coverage Waived	Kaiser Permanente Senior Advantage	Kaiser Permanente HMO

Enrolling in Medicare

When you become eligible for Medicare (generally at age 65), you must enroll in both Medicare Parts A and B to receive the hospitals' retiree medical benefits. Part A covers hospital expenses and enrollment is generally automatic if you are receiving a Social Security retirement pension check. Part B covers physician expenses and you must actively enroll in and pay for Part B coverage.

Group A retirees are offered the Medicare Coordination Plan only if they do not have Medicare Part D coverage. Your coverage under the hospitals' Medicare Coordination Plan will be cancelled if you enroll in Medicare Part D. The Medicare Coordination Plan includes the prescription drug Medicare Part D coverage.

Medicare considers you a late enrollee if you do not enroll in Medicare when you reach age 65 or when you cease to be covered by an active employee plan, whichever is later. Late enrollees are subject to a Part B premium surcharge and may only enroll in Medicare from January 1 to March 31 each year, with coverage effective July 1.

You may delay enrolling in Medicare, without a premium surcharge, if you are covered under an employer's plan as an active employee or the dependent of an active employee. In that case, consider waiving the hospitals' retiree medical coverage until you lose your active coverage and have enrolled in Medicare.

Please note that if you are covering an eligible domestic partner (or if you are being covered as an eligible domestic partner on another employer's plan), federal law requires that an eligible domestic partner must enroll in Medicare at the earlier of age 65, or when first eligible to do so, regardless of whether the eligible domestic partner is covered as a dependent while his or her partner is receiving health care benefits as an active employee.

Contact your local Social Security office for information about enrolling in Medicare.

Annual Open Enrollment Versus Medicare's Enrollment Period

Once each year, the hospitals offer its eligible retirees an opportunity to:

- Change plans
- Add or cancel coverage for dependents who were eligible when you retired
- Enroll if you previously declined coverage[1]
- Waive coverage[1]

[1] If you waive coverage and are not continuously covered elsewhere, you forfeit future rights to the hospitals' retiree medical benefits.

Once each year, Medicare gives retirees an opportunity to join or leave a Medicare Advantage Plan. The hospitals' annual open enrollment period may not coincide with Medicare's enrollment period. For information regarding Medicare options and enrollment periods, call 800-MEDICARE (800-633-4227).

When Coverage Ends

As an eligible retiree, the hospitals' retiree medical coverage is available to you for your lifetime unless you stop paying your share of the premium or until the hospitals decide to no longer offer retiree medical coverage, whichever occurs first.

Your eligible spouse (or eligible domestic partner) and children may continue coverage for the remainder of their lifetime until the earliest of the following events occurs:

- You or they stop making any required contribution
- They become covered under the hospitals' medical plan as an employee
- They are no longer eligible. For your spouse (or eligible domestic partner), this means you divorce, obtain a legal separation (optional) or end your domestic partnership. For children, this means they reach the maximum age or you fail to provide proof of their continued eligibility if they are to be covered beyond the maximum coverage age (example: if they are disabled)
- You request to end their coverage
- The hospitals decide to no longer offer retiree medical coverage.

Please note: While the hospitals offer retiree medical benefits with the intention of doing so indefinitely, the hospitals reserve the right to amend or terminate the benefits at any time.

Options When Coverage Ends

COBRA

Under certain circumstances, your covered dependents may be able to continue their medical benefits under COBRA. See the *Your Health Care Benefits* section for active employees for information about COBRA coverage.

How to Obtain More Information About Retiree Medical Benefits

Call or visit:

- Your local Medicare office or www.Medicare.gov to learn how and when to enroll in Medicare Part B
- Your medical plan to obtain information about their Medicare plan benefits
- The benefits service center at 855-278-7157:
  - Find out which Retiree Group you have been assigned in the event you are eligible for retiree medical insurance when you leave the hospitals
  - Information provided to retirees during the annual open enrollment period is available at: http://healthysteps4u.org/retiree/

- Care Counsel Advocates who can help you navigate the health care system at www.healthysteps4u.org
- HealthEquity, the HRA administrator, at www.HealthEquity.com.

Obtain the Summary Plan Description or Evidence of Coverage for the current retiree medical plan. (The hospitals reserve the right to change or terminate benefits for both active and retired employees.)

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