COBRA AND BENEFITS INFORMATION FOR TERMINATING EMPLOYEES: HOUSE STAFF

This document helps you understand the options you have regarding your health, welfare, and retirement benefits and outlines what happens to your benefits when you leave Stanford Health Care (SHC).

Additional plan details are also available in the SHC Plan documents: Summary Plan Description (SPD) Booklets and Health Plan Booklets. The specific terms of coverage, exclusions, and limitations are contained in the Plan documents. If there is a conflict between this document and the Plan documents, the Plan documents will govern. SHC reserves the right to review, change, or end any benefit for any reason.

BENEFITS COVERAGE TERMINATION

Medical, Dental, Basic Life, Supplemental Life, and Accidental Death & Dismemberment (AD&D) coverage for you and/or your covered dependents end on the last day of the month of date of termination.

Employee Assistance Program (EAP) coverage ends on the last day of the next month following date of termination.

For Flexible Spending Accounts (FSAs) and Health Incentive Account (HIA) coverage termination information, see the “Flexible Spending Accounts and Health Incentive Account” section below.

CONTINUATION OF BENEFITS: COBRA

COBRA allows you and your covered dependents to continue group health plan coverage for up to 18 months in the Medical/Vision, Dental, EAP, and Health Care FSA if you are enrolled in these plans at the time you lose eligibility for benefits due to employment termination.

COBRA has to be elected within 60 days of the later of (a) the date coverage is lost, or (b) the date the Election Notice was provided.

You pay 100% of the full cost of your continued health coverage to VitaCOBRA plus a 2% administration fee. You can view the COBRA Rate Sheet at https://healthysteps4u.org/health-life-benefits/cobra/. To login and access the information on HealthySteps, enter your Employee ID# or “housestaff” in the Employee ID box.

COBRA PACKET

VitaCOBRA, SHC’s COBRA administrator, will send you a COBRA information packet within 2 weeks of employment termination, including an election form and COBRA rates. You are responsible for providing SHC your current mailing and/or email address to ensure the timely delivery of the COBRA packet. VitaCOBRA cannot send out the packet prior to employment termination.

If you do not receive the packet within 2 weeks of employment termination or if you fail to update your address prior to employment termination, contact VitaCOBRA at 650.810.1480 or cobra@vitamail.com and make sure to also update your address with SHC.
ADDRESS CHANGE

If leaving the State of California or you will have a new mailing address immediately following termination, update your address in SHC Lawson eConnect: Employee Self-Service prior to your employment termination. If address change happens after employment termination, make sure to update your address with VitaCOBRA at 650.810.1480 or cobra@vitamail.com and SHC by sending an email to HR4U@stanfordhealthcare.org.

LAWSON ECONNECT LOGIN

To update your address with SHC, log in to Lawson eConnect using your SID# for the User Name and your SHC network password for the Password. Click on the Globe icon, go to Bookmarks > Employee Self-Service > Address Change. The Effective Date is the date you make the change in Lawson eConnect.

You can only access Lawson eConnect while an Active SHC Employee and from an SHC computer. If you need further assistance with any personal information change, contact our HR Operations Team at 650.723.4748 or HR4U@stanfordhealthcare.org.

HEALTH BENEFITS: MEDICAL/VISION, DENTAL, EAP

Medical/Vision and Dental coverage ends on the last day of the month of date of termination.

EAP coverage ends on the last day of the next month following date of termination.

Benefit coverage termination example: If termination date is June 30th, see table below.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage End Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Vision</td>
<td>6/30/2015</td>
</tr>
<tr>
<td>Dental</td>
<td>6/30/2015</td>
</tr>
<tr>
<td>EAP</td>
<td>7/31/2015</td>
</tr>
</tbody>
</table>

FLEXIBLE SPENDING ACCOUNTS AND HEALTH INCENTIVE ACCOUNT

HEALTH CARE FSA

Your contributions to the Health Care FSA stops when your pay stops. You may only request reimbursement for expenses incurred prior to employment termination. You must submit all claims to HealthEquity no later than 90 days of date of termination with SHC.

If you elect to continue Health Care FSA through COBRA, eligible healthcare claims incurred while you are continuing your coverage under COBRA are eligible for reimbursement. If you do not elect to extend Health Care FSA through COBRA, only eligible healthcare claims incurred prior to termination are eligible for reimbursement.

DEPENDENT DAYCARE FSA

Your contributions to the Dependent Daycare FSA stops when your pay stops. You may not continue contributions beyond that date. You may continue to submit claims for eligible expenses incurred for the remainder of the calendar year up to your account balance. You must submit all claims incurred for the 2015 calendar year to HealthEquity by March 15, 2016.
**HEALTH INCENTIVE ACCOUNT**

Employer contributions for any incentive funds earned from the HealthySteps to Wellness program stops on last scheduled funding date prior to date of termination. You must be an Active Employee at the time funds are deposited into your HealthEquity account or funds will be forfeited. You can view the incentive funding schedule at [https://healthysteps4u.org/docs/wellness/healthysteps_to_wellness/2015_Wellness_Incentive_Schedule.pdf](https://healthysteps4u.org/docs/wellness/healthysteps_to_wellness/2015_Wellness_Incentive_Schedule.pdf).

You must incur all eligible expenses before employment termination. You must submit all claims to HealthEquity no later than 90 days of date of termination with SHC. Wellness incentive funds not used prior to employment termination will be forfeited upon termination.

For inquiries on your HealthEquity account and/or submitting claims, contact HealthEquity at **877.395.6548** or visit [www.myhealthequity.com](http://www.myhealthequity.com).

**LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

Basic Life, Supplemental Life, and AD&D Insurance coverage end on the last day of the month of date of termination. If you wish to continue coverage, you have the option to port and/or convert coverage.

Benefit coverage termination example: If termination date is June 30th, see table below.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage End Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
<td>6/30/2015</td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>6/30/2015</td>
</tr>
<tr>
<td>AD&amp;D</td>
<td>6/30/2015</td>
</tr>
</tbody>
</table>

Life and AD&D Insurance coverage are administered by Liberty Mutual, Inc. (LMI). Within 2 weeks of your employment termination, LMI will send a packet to the address we have on file. You must submit your completed application back to LMI with your first month premium within 31 days from the date coverage ends; otherwise, you will not be eligible to port and/or convert your coverage. Eligibility to continue coverage is subject to the terms of the policy in place at the time of employment termination.

For conversion inquiries, call LMI at **888.287.8494, Option 4** and for portability inquiries, call LMI Vendor GenRe at **888.786.2688**. On the call, identify yourself as an employee terming employment with SHC and provide your date of termination.

**RETIREMENT SAVINGS PLAN (RSP)**

If you’ve contributed part of your earnings to the RSP, you will continue to manage the accounts directly with Transamerica Retirement Solutions and/or TIAA-CREF. You may be eligible for a rollover or lump sum distribution 30 days after date of termination. During the 30-day period, final deposits will be made to your account. For plan details, refer to the SHC Plan document at [https://www.trsretire.com/webportal/shclpch/plandocuments.html](https://www.trsretire.com/webportal/shclpch/plandocuments.html) or call the account record keepers directly: Transamerica **800.755.5801** | TIAA-CREF at **800.842.2776**.
**MERcer Voluntary Benefits**

**Legal Plan**
The Legal Plan coverage ends on the last day of the month of date of termination. You can convert to an individual policy within 30 days of your last day of employment by calling Hyatt Legal at 800.821.6400. When you convert to an individual policy, Hyatt requires a 30-month commitment paid in advance.

**Other Voluntary Benefits**
You can continue other Voluntary Benefits coverage through Mercer without interruption, subject to applicable law and the policies’ terms and conditions. Contact Mercer Voluntary Benefits at 800.689.9314 or customer.service@mercer.com, or visit www.shcplchvoluntarybenefits.com.

**Long Term Disability**
Long Term Disability (LTD) is handled by the GME Office through Guardian. For LTD coverage continuation options, contact Anthony George at 650.355.4247 or ageorge@pacificadvisors.com.

**Vendor Contact List**
For a complete list of vendor contact information, visit https://healthysteps4u.org/help-resources/vendor-contacts/.

**Questions?**

**HealthySteps**
If you still have questions after reviewing the document and need additional information on benefits plans and review plan documents, visit www.healthysteps4u.org. To login and access the information on HealthySteps, enter your Employee ID# or “housestaff” in the Employee ID box.

To view an online copy of this document, visit https://healthysteps4u.org/health-life-benefits/cobra/ and look in the Resources box.

**Benefitsolver Representative**
To speak with a Benefitsolver Service Representative, call 855.327.5025 (Monday to Friday, 5am-5pm Pacific).

**SHC Benefits**
To send SHC Benefits an inquiry, please send an email to HouseStaffHR@stanfordhealthcare.org.