GUSTAVUS ADOLPHUS COLLEGE
POST-EMPLOYMENT

MEDICAL BENEFITS PLAN

SUMMARY PLAN DESCRIPTION
The following is a summary of the plan features for highlighting purposes only. It uses a simple question-and-answer format to tell you about the most important provisions of the Plan. Remember, this summary is based on a Plan document which contains legal terms of the Plan. Should there be a discrepancy between this summary and the Plan document, the document, as in effect now and amended from time to time, will control. Gustavus Adolphus College reserves the right to change, interpret, withdraw, or add benefits at its sole discretion and without prior notice, consideration, or approval by an employee, employee group, or retiree.
WHAT IS THE PURPOSE OF THIS PLAN?

* Our Gustavus Adolphus College Post-Employment Medical Benefits Plan offers ongoing medical coverage for retiring or terminating employees who qualify due to age, employment history and length of service with the College.

* The Plan works together with Medicare to help cover the high cost of hospital and medical services and supplies for you and your eligible spouse.

* The College intends that benefits under the Plan may be available throughout your retirement, although the College reserves the right to amend or terminate the Plan even after your retirement.

WHO IS ELIGIBLE TO JOIN THE PLAN?

* The Plan is open to all employees of the College who work in eligible employment, including--

  ➢ Full-time and extended part-time members of the faculty.

  ➢ Faculty members serving with a joint appointment or on a special appointment,

  ➢ Librarians and/or administrators working three-fourths or more of a full-time assignment, and

  ➢ Members of the noncontract working staff who work 30 or more hours per week for nine or more months per year.

The Plan is not open to student employees, temporary employees or part-time employees (including limited part-time faculty members). Neither is it open to persons covered by a collective bargaining unit, unless the bargaining agreement expressly provides for the inclusion of such persons.
WHEN MAY I PARTICIPATE IN THE PLAN?

As an eligible employee, you may begin participating in the Plan once you have satisfied all the following requirements:

1. You are covered by the College’s group medical plan as of the date of termination of employment from the College or as of the date you no longer work in eligible employment as described above.

2. You are at least 60 years of age or older when you either terminate employment from the College or cease to work in eligible employment.

3. You have accumulated at least 20 years or more of satisfactory service to the College in eligible employment or you have attained age 65 as of the date you terminate.

4. Upon attaining age 65, you provide acceptable evidence that Plan benefits will be coordinated with Medicare. In this case, Medicare is the primary coverage. Furthermore, you agree to apply for Plan B Medicare benefits when eligible for such benefits.

5. You agree that coverage for your spouse will be limited to your spouse as of the time you first enter the Plan. At age 65, your spouse must also show satisfactory evidence of Medicare Part A and Part B Coverage.

6. You complete an application form and pay any required premium.

WHEN DO BENEFITS BEGIN?

* Once you become eligible to participate, your participation may begin on the first day of the Plan Year (June 1st).

* If you become eligible after June 1, you may begin participating in the Plan on the first day of the month following your retirement date.
WHEN DOES MY COVERAGE TERMINATE?

Your coverage will terminate on the first to occur of the following events:

1. Your death;
2. Your failure to pay your portion of any contribution required under the Plan;
3. Your failure to provide evidence that you are covered under Medicare Part A and Part B after age 65;
4. The effective date of any Plan Amendment that eliminates coverage for you;
5. The effective date of the termination of the Plan.

If you have a spouse covered by the Plan at the time your coverage terminates, the spouse’s coverage will also terminate, unless your termination of coverage is because of your death. Your spouse’s coverage will also terminate on the first to occur of the following events:

1. Your spouse’s death;
2. Your spouse’s divorce or legal separation from you;
3. Your spouse’s remarriage after your death;
4. Your spouse’s failure to pay timely the spouse’s portion of any contribution required under the Plan;
5. Your spouse’s failure to provide satisfactory evidence of Medicare Part A and Part B coverage after age 65;
6. The effective date of any Plan Amendment that eliminates coverage for your spouse;
7. The effective date of the termination of the Plan.
HOW DO PLAN BENEFITS WORK?

* You and your eligible spouse will be entitled to medical coverage under a group medical insurance policy issued to the College and in effect at the time you apply for coverage. Unless the College chooses otherwise, the Plan will be a “comprehensive major medical plan.”

* A comprehensive major medical plan typically offers extensive coverage, but does not pay the entire cost of a sickness or injury. Rather, its purpose is to share the covered expenses with Medicare and you. In this manner, the Plan seeks to bring your out-of-pocket expenses within a range that can be managed through your normal family budget.

* The College may appoint an Administrative Committee to establish guidelines for how the Plan operates, benefits under the Plan, eligibility requirements and other things.

* Once you join the plan, you will be given a copy of the Gustavus Adolphus College plan summary which describes the plan in detail, including all exclusions and limitations.

WHO PAYS THE COST OF THIS COVERAGE?

* The Plan is funded through contributions made by you.

* You will be notified of the amount and frequency of your required contribution.

WILL THE PLAN EVER BE TERMINATED?

* The College expects to continue the Plan indefinitely; however, the College reserves the right to amend or terminate the Plan at any time and for any reason.

* If the Plan is amended or terminated, retired employees may not receive benefits as described in the Plan. It is possible that all benefit coverage under the Plan could terminate. There is no vesting of benefits under the Plan.

* Please contact the Office of Human Resources for more information about the Plan and eligibility.
WHAT IS THE PROCEDURE FOR REVIEW OF CLAIMS?

* If you feel you have wrongfully been denied benefits due you under the Plan, you (or your authorized representative) may make a claim for those benefits by making a written request to the Plan Administrator, setting forth with specificity the facts and events which give rise to the claim. The Plan Administrator will notify you in writing if your claim is denied within 90 days of receiving the claim, unless special circumstances require an extension of time for processing the claim. If such an extension is required, you will be given written notice of the extension prior to the termination of the initial 90-day period. The extension period may not exceed 90 days from the end of the initial period.

* If your claim for benefits is denied and you desire further consideration of your position, you may request the Plan Administrator to review the claim denial. You may make such a request in writing, including a statement of your position, within 60 days after you receive the notice of claim denial. The Plan Administrator will make a full and fair review of the decision denying the claim. The Plan Administrator will deliver to you a written statement of the final decision within 60 days after receiving your request for review, unless special circumstances require an extension of time for processing. In that case, you will receive notice of the extension, and the final decision will be rendered as soon as possible, but not later than 120 days after receiving your request for review.