

What's Your Passion?

We want our employees to be passionate about life. A career at Stanford Health Care isn't just about health care providers, patients and their families. It's about community. And it's about taking pride in what you do, both in and out of work, and knowing that you will play an integral role in something bigger. We will give you the professional freedom. It's up to you how you choose to use it.



BUILDING HEALTHY COMMUNITIES

You are Stanford Health Care

When you become part of our team, you will be joining a group of dedicated individuals who care about and believe in the work they do. Whatever your area of expertise, you can rest assured that your efforts and dedication will truly be appreciated.

The Stanford Health Care benefits package is designed to reward your work and commitment with benefits, tools and resources that will help keep employees and their families healthy and secure.



Who Is Eligible for Benefits?

CRONA-Represented employees who work at least 40 hours per pay period (0.5 FTE and above) are eligible to participate in all the Health & Welfare and Retirement plans we offer.*

In general, the following family members are eligible for benefits:

- Spouse
- Registered Domestic Partners (Registered in the State of California, please see <https://www.sos.ca.gov/registries/domestic-partners-registry/> for more information)
- Eligible children up to age 26.

When Does Coverage Start?

As a new hire, most benefit offerings will be effective on the first of the month after your date of hire.

New hire benefits enrollment (elect or waive coverage) must be completed within 31 days of your date of hire, or the new hire will be assigned default coverage.

Default coverage is Employee-Only coverage for the medical/vision and dental plans, effective on the first day of the month after date of hire:

- Medical/Vision: Aetna Choice POS II with VSP Vision Plan
- Dental: Delta Dental PPO Plan

Along with the default health benefits coverage, employees will be automatically enrolled in these employer-provided insurance benefits at no cost to them.

- Basic Life
- Basic Long Term Disability
- Business Travel Accident

Employees will also be eligible to participate in the following programs:

- Employee Assistance Program
- Back-Up Care
- Voluntary Benefits

*** Important:** Information in this booklet mostly applies to employees in a Regular CRONA position. Relief benefits vary by commitment and classification levels. Consult with your Recruiter for any questions.

Benefits for Health



Employee well-being is one of our top priorities. Our employees have access to medical benefit options that offer affordable health care. We also offer a vision plan and a choice of dental plans to help maintain the best health and well-being of our employees. We pay most of the premium cost (and in some cases, all of the premium cost) for health care benefits. Employee health care contributions are paid through pre-tax contributions from their paycheck.

Medical Plan Options

SHC offers three medical plan options:

- Stanford Health Care Alliance Plan
- Aetna Choice POS II Plan with a Health Savings Account (HSA)
- Kaiser Permanente HMO Plan

All plans offer preventive care services, such as annual physical exams, certain screenings and immunizations, at no cost. A vision plan through VSP is also included with medical plan coverage (see page 9 for additional information about the vision plan).

Stanford Health Care Alliance Plan

The Stanford Health Care Alliance (SHCA) Plan is a health care plan that is built around our own world-class Stanford Health Care and Stanford Children's Health network of providers and facilities. The SHCA network includes providers and facilities located in Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. This plan is administered by Aetna.

To find an SHCA provider, visit www.stanfordhealthcarealliance.org.

Aetna Choice POS II Plan with HSA

The Aetna Choice POS II Plan is a high-deductible health plan that gives you access to a Health Savings Account.

This Plan gives you access to both in-network and out-of-network providers and facilities.

The Plan is administered by Aetna and prescription drug coverage is provided by CVS/caremark. To find an Aetna Choice POS II medical provider, visit www.aetna.com.

The Health Savings Account (HSA) helps employees set aside pre-tax dollars to pay for eligible health care expenses, including deductibles, now or in the future.

Kaiser Permanente HMO Plan

The Kaiser Permanente HMO Plan delivers services through the network of Kaiser Permanente Northern California providers and facilities.

The Kaiser Permanente HMO Plan is administered by Kaiser Permanente. To find a Kaiser Permanente provider, visit <http://my.kp.org.stanfordmed/>.



See pages 5-8 for a detailed comparison of the medical plan features.

2020 Medical Plan Per-Pay-Period Contributions

	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution
Stanford Health Care Alliance Plan		
Employee	\$51.10	\$564.27
Employee + Spouse	\$184.12	\$1,163.06
Employee + Child(ren)	\$86.86	\$1,020.40
Employee + Family	\$219.69	\$1,619.37
Aetna Choice POS II Plan		
Employee	\$0.00	\$487.27
Employee + Spouse	\$0.00	\$1,066.95
Employee + Child(ren)	\$0.00	\$877.05
Employee + Family	\$0.00	\$1,456.73
Kaiser Permanente HMO Plan		
Employee	\$46.36	\$301.19
Employee + Spouse	\$167.07	\$614.51
Employee + Child(ren)	\$78.80	\$512.30
Employee + Family	\$199.34	\$825.80

Note: Imputed income will be assessed if you are covering an eligible domestic partner under your health benefits. Visit <http://healthysteps4u.org> for more information.

*There will be a \$50 monthly **Working Spouse/Eligible Domestic Partner Access Fee** unless you certify that your spouse/eligible domestic partner is enrolled in their employer-sponsored medical plan or is not eligible for another employer's plan.*

Relief B employees are responsible for the total cost of the premium.



CRONA employees who enroll in the Aetna Choice POS II Plan and are eligible to have a Health Savings Account (HSA) will be eligible to receive quarterly contributions to their HSA from Stanford Health Care.

2020 Medical Plan Comparison Chart

Services	Stanford Health Care Alliance (SHCA) Plan <small>The core service area includes Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties.</small>	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Annual Deductible Applies to services that require coinsurance; not required before copayments	\$400/person \$1,000/family	\$1,400/employee-only coverage \$2,800/employee + one or more covered dependents	\$2,500/employee-only coverage \$5,000/employee + one or more covered dependents	\$0/person \$0/family
Wellness Incentive	Based on participation in the <i>HealthySteps to Wellness</i> program	Based on the completion of the Health Risk Assessment (HRA), you will receive \$100.00 deposited into your Health Savings Account (HSA) or Health Reimbursement Account (HRA)		
Employer Contributions to HSA	N/A	Up to \$400/employee-only coverage Up to \$800/employee + one or more covered dependents Quarterly contributions are made in January, April, July and October		N/A
Annual Out-of-Pocket Maximum Includes deductible, copays and pharmacy	\$1,800/person \$3,600/family	\$2,400/employee-only coverage \$4,800/employee + one or more covered dependents	\$4,800/employee-only coverage \$9,600/employee + one or more covered dependents	\$1,500/person \$3,000/family
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Choice of Physicians	You must use SHCA physicians. The SHCA Plan core service area includes Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties.	You must use Aetna network providers for in-network benefits	You may use any licensed provider	You must use Kaiser facilities; all care and covered services must be approved by a Kaiser physician
Claim Forms	No, except for out-of-network emergency services	No, except for out-of-network emergency services	Yes	No, except for non-Kaiser emergency services
Hospital Care Room and Board, Surgeon, Physician Visit and Anesthesiologist	Facility charges: 90% after deductible; No charge at SHC/ LPCH or Stanford Health Care – ValleyCare hospitals (precertification required)	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals (precertification required)	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/ admission penalty applies; waived if emergency admission)	100% after \$250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Office Care				
Physician Visit	\$20/visit	80% after deductible	60% of UCR charges after deductible	\$20/visit
Routine Annual Physical	No charge	No charge	60% of UCR charges after deductible	No charge
Adult Preventive Services	No charge	No charge	60% of UCR charges after deductible	No charge
Child Preventive Services	No charge	No charge	60% of UCR charges after deductible	No charge

2020 Medical Plan Comparison Chart

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		In-Network	Out-of-Network*	
Specialist Visit	\$35/visit	80% after deductible	60% of UCR charges after deductible	\$35/visit
Allergy Tests	\$20/visit for PCP or \$35/visit for Specialist	80% after deductible	60% of UCR charges after deductible	\$35/test
Allergy Injections	No charge	80% after deductible	60% of UCR charges after deductible	\$3/visit/injection
Immunizations	No charge	No charge	60% of UCR charges after deductible	No charge
Lab and X-ray (non-preventive)	Basic: 90% after deductible; \$25/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office	80% after deductible	60% of UCR charges after deductible	No charge
	Complex: 90% after deductible; \$100/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office			
Outpatient Surgery	90% after deductible; \$200 facility charge at SHC/LPCH or Stanford Health Care-Valley Care hospitals. Professional services are no charge, deductible waived	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 60% of UCR charges after deductible	\$100 per procedure
		Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Chiropractic Care	\$35/visit; 30-visit maximum per calendar year	80% after deductible; 30-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; 30-visit maximum per calendar year (combined in- and out-of-network maximum)	Discounts apply through Kaiser Permanente's ChooseHealthy program
Acupuncture	\$35/visit; 12-visit maximum per calendar year	80% after deductible; \$30/visit maximum; 12-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; \$30/visit maximum; 12-visit maximum per calendar year (combined in- and out-of-network maximum)	Discounts apply through Kaiser Permanente's ChooseHealthy program
Infertility Care	\$35/visit for counseling and consultation; for diagnosis and treatment of medical condition only	80% after deductible; for diagnosis and treatment of medical condition only	60% of UCR charges after deductible; for diagnosis and treatment of medical condition only	\$20/visit; Services related to conception by artificial means (other than artificial insemination) are excluded, including in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT)
Physical, Speech and Occupational Therapy (restorative services only)	\$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)	80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy) (combined in- and out-of-network maximum)	60% of UCR charges after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy) (combined in- and out-of-network maximum)	\$20/visit

2020 Medical Plan Comparison Chart

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		In-Network	Out-of-Network*	
Emergency and Urgent Care				
Emergency In Area	\$200/visit	80% after deductible		\$50/visit
Emergency Out-of-Network	\$200/visit	80% after deductible		\$50/visit
Urgent Care	\$20/visit	100% after deductible		\$20/visit at Kaiser facilities
Ambulance	No charge	100% after deductible		No charge
Skilled Nursing Facility	90% after deductible; 100-day maximum per calendar year	80% after deductible; 100-day maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible; 100-day maximum per calendar year (combined in- and out-of-network maximum)	100%; 100-day maximum per calendar year (must live within the service area)
Home Health Care	90% after deductible; 100-day maximum per calendar year	80% after deductible; 100-day maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; 100-day maximum per calendar year (combined in- and out-of-network maximum)	100% with Kaiser approval; part-time or intermittent only; 100-day maximum per calendar year (must live within the service area)
Well-Child Vision Screening	No charge	No charge	Not covered	No charge
Hearing Exams	\$35/visit; well-child screening: No charge	80% after deductible; well-child screening: No charge	60% of UCR charges after deductible	\$20/visit or \$35/visit; well-child screening: No charge
Vision Benefits	Vision benefits administered through VSP. See vision plan document for more information	Vision benefits administered through VSP. See vision plan document for more information	Vision benefits administered through VSP. See vision plan document for more information	Vision benefits administered through VSP. See vision plan document for more information. Routine eye exam with a plan optometrist to determine the need for vision correct and to provide a prescription for eyeglass lenses is also available through the Kaiser Permanente plan.
Dental Benefits	Not covered, except for emergency treatment; 90% after deductible	Not covered, except for emergency treatment; 80% after deductible	Not covered, except for emergency treatment; 60% of UCR charges after deductible	Not covered
Durable Medical Equipment	90% after deductible; includes hearing aids (limited to one pair of hearing aids every two years)	80% after deductible; includes hearing aids (limited to one pair of hearing aids every two years). Prior authorization may be required	60% of UCR charges after deductible; includes hearing aids (limited to one pair of hearing aids every two years)	80% when prescribed by a Kaiser physician (must live within the service area) 50% for external sexual dysfunction devices
Transplant Services	90% after deductible; must be performed at a Institute of Excellence facility and subject to utilization review; No charge at SHC/LPCH or Stanford Health Care – ValleyCare hospitals	80% after deductible; must be performed at a Institute of Excellence facility and subject to utilization review	Must use Institute of Excellence	For covered transplant services, you pay the same cost sharing as other services not related to a transplant

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		In-Network	Out-of-Network*	
Mental or Nervous Disorders	Mental health care provided through SHCA	Mental Health Care Provided through Aetna	Mental Health Care Provided through Aetna	Mental Health Care Provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	100% after \$250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Outpatient	\$20/visit	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$10/visit
Substance Abuse	Substance abuse care provided through SHCA	Substance abuse care provided through Aetna	Substance abuse care provided through Aetna	Substance abuse care provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	100% after \$250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Outpatient	\$20/visit	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$5/visit
Womens Contraceptives covered under the Medical Plan, examples include: • Contraceptive injections • Contraceptive devices such as, IUDs, implants, (including the insertion and removal) See medical plan for additional details	Services through SHCA	Services through Aetna	Services through any licensed provider	Services through Kaiser Permanente
	No charge	No charge	60% of UCR charges after deductible	No charge

2020 Medical Plan Comparison Chart

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		In-Network	Out-of-Network*	
Pharmacy Services				
Prescription Drugs	Prescription Drugs provided through Aetna	Prescription Drugs provided through CVS/caremark	Prescription Drugs provided through CVS/caremark	Prescription Drugs provided through Kaiser Permanente
Preventive	Retail 30-day Supply Generic: \$10/prescription Brand Formulary: \$25/prescription Brand Non-Formulary: \$50/prescription Mail-Order 90-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription Brand Non-Formulary: \$100/prescription	Retail 30-day Supply Generic, Brand Formulary and Brand Non-Formulary: 100%; no deductible Mail-Order 90-day Supply Generic, Brand Formulary, and Brand Non-Formulary: 100%; no deductible	Retail 30-day Supply 60% after deductible Mail-Order 90-day Supply Not covered	Retail 30-day Supply Generic: \$10/prescription Brand Formulary and Specialty: \$25/prescription when prescribed by a plan physician Mail-Order 100-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription
Non-Preventive	Same as Preventive above	80% after deductible	Same as Preventive above	Same as Preventive above
Womens Contraceptives covered under the Prescription Drug Plan, examples include: • Oral • Patch • Emergency For a full list, visit http://healthysteps4u.org	Provided through Aetna	Provided through CVS/caremark	Provided through CVS/caremark	Provided through Kaiser Permanente Pharmacy
	Retail & Mail-Order Generic and Brand Formulary: No charge Brand Non-Formulary: \$50/prescription (retail); \$100/prescription (mail-order)	Retail & Mail-Order Generic, Brand Formulary and Brand Non-Formulary: No charge, no deductible	Retail 30-day Supply: 60% after deductible Mail-Order 90-day Supply: Not covered	No charge (See Kaiser Permanente Evidence of Coverage Booklet for details)

* Out-of-Network — Usual Customary and Reasonable (UCR) charges are the fees normally charged for medical services or supplies in a particular geographic location.

Copay is determined on where test is performed.

Transgender services are covered under all plans and benefits are payable in accordance with the type of expense incurred and the place where service is provided.

VSP Vision Plan

When an employee enrolls in one of the medical plans, the employee and covered family members enrolled in the medical plan will automatically receive vision coverage through VSP at no additional cost.

The employee may visit any provider, but save the most when visiting VSP network providers. To find a VSP provider, visit www.vsp.com.



2020 Vision Plan Benefits Chart

Services	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frames	<ul style="list-style-type: none">• \$130 allowance for a wide selection of frames• \$150 allowance for featured frame brands• 20% off amount over your allowance	Included in Prescription Glasses	Every other calendar year
Lens Options	<ul style="list-style-type: none">• Single vision, lined bifocal and lined trifocal lenses• Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none">• Standard progressive lenses• Premium progressive lenses• Custom progressive lenses• Average 35-40% off other lens options	\$50 – \$160	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none">• \$105 allowance for contacts and contact lens exam (fitting and evaluation)• 15% off contact lens exam (fitting and evaluation)	\$0	Every calendar year
Extra Savings and Discounts	<ul style="list-style-type: none">• Glasses and sunglasses• Retinal screening• Laser vision correction Discounts vary, visit www.vsp.com for more information		

Dental Plan

Employees have the option to choose between two dental plans, the DeltaCare USA DHMO Plan and the Delta Dental PPO Plan. Preventive care is covered at 100% with both plans.

All plans are administered by Delta Dental. To find a Delta Dental provider, visit www.deltadentalins.com.



2020 Per-Pay-Period Dental Contributions*

Coverage	DeltaCare USA DHMO Plan		Delta Dental PPO Plan	
	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution
Employee	\$0.00	\$8.09	\$0.00	\$25.25
Employee + Spouse	\$0.00	\$15.20	\$13.12	\$33.58
Employee + Child(ren)	\$0.00	\$14.31	\$0.00	\$47.96
Employee + Family	\$0.00	\$21.82	\$13.12	\$56.30

* Relief B employees are responsible for the total cost of benefits.

Note: Imputed income will be assessed if you are covering an eligible domestic partner under your health benefits. Refer to the HealthySteps website, <http://healthysteps4u.org>, for more information.

2020 Dental Plan Comparison Chart

Services	DeltaCare USA DHMO Plan	Delta Dental PPO Plan
Annual Deductible	No annual deductible	\$50 per person / \$150 per family each calendar year
Annual Benefits Maximum	For detailed information, please refer to DHMO plan documents at http://healthysteps4u.org	\$1,500 per person each calendar year
Choice of Providers	DeltaCare USA network providers	Visit the provider of your choice*
Diagnostic & Preventive Services	Most services covered at 100%	100%; Two basic cleanings are covered as Preventive Services. Additional cleanings for pregnancy are covered.
Basic Services	For detailed information, please refer to DHMO plan documents at http://healthysteps4u.org	80%
Endodontics		80%
Periodontics		80%
Oral Surgery		80%
Major Services		50%
Orthodontics		50% for employees and dependent children, up to age 26. No orthodontic coverage for dependent spouses.
Orthodontic Maximum		\$1,000 per lifetime

*You'll save more when you visit Delta Dental PPO providers.

Wellness & Health Advocacy



HealthySteps to Wellness

Our wellness incentive program, **HealthySteps to Wellness**, is designed to encourage employees to focus on improving their health and well-being.

By participating in approved wellness activities, employees are eligible to earn an incentive based on the achieved wellness level. These employer-contributions will be deposited into the employee's Health Savings Account or a Health Reimbursement Account with HealthEquity to help pay for IRS-qualified health care expenses.

Employees who enroll in the Stanford Health Care Alliance Plan, will be able to earn up to \$500 for employee-only coverage and up to \$1,000 for employees who have dependents enrolled in their SHC-sponsored medical plan.

Employees who enroll in the Aetna Choice POS II Plan or the Kaiser Permanente HMO Plan and complete the online Health Assessment can earn \$100.

Health Advocacy

We provide employees with a no-cost health advocacy benefit through CareCounsel and our Benefits Service Center. The health advocates/counselors help our employees navigate the complexities of health care including assistance with understanding the details of our health plans and claims resolution.

Benefits for Income and Survivor Protection

We offer a variety of benefits to protect employees, employee income, and their survivors in the event of an illness, injury or death, including Short- and Long-Term Disability, and Life and Accident insurance plans.

Disability Insurance

Short-Term Disability (STD) — Employees may purchase optional coverage through The Hartford to supplement California State Disability Insurance (SDI) that pays a benefit of 60% of their base pay, up to a weekly maximum.

Long-Term Disability (LTD) — We provide a no-cost Basic LTD coverage through The Hartford that pays a benefit of 50% of their base pay, up to a monthly maximum. Employees may also buy additional coverage, for a total benefit of 66 2/3% of your base pay, up to a monthly maximum.

Life and Accident Insurance

In the event of the unexpected, it's important to have financial security options administered by The Hartford. SHC will provide **Basic Life Insurance** coverage at no cost to employees and will also offer employee-paid optional **Employee Life, Spouse and Child Life**, and **Employee or Family Accidental Death & Dismemberment insurance**.

Basic Life insurance covers an employee's annual base salary up to \$50,000 maximum. Your costs will be determined based on your age and the coverage amount you select.

Note: Relief B Employees

Employee Basic Life Insurance and Basic LTD benefit plans are optional elections. Employees will be responsible for the total cost of these benefits.

In order to elect Optional Life Insurance or Buy-Up LTD coverage, employees must be enrolled and approved for the Basic coverage elections.

Business Travel Accident (BTA) Insurance

We provide no-cost BTA insurance coverage to employees through The Hartford. BTA insurance provides employees accident insurance when on business travel. The coverage also includes travel and ID theft assistance.

Tax-Advantaged Accounts

To assist with current and future expenses, we offer several tax-advantaged accounts through HealthEquity which allows employees to set aside pre-tax dollars for eligible expenses:

- Health Savings Account
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

Health Savings Account

A Health Savings Account (HSA) is an employee-owned, tax-advantaged savings and investment account to help employees pay for IRS-qualified health care expenses both now and into retirement. This account is offered to participants who enroll in the high-deductible health plan, the Aetna Choice POS II Plan. The IRS allows an additional \$1,000 catch-up contribution for an employee age 55 or older as of December 31, 2020.

2020 Health Savings Account Maximum Contribution Limits*

Employee-only	\$3,350
Employee + one or more dependents	\$6,750

* The maximum contribution limit amounts include both employee contributions and employer contributions for wellness program participation.

Flexible Spending Accounts

The Health Care and Dependent Care Flexible Spending Accounts (FSAs) allow employees to set aside pre-tax dollars through paycheck deductions to pay for eligible health care and dependent care expenses each year.

2020 Flexible Spending Account Maximum Contribution Limits

Health Care FSA	\$2,500
Dependent Care FSA	\$5,000

Benefits for Retirement



We help employees save for retirement by offering a plan that includes both employer and employee contributions and a variety of investment options. Employees can choose from a variety of investment options based on their personal investment style.

Retirement Savings Plan

Employees are eligible to participate in the Retirement Savings Plan (RSP) immediately. The RSP is a 403(b) plan which provides a way for employees to contribute pre-tax dollars and save for retirement.

After the one-year waiting period has been met, employees will be eligible to receive a 5% basic contribution and up to 4% matching contributions from Stanford Health Care. Employees will also be eligible to receive employer-matching percentage increases after additional service time has been met. Employees are immediately 100% vested in any of the employer contributions deposited into their RSP account, as well as any additional earnings in the account.

Retiree Medical Benefits

Employees who retire at or after age 55 with 15 years of benefited service after age 40, are eligible for a one-time contribution to a Health Reimbursement Account (HRA) which can be used to pay medical premiums during retirement.



Benefits for Work and Life

Passion is feeling excited to do all of the things you love to do. Stanford Health Care believes in the importance of maintaining good mental and emotional health. Because feeling good is about more than just physical health, it's about having energy both in and out of work to focus on what drives you.

Beyond health and wealth benefits, we offer a variety of benefits to support work/life integration.

Employee Assistance Program (EAP)

Life challenges can be difficult to deal with. When employees or their covered family members need someone to talk to, our EAP program through Beacon Health Options can provide inperson, telephonic, or video counseling, referrals to mental health professionals, and more at no cost to employees, giving them peace of mind in troubling times.

Back-Up Care Advantage Program

We understand how important it is for employees and their loved ones to receive care while they are at work. We provide employees with a back-up care benefit through Bright Horizons that offers up to 80 hours per calendar year of child or adult and elder care when their regular caregiver is unavailable for a small copay.

Extended Sick Leave (ESL)

All Regular and Fixed-Term employees will begin accumulating ESL hours at the rate of .0116 hours per hour worked (equivalent of 24 hours per year for a full-time employee). There is no limit on the accumulation of ESL.

Educational Assistance

After newly-eligible employees have completed their trial period, employees will be eligible for the Educational Assistance Plan and the Professional Membership Reimbursement Program.

Employees can be reimbursed up to \$2,000 per fiscal year (September 1-August 31) for covered expenses.

Commuting and Parking

We work in conjunction with Stanford University Parking & Transportation Services (P&TS) to support many commuter and parking programs, including free transit on CalTrain, VTA and the Marguerite Shuttle lines. For information on parking and other programs, visit the P&TS website at <https://transportation.stanford.edu>.

Employee Discounts and Purchasing Program

Employees enjoy a variety of members-only discounts from BenefitHub, an online marketplace providing access to hundreds of brand-name retailers and local merchants; including clothing, vacations, event tickets and even automobiles.

The Purchasing Power program gives employees the option to buy items paid overtime via payroll deductions from everyday goods to appliances and furniture.

Stanford Federal Credit Union

Employees are eligible to join this financial collective, which offers competitively-priced loans, credit cards, checking accounts and investment options.

Access to Stanford University Programs

Stanford Health Care employees have access to several valuable University programs, including:

- The Stanford Health Improvement Program (HIP) offers group fitness and healthy living classes to assist with adopting and maintaining healthy lifestyle behaviors.
- Stanford's WorkLife Office provides an array of programs and services to assist with child care, elder care and living-well resources.
- Access to Stanford's recreational facilities with the purchase of a daily pass or a periodic (monthly, quarterly, semi-annual or annual) membership.
- Ticket discounts to Stanford Athletics ticketed sporting events.



Time Off

Our generous time-off program ensures our employees get the rest and relaxation they need. Stanford Health Care's Time Off program includes Paid Time Off, Jury Duty, Extended Sick Leave, Bereavement Leave, etc.

Note: Stanford Health Care adheres to all federal and state laws regarding time off.

Paid Time Off

The Paid Time Off (PTO) program combines all time off into a single pool that can be accessed by the employee for vacation, holidays, illness, family emergencies, religious observances and other excused absences, including absences protected under the law. Actual PTO accrual will be based on the employee's commitment (FTE).

Years of Service	Estimated PTO Days*	Time Accrued Per Productive PTO Hour
1	26	.1000
2-4	31	.1193
5-9	36	.1385
10 or more	39	.1500

* Estimate is based on a full-time 8-hour Regular employee.

In addition to PTO, if eligible, employees may also accrue "A" Time Credit based on hours worked. The purpose of "A" Time Credit is to compensate you at the employees base hourly wage rate, including shift differential when an employee is absent from work because of excess staffing on a unit.

"A" Time Credit

Years of Service	Time Accrued Per Hour Worked
1	.0243
2-3	.0253
4-9	.0265
10 or more	.0273

Voluntary Benefits

To further offer employees with a comprehensive benefits package, our employees will have access to a variety of voluntary plans and products to help protect their most valuable assets, offered at competitive employee rates and the convenience of payroll deduction.



Legal Insurance

The Hyatt Legal Plan provides affordable legal representation from a large network of plan attorneys to assist with personal legal needs such as will preparation, traffic ticket defense, real estate matters and more for a low monthly rate.

Pet Insurance

Pet insurance coverage from Nationwide is available for pet wellness care and unexpected emergency visits.

Identity Protection

InfoArmor's identity protection services include proactive identity and credit monitoring, offering the most comprehensive solution to fight today's identity fraud issues.

Auto and Home Program

Employees can get quotes from some of the nation's top-rated insurance companies and enjoy group rate discounts.

This brochure contains benefit highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the plan documents. If there is any conflict between this summary and the plan documents, the plan documents will govern. This summary does not imply a contract of employment. Stanford Health Care reserves the right to review, change or end any benefit for any reason.

Effective January 1, 2020

