

# 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 help keep our employees and their families healthy and secure.



## Who Is Eligible for Benefits?

Regular or Fixed-Term 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 date of hire.

New Hire benefits enrollment (elect or waive coverage) must be completed within 31 days of 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 Basic 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

# 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.

To fully support the health of our employees, we also offer the *HealthySteps to Wellness* program, designed to help maintain better health. This program offers a variety of engaging activities that will make improving one's health fun and rewarding. Employees participating in the program can also earn incentive dollars that will be contributed into either a Health Savings Account or a Health Reimbursement Account. Wellness incentive dollars can be used to help reduce out-of-pocket health care expenses.

## 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 12 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. This plan is administered by Aetna.

The SHCA network includes providers and facilities located in Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. Outside of these five core service counties, employees can leverage the Aetna network.

To find an SHCA provider, visit [www.stanfordhealthcarealliance.org](http://www.stanfordhealthcarealliance.org).

### Aetna Choice POS II Plan with HSA

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

This Plan has a three-tier provider network structure, including a tier built around our own world-class Stanford Health Care and Stanford Children's Health network of providers and facilities.

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.

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](http://www.aetna.com).

### 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 5-9 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
<b>Stanford Health Care Alliance Plan — If your hourly rate* is \$36.30 or less:</b>		
Employee	\$0.00	\$616.26
Employee + Spouse	\$0.00	\$1,349.07
Employee + Child(ren)	\$0.00	\$1,108.85
Employee + Family	\$0.00	\$1,841.65
<b>Stanford Health Care Alliance Plan — If your hourly rate* is \$36.31 or more:</b>		
Employee	\$28.50	\$587.76
Employee + Spouse	\$123.73	\$1,225.34
Employee + Child(ren)	\$52.25	\$1,056.60
Employee + Family	\$147.63	\$1,694.02
<b>Aetna Choice POS II Plan — If your hourly rate* is \$36.30 or less:</b>		
Employee	\$0.00	\$491.79
Employee + Spouse	\$0.00	\$1,076.79
Employee + Child(ren)	\$0.00	\$885.16
Employee + Family	\$0.00	\$1,470.17
<b>Aetna Choice POS II Plan — If your hourly rate* is \$36.31 or more, but less than \$50.00:</b>		
Employee	\$0.00	\$491.79
Employee + Spouse	\$58.61	\$1,018.18
Employee + Child(ren)	\$0.00	\$885.16
Employee + Family	\$58.61	\$1,411.56
<b>Aetna Choice POS II Plan — If your hourly rate* is \$50.00 or more:</b>		
Employee	\$0.00	\$491.79
Employee + Spouse	\$117.22	\$959.57
Employee + Child(ren)	\$0.00	\$885.16
Employee + Family	\$117.22	\$1,352.95
<b>Kaiser Permanente HMO Plan — If your hourly rate* is \$36.30 or less:</b>		
Employee	\$0.00	\$340.14
Employee + Spouse	\$0.00	\$764.81
Employee + Child(ren)	\$0.00	\$578.61
Employee + Family	\$0.00	\$1,003.27
<b>Kaiser Permanente HMO Plan — If your hourly rate* is \$36.31 or more:</b>		
Employee	\$45.95	\$294.19
Employee + Spouse	\$165.57	\$599.24
Employee + Child(ren)	\$78.13	\$500.48
Employee + Family	\$197.57	\$805.70

\* Your hourly rate as of September 8, 2019.

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.

If your hourly rate\* is \$36.31 or more, 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.

# 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. If you enroll in this plan and seek services outside of the core service area, the Aetna network (excluding Sutter, except Alta Bates, Mills-Peninsula and California Pacific Medical Center) will apply.</small>	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network*	
<b>Annual Deductible</b> Applies to services that require coinsurance; not required before copayments, unless noted	\$400/person \$1,000/family	\$1,400/employee-only coverage \$2,800/employee + one or more covered dependents		\$2,700/employee-only coverage \$5,400/employee + one or more covered dependents	\$400/person \$1,000/family
<b>Wellness Incentive</b>	Based on participation in the <i>HealthySteps to Wellness</i> program				
<b>Annual Out-of-Pocket Maximum</b> Includes deductible, copays and pharmacy	\$1,800/person \$3,600/family	\$2,700/employee-only coverage \$5,400/employee + one or more covered dependents		\$5,400/employee-only coverage \$10,800/employee + one or more covered dependents	\$1,800/person \$3,600/family
<b>Maximum Lifetime Benefit</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Choice of Physicians</b>	You must use SHCA physicians. The SHCA Plan core service area includes Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. If you enroll in this plan and seek services outside of the core service area, the Aetna network (excluding Sutter, except Alta Bates and California Pacific Medical Center) will apply.	You must use SHC (including Facility Practice), LPCH, LPCH Facility Practice Organization, PCHA, Stanford Health Care – ValleyCare, Stanford Health Care Reference Lab and UHA	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
		Not all services are available through Tier 1 providers. If you would like to know if a certain service has Tier 1 providers, please call Aetna Concierge at 888.277.4041 for confirmation.			
<b>Claim Forms</b>	No, except for out-of-network emergency services	No, except for out-of-network emergency services	No, except for out-of-network emergency services	Yes	No, except for non-Kaiser emergency services
<b>Hospital Care</b> Room and Board, Surgeon, Physician Visit and Anesthesiologist	Facility charges: 90% after deductible; no charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals (precertification required)**	Facility charges: No charge after deductible (precertification required)**	Facility charges: 80% after deductible (precertification required)	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
<b>Office Care</b>					
Primary Care Physician (PCP) Visit	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	\$20/visit
Routine Annual Physical	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Adult Preventive Services	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Child Preventive Services	No charge	No charge	No charge	60% of UCR charges after deductible	No charge

# 2020 Medical Plan Comparison Chart

Services	<b>Stanford Health Care Alliance (SHCA) Plan</b> <small>The core service area includes Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. If you enroll in this plan and seek services outside of the core service area, the Aetna network (excluding Sutter, except Alta Bates, Mills-Peninsula and California Pacific Medical Center) will apply.</small>	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network*	
<b>Telemedicine</b>	Teladoc; \$20 copay (same as PCP office visit)	Not available	\$40 consult fee until deductible is met, then subject to 80% coinsurance	Not available	\$0 to visit with KP physician through the My Health Manager feature; applicable office visit copay if it is an interactive video visit at a KP medical center
<b>Specialist Visit</b>	\$35/visit	\$35/visit after deductible	80% after deductible	60% of UCR charges after deductible	\$35/visit
<b>Allergy Tests</b>	\$20/visit for PCP or \$35/visit for Specialist	\$20/visit after deductible for PCP or \$35/visit after deductible for Specialist	80% after deductible	60% of UCR charges after deductible	\$35/testing
<b>Allergy Injections</b>	No charge	No charge after deductible	80% after deductible	60% of UCR charges after deductible	\$3/visit
<b>Immunizations</b>	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
<b>Lab and X-ray (non-preventive)</b>	Basic: 90% after deductible; \$25/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office	Basic: No charge after deductible	Basic: 80% after deductible	Basic: 60% of UCR charges after deductible	Basic: 90%, deductible waived
	Complex: 90% after deductible; \$100/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office	Complex: No charge after deductible	Complex: 80% after deductible	Complex: 60% of UCR charges after deductible	Complex: 90%, deductible waived (deductible applies if provided in an outpatient/ambulatory surgery center or in a hospital operating room)
<b>Outpatient Surgery</b>	90% after deductible; \$200 facility charge at SHC/LPCH or Stanford Health Care-Valley Care hospitals. Professional services are no charge, deductible waived	\$200/visit after deductible	80% after deductible	60% of UCR charges after deductible	90% after deductible
<b>Chiropractic Care</b>	\$35/visit; 30-visit maximum per calendar year	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	Chiropractic care is available at a discount to all members. No referral needed. To find a participating provider, please visit <a href="https://kp.org/choosehealthy">kp.org/choosehealthy</a>

# 2020 Medical Plan Comparison Chart

Services	<b>Stanford Health Care Alliance (SHCA) Plan</b> <small>The core service area includes Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. If you enroll in this plan and seek services outside of the core service area, the Aetna network (excluding Sutter, except Alta Bates, Mills-Peninsula and California Pacific Medical Center) will apply.</small>	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network*	
Acupuncture	\$35/visit; 12-visit maximum per calendar year	\$35/visit after deductible; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; \$30/visit maximum benefit; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; \$30/visit maximum benefit; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	Acupuncture services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain): Non-Physician Specialist Visits: a \$20 Copayment per visit (not subject to the plan deductible)
Infertility Care	Includes assisted reproductive technologies (procedures and medication), counseling and consultation, infertility studies and tests. Payable in accordance with the type of expense incurred and the place where service is provided	Includes assisted reproductive technologies (procedures and medication), counseling and consultation, infertility studies and tests. Payable in accordance with the type of expense incurred and the place where service is provided	80% after deductible; covered expenses include counseling and consultation, infertility studies and tests only	60% of UCR charges after deductible; covered expenses include counseling and consultation, infertility studies and tests only	50% for all services related to covered infertility treatment. 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).
	After member cost share, the plan will pay up to \$10,000 for medical expenses and up to \$5,000 for pharmacy expenses per lifetime for assisted reproductive technologies				
Physical, Speech and Occupational Therapy (restorative services only)	\$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)	\$35/visit after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 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 Tier 1, Tier 2 and out-of-network maximum)	\$20/visit
<b>Emergency and Urgent Care</b>					
Emergency In Area	\$200/visit	No charge after deductible	80% after deductible		90% after deductible
Emergency Out-of-Network	\$200/visit	No charge after deductible	80% after deductible		90% after deductible
Urgent Care	\$20/visit	No charge after deductible	No charge after deductible		\$20/visit at Kaiser facilities
Ambulance	No charge	No charge after deductible		No charge after Aetna Choice POS II In-Network deductible (UCR is waived for true emergency)	No charge; plan deductible does not apply
Skilled Nursing Facility	90% after deductible; 100-day maximum per calendar year	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; 100-day maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 100-day maximum per calendar year (combined Tier 2 and out-of-network maximum)	90% up to 100 days per benefit period; plan deductible does not apply

# 2020 Medical Plan Comparison Chart

Services	<b>Stanford Health Care Alliance (SHCA) Plan</b> <small>The core service area includes Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. If you enroll in this plan and seek services outside of the core service area, the Aetna network (excluding Sutter, except Alta Bates, Mills-Peninsula and California Pacific Medical Center) will apply.</small>	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network*	
Home Health Care	90% after deductible; 100-day maximum per calendar year	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; 100-day maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 100-day maximum per calendar year (combined Tier 2 and out-of-network maximum)	No charge 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	No charge	Not covered	No charge
Hearing Exams	\$35/visit; well-child screening: No charge	No charge after deductible less copay; 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	Vision benefits administered through VSP. Some vision services are available through the Kaiser Permanente plan. See vision plan document for more information
Dental Benefits	Not covered, except for emergency treatment; 90% after deductible	Not covered, except for emergency treatment; No charge 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 2 years)	Not covered under Tier 1; see Tier 2 for benefit coverage	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 an Institute of Excellence facility and subject to utilization review; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	No charge after deductible	80% after deductible; must be performed at an 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
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 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: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Outpatient	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$10/visit



# 2020 Medical Plan Comparison Chart

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		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network*	
<b>Substance Abuse</b>	Substance abuse care Provided through SHCA	Substance abuse care provided through Aetna	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: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Outpatient	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$5/visit
<b>Womens Contraceptives covered under the Medical Plan, examples include:</b> • Contraceptive injections • Contraceptive devices such as, IUDs, implants, (including the insertion and removal) <small>See medical plan for additional details</small>	Services through SHCA	Services through Stanford Health Care, Stanford Children's Health Network and Stanford Health Care – ValleyCare	Services through Aetna	Services through any licensed provider	Services through Kaiser Permanente
	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
<b>Pharmacy Services</b>					
<b>Prescription Drugs</b>	Prescription drugs provided by Aetna	Prescription Drugs provided through CVS/caremark		Prescription Drugs provided through CVS/caremark	Prescription Drugs provided through Kaiser Permanente
Preventive	<b>Retail 30-day Supply</b> Generic: \$10/prescription Brand Formulary: \$25/prescription Brand Non-Formulary: \$50/prescription  <b>Mail-Order 90-day Supply</b> Generic: \$20/prescription Brand Formulary: \$50/prescription Brand Non-Formulary: \$100/prescription	<b>Retail 30-day Supply</b> Generic, Brand Formulary and Non-Brand Formulary: No charge, no deductible  <b>Mail-Order 90-day Supply</b> Generic, Brand Formulary and Non-Brand Formulary: No charge; no deductible		<b>Retail</b> 60% after deductible  <b>Mail-Order</b> Not covered	<b>Retail 30-day Supply</b> Generic: \$10/prescription Brand Formulary and Specialty: \$25/prescription when prescribed by a plan physician  <b>Mail-Order 100-day Supply</b> Generic: \$20/prescription Brand Formulary: \$50/prescription
Non-Preventive	Same as Preventive above	Provided through CVS/caremark; see Tier 2	80% after deductible	Same as Preventive above	Same as Preventive above

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		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network*	
<b>Womens Contraceptives covered under the Prescription Drug Plan, examples include:</b> • Oral • Patch • Emergency For a full list, visit <a href="http://healthysteps4u.org">http://healthysteps4u.org</a>	Provided through Aetna	Provided through CVS/caremark; see Tier 2	Provided through CVS/caremark	Provided through CVS/caremark	Provided through Kaiser Permanente Pharmacy
	<b>Retail &amp; Mail-Order Generic and Brand Formulary:</b> No charge  <b>Brand Non-Formulary:</b> \$50/prescription (retail); \$100/prescription (mail-order)	Provided through CVS/caremark; see Tier 2	<b>Retail &amp; Mail-Order Generic, Brand Formulary and Non-Brand Formulary:</b> No charge, no deductible	<b>Retail:</b> 60% of UCR charges after deductible <b>Mail-Order:</b> Not covered	No charge (See Kaiser Permanente Evidence of Coverage Booklet for details)
<b>Infertility Pharmacy</b>	Provided through Aetna <b>Retail 30-day Supply</b> Generic: \$10/prescription Brand Formulary: \$25/prescription Brand Non-Formulary: \$50/prescription  <b>Mail-Order 90-day Supply</b> Generic: \$20/prescription Brand Formulary: \$50/prescription Brand Non-Formulary: \$100/prescription Prior authorization may apply	Provided through CVS/caremark; see Tier 2	Provided through CVS/caremark <b>Retail 30-day Supply</b> Generic, Brand and Non-Brand Formulary: 80% after deductible  <b>Mail-Order 90-day Supply</b> Generic, Brand and Non-Brand Formulary: 80% after deductible Prior authorization may apply	Provided through CVS/caremark <b>Retail 30-day Supply</b> 60% of UCR charges after deductible  <b>Mail-Order</b> Not covered Prior authorization may apply	Provided through Kaiser Permanente Pharmacy <b>Retail 30-day Supply</b> Generic: \$10/prescription Brand Formulary: \$25/prescription when prescribed by a plan physician  <b>Mail-Order 100-day Supply</b> Generic: \$20/prescription Brand Formulary: \$50/Prescription Drugs on the generic and brand tier prescribed to treat infertility only

\* Out-of-Network means out of the Tier 2 network. Usual Customary and Reasonable (UCR) charges are the fees normally charged for medical services or supplies in a particular geographic location.

\*\* Includes El Camino and Sequoia hospital facility charges and professional charges for delivery and newborn services only.

**Copay** is determined on where test is performed.

**SHCA Plan Only** — An out-of-area plan is offered to college student dependents of SHCA subscribers who reside outside the SHCA service area. Enrollees in this plan have access to physicians who are part of Aetna's national network. For more information, please refer to the Frequently Asked Questions document on <http://healthysteps4u.org> or call SHCA Member Care Services at 855.345.7422.

**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 any 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 will save the most money when visiting VSP network providers. To find a VSP provider, visit [www.vsp.com](http://www.vsp.com).



## 2020 Vision Plan Comparison Chart

Services	Description	Copay	Frequency
<b>Wellvision Exam</b>	<ul style="list-style-type: none"> <li>• Annual eye exam</li> <li>• Retinal screening</li> </ul>	\$10 \$20	Every calendar year
<b>Prescription Glasses</b>		\$25	See Frame and Lenses
<b>Frames</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for a wide selection of frames</li> <li>• \$170 allowance for featured frame brands</li> <li>• 20% off amount over your allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>Lenses (instead of contacts)</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Anti-reflective coating</li> <li>• Average 35-40% off other lens enhancements</li> </ul>	\$0 \$40 \$40 \$40	Every calendar year
<b>Contact Lens Exam</b>	<ul style="list-style-type: none"> <li>• Contact lens exam</li> </ul>	Up to \$60	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for contacts</li> </ul>	\$0	Every calendar year
<b>Extra Savings and Discounts</b>	<ul style="list-style-type: none"> <li>• Glasses and sunglasses</li> <li>• Laser vision correction</li> <li>• To encourage all members to get an annual eye exam who otherwise do not require a lens prescription, the <b>SunCare Benefit</b> allows the vision plan's frame allowance to be used to purchase a pair of ready-made, non-prescription sunglasses in lieu of prescription glasses or contacts.</li> </ul> <p>Discounts vary, visit <a href="http://www.vsp.com">www.vsp.com</a> for more information</p>		

# Dental Plan

You will have the option to choose from three dental plans: the DeltaCare USA DHMO Plan, the Delta Dental Basic PPO Plan and the Delta Dental Buy-Up PPO Plan. All three plans are administered by Delta Dental and provide preventive and diagnostic services. To find a Delta Dental provider, visit [www.deltadentalins.com](http://www.deltadentalins.com).

If you've been diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis or stroke, you may also be eligible for the SmileWay Wellness Benefit. For more information, visit [www.healthysteps4u.org](http://www.healthysteps4u.org).



## 2020 Per-Pay-Period Dental Contributions

Coverage	Delta Dental Basic PPO Plan		Delta Dental Buy-Up PPO Plan		DeltaCare USA DHMO Plan	
	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution
Employee	\$0.00	\$29.23	\$10.60	\$28.14	\$0.00	\$8.09
Employee + Spouse	\$14.96	\$39.20	\$34.62	\$37.16	\$0.00	\$15.20
Employee + Child(ren)	\$0.00	\$55.80	\$20.25	\$53.70	\$0.00	\$14.31
Employee + Family	\$14.96	\$65.80	\$44.27	\$62.76	\$0.00	\$21.82

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	Delta Dental Basic PPO Plan	Delta Dental Buy-Up PPO Plan	DeltaCare USA DHMO Plan
<b>Annual Deductible (Individual/Family)</b>	\$50 per person/ \$150 per family each calendar year	\$25 per person/ \$75 per family each calendar year	No annual deductible
<b>Annual Benefits Maximum</b>	\$2,000 per person each calendar year	\$2,500 per person each calendar year	No annual or lifetime dollar maximums except for accidental injury.
<b>Choice of Providers</b>	Visit the provider of your choice*	Visit the provider of your choice*	DeltaCare USA network providers
<b>Diagnostic &amp; Preventive Services</b>	100%; Two basic cleanings are covered as Preventive Services. Additional cleanings may be available, subject to pre-approval.	100%; Two basic cleanings are covered as Preventive Services. Additional cleanings may be available, subject to pre-approval.	Most services covered at 100%
<b>Basic Services</b>	80%	90%	Predetermined dollar copayments vary for covered services. For detailed information, please refer to DHMO plan documents at <a href="http://healthysteps4u.org">http://healthysteps4u.org</a>
<b>Major Services</b>	50%	60%	
<b>Orthodontics</b>	50%	50%	
<b>Orthodontic Maximum</b>	\$1,500 per lifetime	\$2,000 per lifetime	
<b>Implants</b>	50%	60%	

\*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 incentive dollars that can help pay for IRS-qualified health care expenses. Employees can earn up to \$500 when enrolled in an employee-only medical coverage and up to \$1,000 for employees covering dependents in their medical plan. Depending on the employee's medical plan enrollment, earned wellness dollars will be deposited into a Health Savings Account or a Health Reimbursement Account with HealthEquity.

## 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 their 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 the employee 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 the employee's annual base salary up to \$50,000 maximum.

## 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 allow 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 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	\$3,550
Employee + one or more dependents	\$7,100

\* 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	\$2,700
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 in-person, 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.

## Adoption Assistance

We reimburse eligible adoption expenses up to \$7,500 per adoption and up to two adoptions per family.

## 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). The maximum PTO accrual is 520 hours.

Employment Type	Years of Service	Estimated PTO Days*	Time Accrued Per Productive PTO Hour
Exempt employees	1-9	36	.1385
	10 or more	39	.1500
Non-Exempt employees	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 or Fixed Term employee.



# Voluntary Benefits

To further offer employees with a comprehensive benefits package, our employees 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**

