

Well-Being Your Way



Lucile Packard Children's Hospital Stanford offers an outstanding Total Rewards package to provide you and your family with choice and affordability—no matter where you're located. Our inclusive, accessible and equitable benefits meet the needs of our diverse workforce—including competitive salaries within the healthcare industry, offerings to care for your mental and emotional well-being, support for your educational goals, protection for your income, and more.

You are Stanford Children's Health



As a valued Stanford Children's Health team member, you're part of a group of dedicated individuals who truly care about and believe in the work they do. Whatever your area of expertise, you can rest assured that your efforts and dedication are truly appreciated.

Our Total Rewards package is designed to reward your extraordinary work and commitment with competitive pay, benefits, tools and resources that will keep you and your family healthy and secure.

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This Total Rewards Guide is just a highlight of what is available to you as a Hospital employee. To see more information about the Total Rewards offered to you, please visit

careers.stanfordchildrens.org



When Does Coverage Start?

Most benefits will be effective on the first day of the month after your date of hire. The Business Travel Accident (BTA) will be effective on your date of hire.

You must complete your benefits enrollment within 31 days of your date of hire, or you will be assigned default coverages.

Default coverage gives you employee-only coverage in the medical Aetna Choice POS II Plan with vision coverage provided by VSP at no additional cost, and the Delta Dental Basic PPO Plan. Medical, vision and dental coverage will be effective the first day of the month after your date of hire. In addition, you will be provided Basic Life Insurance, Basic Long-Term Disability and access to Child and Adult Back-Up Care and family services.

Eligibility

You are eligible to participate in the Hospital's health and welfare plans if you are regularly scheduled to work at least 40 hours per pay period.

In general, your eligible dependents include:

- Spouse (same-sex, or opposite-sex)
- Registered domestic partners
- Eligible children up to age 26

Supporting our diverse team is our top priority. We offer competitive benefits to help you care for your well-being and maintain your best health.



Benefits for Health



As a Hospital employee, you have access to competitive medical benefits that offer you affordable health care. We also offer a choice of dental plans and a vision plan. The Hospital pays most of the premium cost (and in some cases, all of the premium cost) for health care benefits. You pay your portion through pre-tax contributions from your paycheck.

Medical Plan Options

The Hospital offers three medical plan options:

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

All plans offer preventive care services, such as annual physical exams, and certain screenings and immunizations, at no cost to you.

Stanford Health Care Alliance Plan

The Stanford Health Care Alliance (SHCA) Plan is built around our own world-class Stanford Health Care and Stanford Children’s Health network of providers and facilities administered by Aetna and CVS Caremark. If you enroll in this plan, you’re required to choose a primary care physician (PCP) to coordinate your care. 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 and California Pacific Medical Center) will apply.

Aetna Choice POS II Plan with Health Savings Account

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

The 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. These programs are administered by Aetna and CVS Caremark.

The Health Savings Account (HSA) helps you set aside pre-tax dollars to pay for eligible health care expenses, including your deductible, now or in the future. This program is administered by HealthEquity.

Kaiser Permanente HMO Plan

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



See pages 6-13 for a detailed comparison of the medical plan features.

2023 Medical Plan Per-Pay-Period Contributions

	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution
Stanford Health Care Alliance Plan — If your hourly rate* is \$39.28 or less:		
Employee	\$0.00	\$737.47
Employee + Spouse	\$0.00	\$1,614.45
Employee + Child(ren)	\$0.00	\$1,326.95
Employee + Family	\$0.00	\$2,203.93
Stanford Health Care Alliance Plan — If your hourly rate* is \$39.29 or more:		
Employee	\$34.16	\$703.31
Employee + Spouse	\$148.29	\$1,466.16
Employee + Child(ren)	\$62.63	\$1,264.32
Employee + Family	\$176.94	\$2,026.99
Aetna Choice POS II Plan — If your hourly rate* is \$39.28 or less:		
Employee	\$0.00	\$641.88
Employee + Spouse	\$0.00	\$1,405.50
Employee + Child(ren)	\$0.00	\$1,155.33
Employee + Family	\$0.00	\$1,918.97
Aetna Choice POS II Plan — If your hourly rate* is \$39.29 or more, but less than \$50.00:		
Employee	\$0.00	\$641.88
Employee + Spouse	\$76.69	\$1,328.81
Employee + Child(ren)	\$0.00	\$1,155.33
Employee + Family	\$76.69	\$1,842.28
Aetna Choice POS II Plan — If your hourly rate* is \$50.00 or more:		
Employee	\$0.00	\$641.88
Employee + Spouse	\$153.38	\$1,252.12
Employee + Child(ren)	\$0.00	\$1,155.33
Employee + Family	\$153.38	\$1,765.59
Kaiser Permanente HMO Plan — If your hourly rate* is \$39.28 or less:		
Employee	\$0.00	\$368.14
Employee + Spouse	\$0.00	\$827.82
Employee + Child(ren)	\$0.00	\$626.19
Employee + Family	\$0.00	\$1,085.87
Kaiser Permanente HMO Plan — If your hourly rate* is \$39.29 or more:		
Employee	\$51.97	\$316.17
Employee + Spouse	\$187.31	\$640.51
Employee + Child(ren)	\$88.39	\$537.80
Employee + Family	\$223.52	\$862.35

Imputed income will be assessed if you are covering an eligible domestic partner under your health benefits. If your domestic partner and their children do not satisfy the IRS definition of a qualifying child or relative, the fair market value (FMV) of employer-provided health coverage for domestic partners is considered taxable income.

Employee responsibility for domestic partner premiums is after tax.

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

Stanford Children's Health is a participating employer in the Stanford Health Care employee benefits plan.

2023 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan ¹ <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 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 Tri-Valley	Tier 2 — Aetna Network	Tier 3 — Out-of-Network ²	
Annual Deductible	Individual: \$400 per year Family: \$1,000 per year	Individual: \$1,500 per year Family: \$3,000 per year		Individual: \$2,700 per year Family: \$5,400 per year	Individual: \$400 per year Family: \$1,000 per year
Wellness Incentive	Based on participation in the <i>HealthySteps to Wellness</i> program				
Annual Out-of-Pocket Maximum <small>Includes deductible, copays and pharmacy</small>	Individual: \$1,800 per year Family: \$3,600 per year	Individual: \$2,700 per year Family: \$5,400 per year		Individual: \$5,400 per year Family: \$10,800 per year	Individual: \$1,800 per year Family: \$3,600 per year
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Choice of Physicians	You must use an assigned or selected SHCA primary care physician (PCP) who acts as your dedicated personal doctor. PCP referrals are required for most specialty services. 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) will apply.	You must use SHC (including Faculty Practice), LPCH, LPCH Faculty Practice Organization, PCHA, Stanford Health Care Tri-Valley, 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.			
Claim Forms	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

2023 Medical Plan Comparison

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		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care Tri-Valley Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network ²	
Office Care					
Primary Care Physician (PCP)	\$20 per visit	\$20 per visit after deductible	20% after deductible	40% after deductible	\$20 per visit
Routine Annual Physical	No charge	No charge	No charge	40% after deductible	No charge
Preventive Services (adult and child)	No charge	No charge	No charge	40% after deductible	No charge
Immunizations	No charge	No charge	No charge	40% after deductible	No charge
Specialist Visit	\$35 per visit A referral from your PCP is required for most specialty visits	\$35 per visit after deductible	20% after deductible	40% after deductible	\$35 per visit
Telemedicine	Primary Care Physician (PCP): \$20 per visit Specialist: \$35 per visit Teladoc: \$20 per visit for PCP and mental health, \$35 per visit for Specialist	Primary Care Physician (PCP): \$20 per visit after deductible Specialist: \$35 per visit after deductible	Teladoc: \$49 consult fee for PCP and Mental Health visits until deductible is met, then subject to 20% coinsurance	40% after deductible	\$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
Allergy Tests	\$20 per visit for PCP or \$35 per visit for Specialist	\$20 per visit after deductible for PCP or \$35 per visit after deductible for Specialist	20% after deductible	40% after deductible	\$35 per test
Allergy Injections	No charge	No charge after deductible	20% after deductible	40% after deductible	\$3 per visit per injection
Chiropractic Care	\$35 per visit 30-visit maximum per year	Not covered	20% after deductible 30-visit maximum per year (combined Tier 2 and out-of-network)	40% after deductible 30-visit maximum per year (combined Tier 2 and out-of-network)	25% off contracted provider standard fees. Available to all members. No referral needed. To find an acupuncturist, chiropractor or massage therapist, visit kp.org/choosehealthy
Acupuncture	\$35 per visit 12-visit maximum per year	\$35 per visit after deductible 12-visit maximum per year (combined Tier 1, Tier 2 and out-of-network)	20% after deductible \$30 per visit maximum benefit 12-visit maximum per year (combined Tier 1, Tier 2 and out-of-network)	40% after deductible \$30 per visit maximum benefit 12-visit maximum per year (combined Tier 1, Tier 2 and out-of-network)	Discounts apply through Kaiser Permanente's ChooseHealthy program To find an acupuncturist, chiropractor or massage therapist, visit kp.org/choosehealthy

2023 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan ¹ <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 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 Tri-Valley Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network ²	
Physical, Speech and Occupational Therapy (restorative services only)	\$35 per visit 60-visit maximum per year (combined with physical, occupational or speech therapy)	\$35 per visit 60-visit maximum per year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network)	20% after deductible 60-visit maximum per year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network)	Facility charges: 40% after deductible 60-visit maximum per year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network)	\$20 per visit
Hospital Care					
Room and Board, Surgeon, Physician Visit and Anesthesiologist	Facility charges: 10% after deductible No charge at SHC/LPCH and Stanford Health Care Tri-Valley hospitals Precertification required ²	Facility charges: No charge after deductible has been met at SHC/LPCH and Stanford Health Care Tri-Valley hospitals	Facility charges: 20% after deductible Precertification required	Facility charges: 40% after deductible Precertification required or \$300 per admission penalty applies Waived if emergency admission	Facility charges: 10% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 20% after deductible	Professional charges: 40% after deductible	Professional charges: 10% after deductible
Outpatient					
Lab and X-ray (non-preventive)	Basic: \$25 per visit at SHC/LPCH, Stanford Health Care Tri-Valley hospitals or a SHCA physician's office Other facilities: 10% after deductible	Basic: No charge after deductible	Basic: 20% after deductible	Basic: 40% after deductible	Basic: 10%, deductible waived
	Complex: \$100 per visit at SHC/LPCH, Stanford Health Care Tri-Valley hospitals or a SHCA physician's office Other facilities: 10% after deductible	Complex: No charge after deductible	Complex: 20% after deductible	Complex: 40% after deductible	Complex: 10%, deductible waived Deductible applies if provided in an outpatient/ambulatory surgery center or in a hospital operating room
Outpatient Surgery	\$200 facility fee and no charge for professional services at SHC/LPCH, Stanford Health Care Tri-Valley hospitals Other facilities: 10% after deductible	\$200 per visit after deductible	20% after deductible	40% after deductible	10% after deductible
Emergency and Urgent Care					
Emergency In Area and Out-of-Network	\$200 per visit	No charge after deductible	20% after deductible		10% after deductible

2023 Medical Plan Comparison

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		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care Tri-Valley Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network ²	
Urgent Care	\$20 per visit	No charge after deductible	No charge after deductible		\$20 per visit at Kaiser facilities
Ambulance	No charge	No charge after deductible		No charge after Aetna Choice POS II In-Network deductible	No charge Plan deductible does not apply
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: 10% after deductible No charge at SHC/LPCH and Stanford Health Care Tri-Valley	Facility charges: No charge after deductible	Facility charges: 20% after deductible	Facility charges: 40% after deductible Precertification required or \$300 per admission penalty applies Waived if emergency admission	Facility charges: 10% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 20% after deductible	Professional charges: 40% after deductible	Professional charges: 10% after deductible
Outpatient	Office: \$20 per visit, deductible does not apply Other outpatient services: \$25 per visit, deductible does not apply at SHC/LPCH/Tri-Valley facilities 10% coinsurance at all other in-network facilities after deductible	Office setting: \$20 per visit after deductible Other outpatient services: No charge after deductible	20% after deductible	40% after deductible	Individual: \$20 per visit Group: \$10 per 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 Aetna	Substance abuse care provided through Kaiser Permanente
Inpatient	Facility charges: 10% after deductible No charge at SHC/LPCH and Stanford Health Care Tri-Valley	Facility charges: No charge after deductible	Facility charges: 20% after deductible	Facility charges: 40% after deductible Precertification required or \$300 per admission penalty applies Waived if emergency admission	Facility charges: 10% after deductible
	Professional charges: No charge	Office setting: \$20 per visit after deductible Other outpatient services: No charge after deductible	Professional charges: 20% after deductible	Professional charges: 40% after deductible	Professional charges: 10% after deductible

2023 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan ¹ <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 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 Tri-Valley Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network ²	
Outpatient	Office: \$20 per visit, deductible does not apply Other outpatient services: \$25 per visit, deductible does not apply at SHC/LPCH/Tri-Valley facilities 10% coinsurance at all other in-network facilities after deductible	Office setting: \$20 per visit Provider charges: 100%, no deductible SHC/LPCH and Stanford Health Care – Tri Valley hospitals: \$20 per visit All other facilities: 10% after deductible	20% after deductible	40% after deductible	Individual: \$20 per visit Group: \$5 per visit
Reproductive Health					
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 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	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	20% after deductible For diagnosis and treatment of medical condition only	40% after deductible For diagnosis and treatment of medical condition 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)
Sperm and Oocyte Preservation, Donor Eggs and Sperm, Cryopreservation of Fertilized Embryos³	Care provided at SHC/LPCH or Stanford Health Care Tri-Valley hospitals	Care provided at SHC/LPCH or Stanford Health Care Tri-Valley hospitals	Not covered	Not covered	Not covered
Inpatient	No charge after deductible	No charge after deductible	Not covered	Not covered	Not covered
Outpatient	\$200 per visit	\$200 per visit after deductible	Not covered	Not covered	Not covered
Office Visit	\$20 per visit \$35 per specialist visit (copay waived if no office visit billed)	\$20 per visit after deductible \$35 per specialist visit after deductible (copay waived if no office visit billed)	Not covered	Not covered	Not covered
Women's 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 Stanford Health Care, Stanford Children's Health Network and Stanford Health Care Tri-Valley	Services through Aetna	Services through any licensed provider	Services through Kaiser Permanente
	No charge	No charge	No charge	40% after deductible	No charge

2023 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan ¹ <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 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 Tri-Valley Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network ²	
Gender Affirming Care					
Mastopexy and Reconstructive and Complementary Procedures <small>All diagnosed members with Gender Dysphoria who meet criteria</small>	Care provided at SHC/ LPCH or Stanford Health Care Tri-Valley hospitals	Care provided at SHC/ LPCH or Stanford Health Care Tri-Valley hospitals	Not covered	Not covered	Covered when meets medical necessity under the Reconstructive Statute
Inpatient	No charge after deductible	No charge after deductible	Not covered	Not covered	10% after deductible
Outpatient	\$200 per visit	\$200 per visit after deductible	Not covered	Not covered	10% after deductible
Office Visit	\$20 per visit \$35 per specialist visit (copay waived if no office visit billed)	\$20 per visit after deductible \$35 per specialist visit after deductible (copay waived if no office visit billed)	Not covered	Not covered	\$20 per visit \$35 per specialist visit
Other Services					
Transplant Services	10% 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 Tri-Valley	No charge after deductible	20% 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
Durable Medical Equipment	10% after deductible Includes hearing aids Limited to one pair of hearing aids every two years	Not covered under Tier 1 See Tier 2 for benefit coverage	20% after deductible Includes hearing aids Limited to one pair of hearing aids every two years Prior authorization may be required	40% after deductible Includes hearing aids Limited to one pair of hearing aids every two years	20% when prescribed by a Kaiser physician (must live within the service area) Plan deductible does not apply
Skilled Nursing Facility	10% after deductible 100-day maximum per year	Not covered under Tier 1 See Tier 2 for benefit coverage	20% after deductible 100-day maximum per year (combined Tier 2 and out-of-network maximum)	40% after deductible 100-day maximum per year (combined Tier 2 and out-of-network maximum)	10% up to 100 days per benefit period Plan deductible does not apply
Home Health Care	10% after deductible 100-day maximum per year	Not covered under Tier 1 See Tier 2 for benefit coverage	20% after deductible 100-day maximum per year (combined Tier 2 and out-of-network maximum)	40% after deductible 100-day maximum per year (combined Tier 2 and out-of-network maximum)	No charge with Kaiser approval Part-time or intermittent only 100-day maximum per year (must live within the service area)

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		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care Tri-Valley Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network ²	
Hearing Exams	\$35 per visit Well-child screening: No charge	No charge after deductible less copay Well-child screening: No charge Covered based on type of service and where it is received	20% after deductible Well-child screening: No charge	40% after deductible	\$20 per visit with audiologist to determine the need for hearing correction \$35 per visit with Physician Specialist to diagnose and treat hearing problems Not covered: hearing aid(s), including fitting, counseling, adjustment, cleaning, and inspection
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	No charge for routine eye exam with an in-network optometrist to determine the need for vision correction and to provide a prescription for eyeglass lenses \$20 per visit with Non-physician Specialist or \$35 per visit with Physician Specialist for diagnosis and treatment of injuries or diseases of the eye
Dental Benefits	Not covered, except for emergency treatment 10% after deductible	Not covered, except for emergency treatment No charge after deductible	Not covered, except for emergency treatment 20% after deductible	Not covered, except for emergency treatment 40% after deductible	Not covered
Pharmacy Services					
Prescription Drugs	Provided through CVS Caremark	Provided through CVS Caremark		Provided through CVS Caremark	Provided through Kaiser Permanente
Preventive	Retail 30-day Supply Generic: \$10 Preferred: \$25 Non-Preferred: \$50 (\$0 at a Stanford pharmacy) Mail-Order 90-day Supply Generic: \$20 Preferred: \$50 Non-Preferred: \$100 (\$0 at a Stanford pharmacy)	Retail 30-day Supply Generic and Preferred: No charge; no deductible Non-Preferred: 20% after deductible Mail-Order 90-day Supply Generic and Preferred: No charge; no deductible Non-Preferred: 20% after deductible	Retail 40% after deductible Mail-Order Not covered		Retail 30-day Supply Generic:\$10 Preferred and Specialty: \$25 when prescribed by a plan physician Mail-Order 100-day Supply Generic: \$20 Preferred: \$50
Non-Preventive	Same as Preventive above	20% after deductible		Same as Preventive above	Same as Preventive above

2023 Medical Plan Comparison

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		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care Tri-Valley Network	Tier 2 — Aetna Network	Tier 3 — Out-of-Network ²	
Women's Contraceptives covered under the Prescription Drug Plan, examples include: <ul style="list-style-type: none"> • Oral • Patch • Emergency For a full list, visit healthsteps4u.org	Provided through CVS Caremark	Provided through CVS Caremark	Provided through CVS Caremark	Provided through CVS Caremark	Provided through Kaiser Permanente Pharmacy
	Retail & Mail-Order Generic and Preferred: No charge Non-Preferred: \$0 (Stanford pharmacy) \$50 (retail) \$100 (mail-order)	Retail & Mail-Order Generic, Preferred and Non-Preferred: No charge; no deductible	Retail: 40% after deductible for Generic, Preferred, and Non-Preferred Mail-Order: Not covered	No charge See Kaiser Permanente Evidence of Coverage Booklet for details	
Infertility Pharmacy Medication to Treat Weight Gain or Androgenic Alopecia (Hair Loss) All diagnosed members who meet certain criteria	Provided through CVS Caremark Retail 30-day Supply Generic: \$10 Preferred: \$25 Non-Preferred: \$50 (\$0 at a Stanford pharmacy) Mail-Order 90-day Supply Generic: \$20 Preferred: \$50 Non-Preferred: \$100 (\$0 at a Stanford pharmacy) Prior authorization may apply	Provided through CVS Caremark Retail 30-day Supply Generic, Preferred and Non-Preferred: 20% after deductible Mail-Order 90-day Supply Generic, Preferred and Non-Preferred: 20% after deductible Prior authorization may apply	Provided through CVS Caremark Retail 30-day Supply 40% after deductible for Generic, Preferred, and Non-Preferred Mail-Order Not covered Prior authorization may apply	Provided through Kaiser Permanente Pharmacy Retail 30-day Supply Generic: \$10 Preferred: \$25 when prescribed by a plan physician Mail-Order 100-day Supply Generic: \$20 Preferred: \$50 Drugs on the generic and brand tier prescribed to treat infertility only	

SHCA Plan Only: When searching for SHCA providers, use the link on stanfordhealthcarealliance.org or create/login to your member account on aetna.com. Out-of-area members have access to Aetna's national network, excluding Sutter. For more information, call SHCA Member Care Services at (855) 345-7422.

²Out-of-Network means out of the Tier 2 network. When you use an out-of-network provider, your cost share is higher. When you use an out-of-network provider, your cost share is higher. You are responsible for (as applicable): your out-of-network deductible, your out-of-network coinsurance, any charges over the allowable amount and submitting your own claims and getting precertification.

³\$10,000 for medical expenses and up to \$5,000 for pharmacy expenses per lifetime for assisted reproductive technologies.

- Tissue freezing (eggs, sperm, embryos) will only be for the personal use of the employee or covered member. Frozen tissue will not be covered for the purposes of being donated or sold.

- The use of donor eggs and sperm are covered under the AI/OII or ART benefit and subject to a \$10,000 fertility benefit lifetime maximum.

- The purchase of donor eggs and donor sperm is excluded.

- Copay is determined on where test is performed.

Dental Benefits



You have the option to choose from among three dental plans:

- DeltaCare DHMO Plan
- Delta Dental Basic PPO Plan
- Delta Dental Buy-Up PPO Plan

All three plans are administered by Delta Dental and provide preventive and diagnostic services.

Compare the Dental Plans

DeltaCare DHMO Plan	Delta Dental Basic PPO Plan	Delta Dental Buy-Up PPO Plan
<ul style="list-style-type: none"> • No premiums required • You must select a primary care dentist from the DeltaCare network. If a PCD (primary care dentist) is not selected at enrollment, one will be selected for you. You may change your PCD at anytime • Most diagnostic and preventive services are covered at 100% • You do not have an annual deductible or maximum, but instead pay a copayment each time you need care 	<ul style="list-style-type: none"> • Premiums are required for employee + spouse/eligible domestic partner and family coverage • You can visit the provider of your choice, but you'll save money when you visit in-network providers • Diagnostic and preventive care are covered at 100% • After you pay an annual deductible, you pay a percentage of the bill, called coinsurance, for most dental services, up to the yearly benefits maximum 	<ul style="list-style-type: none"> • Premiums are required for all coverage levels • You can visit the provider of your choice, but you'll save money when you visit in-network providers • Diagnostic and preventive care are covered at 100% • Choose this plan if you anticipate having higher dental care needs in 2023—this plan has a lower annual deductible with a higher annual benefits maximum than the Basic PPO Plan • After you pay an annual deductible, you pay a percentage of the bill, called coinsurance, for most dental services, up to the yearly benefits maximum

The SmileWay Wellness Benefit is available to individuals enrolled in a Delta Dental PPO Plan and diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis, or stroke. It offers expanded dental coverage including:

- 100% coverage for one periodontal scaling and root planing procedure per quadrant, per year
- Up to four procedures (in any combination) per year:
 - Teeth cleaning, covered at 100%
 - Periodontal maintenance procedure, covered at 100%

2023 Per-Pay-Period Dental Contributions

	Delta Dental Basic PPO Plan		Delta Dental Buy-Up PPO Plan		DeltaCare DHMO Plan	
	Employee	Hospital	Employee	Hospital	Employee	Hospital
Employee	\$0.00	\$28.96	\$10.94	\$27.43	\$0.00	\$7.99
Employee + Spouse	\$15.44	\$38.21	\$35.73	\$35.37	\$0.00	\$15.02
Employee + Child(ren)	\$0.00	\$55.27	\$20.90	\$52.35	\$0.00	\$14.15
Employee + Family	\$15.44	\$64.55	\$45.69	\$60.33	\$0.00	\$21.57

Note: Imputed income will be assessed if you are covering an eligible domestic partner under your dental health benefits. If your domestic partner and their children do not satisfy the IRS definition of a qualifying child or relative, the fair market value (FMV) of employer-provided health coverage for domestic partners is considered taxable income.

2023 Dental Plan Comparison Chart

Services	Delta Dental Basic PPO Plan	Delta Dental Buy-Up PPO Plan	DeltaCare DHMO Plan
Annual Deductible (Individual/Family)	Individual: \$50 per year Family: \$150 per year	Individual: \$25 per year Family: \$75 per year	No annual deductible
Annual Benefits Maximum	\$2,000 per person each year	\$2,500 per person each year	No annual or lifetime dollar maximums except for accidental injury
Choice of Providers	Visit the provider of your choice*	Visit the provider of your choice*	DeltaCare USA network providers
Diagnostic & Preventive Services	100% Two basic cleanings are covered as Preventive Services. Additional cleanings for pregnancy are covered	100% Two basic cleanings are covered as Preventive Services. Additional cleanings for pregnancy are covered	Most services covered at 100%
Basic Services	20%	10%	Predetermined dollar copayments vary for covered services. For detailed information, please refer to the DHMO plan documents at healthysteps4u.org
Major Services	50%	40%	
Orthodontics	50%	50%	
Orthodontic Maximum	\$1,500 per lifetime	\$2,000 per lifetime	
Implants	50%	40%	Not covered

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

Vision Benefits



When you enroll in one of the medical plans, you and any family members enrolled in your medical plan will automatically receive vision coverage through Vision Service Plan (VSP) at no additional cost. You may visit any provider, but you will save money when you visit VSP network providers.

2023 Vision Plan Benefits Chart

Services	Description	Copay	Frequency
Well Vision Exam	<ul style="list-style-type: none"> Annual eye exam Retinal screening 	\$10 \$20	Every year
Prescription Glasses	See Frames and Lenses	\$25	See Frames and Lenses
Frames	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% off amount over your allowance \$80 allowance at Costco 	Included in Prescription Glasses	Every other year
Lenses (instead of contacts)	<ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Anti-glare coating Average savings of 40% on other lens enhancements 	\$0 \$40 \$40 \$40	Every year
Contact Lens Exam	Includes fitting and evaluation	Up to \$60	Every year
Contacts (instead of glasses)	\$150 allowance for contacts	\$0	Every year
Extra Savings and Discounts	<ul style="list-style-type: none"> Glasses and sunglasses Laser vision correction To encourage all members to get an annual eye exam who otherwise do not require a lens prescription, the LightCare Benefit allows the vision plan's frame allowance to be used to purchase a pair of ready-made, non-prescription sunglasses or ready-made, non-prescription Blue Light Filtering Glasses in lieu of prescription glasses or contacts. Discounts vary, visit vsp.com for more information 		

Benefits for Your Well-Being



Your benefits package includes a diverse set of programs and resources to help care for your well-being.

HealthySteps to Wellness

HealthySteps to Wellness, is designed to encourage employees to focus on improving their health and well-being.

By participating in approved wellness activities, you will earn points, which are then converted to incentive dollars based on your eligibility and achieved wellness level. These contributions will be deposited into your Health Savings Account (HSA) or Health Reimbursement Account (HRA), depending on the medical plan in which you enroll, to pay for any IRS-qualified health care expenses. Depending upon your medical plan enrollment, you will be able to earn up to \$500 for employee-only coverage and up to \$1,000 for employees who have dependents for participating in wellness activities throughout the year.

A Special Offer in 2023

In 2023, if you are enrolled in a medical plan offered by the Hospital you will have an opportunity to earn up to an additional \$1,000 from the Hospital into a Health Savings Account (HSA) or Health Reimbursement Account (HRA) to support your mental wellbeing. This contribution is in addition to any wellness incentive dollars you earn by participating in the HealthySteps to Wellness Program.

To earn this contribution, you must complete the monthly assigned Lyra Learn activity through the Lyra Health Employee Assistance Program (EAP) between January 1, 2023 and September 30, 2023.

Weight Management Program

Omada is a digital lifestyle change program that inspires healthy habits that last. The 16-week program helps at-risk individuals avoid type 2 diabetes by making sustainable lifestyle changes. Omada also offers support for type 1 diabetes, continuous glucose monitoring (CGM), BMI diabetes, and hypertension.

Benefits for Your Well-Being

Employee Assistance Program

Through life's challenges, the Hospital is here to make sure you receive great care when and how you need it. Our Employee Assistance Program (EAP) through Lyra provides mental well-being resources—including up to 10 therapy sessions, coaching, and unlimited access to self-care apps at no cost to you.

Meru Health Therapy Program

Available to employees and their dependents over age 18 enrolled in the Stanford Health Care Alliance (SHCA) or Aetna Choice POS II with HSA medical plans, Meru Health can help you improve your mental health and care for yourself. Over the course of Meru's three-month therapy program you will learn new healthy life skills, use biofeedback training to increase focus and manage stress, practice mindfulness and behavioral techniques and have confidential access to a licensed therapist via the Meru App. Learn more about the program and enroll at meruhealth.com.

CareCounsel

Understanding the details of your health plan can be confusing. To help you get the most from your plan, the Hospital provides a no-cost health advocacy benefit administered by CareCounsel.

Through CareCounsel, employees and their families can receive support from personal health advocates to help navigate the complexities of health care. This benefit will ensure access to health education, information, advocacy and coaching when you need it.

You can contact CareCounsel by calling (888) 227-3334 Monday – Friday from 6:30 AM to 5:00 PM PST or by emailing staff@carecounsel.com.



Benefits for Income and Survivor Protection



We offer a variety of benefits to protect you and your income in the event of an illness or injury, including Supplemental Life Insurance, Accidental Death and Dismemberment, and Short- and Long-Term Disability.

Disability

Short-Term Disability (STD) and Voluntary Short-Term Disability (VSTD) – Short-Term Disability (STD) benefits will pay you a percentage of your weekly earnings if you become disabled due to a non-work related injury or illness and are not able to work for longer than seven days.

Employees working in a state* that offers Statutory STD benefits have the option of supplementing their state-mandated STD benefit by purchasing additional coverage called Voluntary Short-Term Disability (VSTD). All other employees must enroll in VSTD to receive a benefit. If you do not enroll in the VSTD, you will not be covered for short term disability. VSTD is 60% of your base pay and will be offset by applicable state benefits. The weekly maximum benefit is \$3,000, based on eligible income. The best part is that it's guaranteed issue coverage, meaning you do not have to provide health information.

Before electing VSTD coverage, compare the maximum benefit you can receive and ensure the value of this benefit is above what you will pay for coverage—the amount you pay for coverage is based on what you earn in base pay.

* California, New York, New Jersey, Rhode Island, Hawaii, Puerto Rico, Connecticut, Washington D.C., Massachusetts and Washington

Long-Term Disability (LTD) – The Long-Term Disability (LTD) plan begins to pay a benefit to you when you are disabled for longer than six months. Eligible employees will receive a base company paid core LTD benefit of 50% of your eligible monthly base salary up to a maximum of \$8,000 per month.

Eligible employees can purchase additional LTD coverage up to a total of 66 2/3% of monthly eligible base salary earnings to a maximum of \$8,000 per month.

Important: If you recently relocated to California, you can verify your SDI-eligibility with the State of California Employment Development Department website at edd.ca.gov.

Life and Accidental Death & Dismemberment (AD&D) Insurance

In the event of the unexpected, it's important to know you have financial security. The Hospital will provide Basic Life coverage at no cost to you and will also offer employee-paid optional Employee Life, Dependent Life, and Employee or Family Accidental Death & Dismemberment insurance.

Basic Life insurance covers one times salary up to a \$50,000 maximum. Your costs for supplemental coverage will be determined based on your age and the coverage amount you select.

Business Travel Accident (BTA) Insurance

BTA will provide a benefit if you die or are severely injured as the direct result of an accident while traveling on Hospital business as an eligible employee. BTA coverage is automatic and paid for by the Hospital.

Tax-Advantaged Accounts

To assist you with current and future expenses, we offer several tax-advantaged accounts which allow you to set aside pre-tax dollars for eligible expenses.



You may choose to enroll in the following tax-advantaged accounts:

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

Health Savings Account (HSA)

A Health Savings Account (HSA) is an employee-owned, tax-advantaged savings and investment account to help you 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. Your account will be 100% yours, meaning when you leave or retire from the Hospital, you take your funds with you, including any contributions from the Hospital.

Flexible Spending Accounts (FSAs)

The Health Care and Dependent Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars from your paycheck to pay for eligible health care and dependent daycare expenses each year. If you are not eligible to enroll in the Health Savings Account, you may enroll in the Health Care FSA.

2023 Flexible Spending Account Maximum Contribution Limits

Health Care FSA	\$3,050
Dependent FSA	\$5,000

2023 Health Savings Account Maximum Contribution Limits

	Available Wellness Incentive Dollars			You May Contribute*
	IRS Maximum Contribution	HealthySteps to Wellness	Lyra Learn	
Employee only	\$3,850	Up to \$500	Up to \$1,000	\$2,350
Employee + one or more dependents	\$7,750	Up to \$1,000		\$5,750

* If you are age 55 and older, you can make an extra \$1,000 catch-up contribution.

Benefits for Retirement



Retirement Savings Plan (RSP)

We help you save for your retirement by offering you a plan that not only allows you to make your own contributions, but also offers you both matching and basic contributions to accelerate your savings. In addition, we provide tools and resources to help you plan for your future with more understanding and confidence.

You will be eligible to participate in the Retirement Savings Plan (RSP) immediately. The RSP is a 403(b) plan which provides a way for you to contribute pre-tax dollars and save for your retirement.

You can contribute from 1%-75% of your eligible base pay as pre-tax, up to the annual IRS dollar limits, including contributions you may have made to other employers. After satisfying the plan's one-year waiting period, eligible employees will receive:

1. Basic: A 5% employer basic contribution will be made on your behalf each pay period.

2. Matching: The hospital will match your contributions dollar for dollar, each pay period, up to 5% of your eligible compensation initially. Your matching percentage is based on years of service and will increase over time according to the chart below:

Years of Service	Matching Percentage
At least 1 year and less than 5 years	Up to 5% of your pay
At least 5 years and less than 10 years	Up to 6% of your pay
10 years or more	Up to 8% of your pay

Between Basic and Matching, your initial hospital contributions total up to 10% of your eligible pay. Plus, your Matching contributions will increase with additional service!

After you complete the plan's one-year waiting period, you will also be able to make after-tax contributions, up to 15% of your eligible pay, subject to IRS annual dollar limits.

You are immediately 100% vested in your own contributions to the RSP, as well as in any of the Hospital's matching and basic contributions, and any earnings on them.

The Plan offers you a range of investment options. You can select a mix of investments that best suits your goals, time horizon, and risk tolerance.

You are permitted to roll over eligible pretax contributions from another 401(k) plan, IRA, 401(a) plan, 403(b) plan, or a governmental 457(b) retirement plan account. Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets and confirm acceptance before requesting a rollover.

- Loans, withdrawals, and transfers available.
- Our retirement plan's licensed Financial Consultants are available to meet with you, answer specific questions about your financial situation and help you through the enrollment process.

Retiree Medical Plan Subsidy

We provide a subsidy for your medical plan coverage in retirement as well. Eligible retirees receive a tax-free contribution to a Retiree Health Reimbursement Account (HRA) when you are at least 55 with at least 15 years of continuous service when you retire. While you pay the full cost of your retiree medical coverage, you can use the Retiree HRA to help offset some of these costs.

Benefits for Work and Life



We're here to help you invest in what matters most to you. Whether that means caring for your family, working on your development or boosting your emotional well-being, our benefits can help.

Back-Up Care and Family Services

Back-Up Child, Adult and Elder Care

The next time you have a disruption in family care, you won't have to skip a beat. Spare yourself from the scramble of finding replacement care. Your Bright Horizons Back-Up Care™ benefit can find a welcoming child care center or wonderful in-home caregiver when you need one. Stanford Children's Health employees get up to 80 hours of back-up care per calendar year at subsidized rates. Center-based care is \$2/hour and in-home care is \$4/hour for up to three children.

Enhanced Family Support

These benefits give you access to the best child care centers, sitters, housekeeper, tutoring and test prep discounts, pet sitters and more.

Adoption Support

The Hospital assists parents who are adopting a child and provides a benefit of up to \$7,500 per adoption for qualified expenses. These expenses include adoption fees, court costs, attorney fees and approved expenses in connection with the legal adoption of your child.

Education Assistance Programs

The knowledge and expertise of our employees is what sets the Hospital apart. We are committed to your professional growth.

In addition to offering educational assistance, scholarship programs, a student loan program, and a professional membership reimbursement program, the Hospital also partners with Stanford University to offer employees access to a broad range of courses through its Continuing Studies program, and Continuing Medical Education for nurses, pharmacists, social workers and other professionals.

Educational Assistance Funds

Any regular-benefited or fixed-term employee with at least six months of service based on their most recent hire date is eligible for up to \$2,000 of Educational Assistance benefits each fiscal year (certain rules and restrictions apply).

Student Loan Wellness and Repayment Program

Benefits-eligible employees who have successfully completed their trial period may participate in the Student Loan Repayment program each year. This program allows team members to reallocate all or a portion of their Educational Assistance Tuition Reimbursement funds towards student loan payments. The program also offers a suite of student loan wellness tools to help guide you through your student loan lifecycle.

Benefits for Work and Life

Paid Time Off

The Paid Time Off program compensates employees earning base wage when they are absent from work for vacation, illness, holidays, family emergencies, religious observations and other reasons. Your actual PTO accrual will be based on your commitment (FTE). The maximum PTO accrual is 520 hours.

Employment Type	Years of Service	Estimated PTO Hours Per Year	Estimated PTO Daye Earned	PTO Time Accrued Per Hour Worked
Exempt Employees	1-9	288	36	.1385
	10 or more	312	39	.1500
Non-Exempt Employees	1	208	26	.1000
	2-4	248	31	.1193
	5-9	288	36	.1385
	10 or more	312	39	.1500

Note: The projections above are estimates. Actual PTO accrual is based on your full-time employment status.

Extended Sick Leave (ESL)

All regular or fixed-term employees will begin accumulating Extended Sick Leave (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.

Commuting and Parking

The Hospital works in conjunction with Stanford University Parking and Transportation Services to support many commuter programs. The Caltrain Go Pass and VTA Eco Pass are offered to eligible Hospital employees at no cost. The Marguerite Shuttle is also available and connects the hospital campus to nearby transit, shopping, dining and entertainment.

Employee Discounts

Enjoy a variety of discounts at area theme parks, fitness centers and other attractions.

Stanford Credit Union

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

Access to Stanford University Programs

As our employee, you will have access to several valuable University programs, including:

- The Healthy Living Program, which offers a wide range of fitness and health management courses and activities.
- Stanford's WorkLife Office, which provides elder care and child care consultation and referrals, onsite child care programs and other services to help you maintain a healthy balance in your life.
- Access to participating University gym facilities for an annual fee.

Employee Emergency Relief Fund

Our Employee Emergency Relief Fund (EERF) is here to help you and your family cope with and quickly recover from the consequential financial hardships and stress of large-scale federal disasters (e.g., COVID-19, wildfires), as well as personal hardships from unexpected events. This fund is reviewed, verified, and operated by Americas Charities, a 501(c)3 nonprofit with 40 years of proven charitable funds management expertise. All grants made from the EERF are tax-free allowing us to provide maximum support to you quickly.

Voluntary Benefits



Our competitive benefits package can help you purchase auto, legal, pet, homeowner's and renter's insurance, as well as comprehensive identity theft consultation and restoration coverage, at competitive group rates.

Group Legal Plan

Most people have experienced the need to get an answer to a legal question or issue. The Hospital will provide you the opportunity to access legal services at an affordable price as an after-tax payroll deduction.

Identity Theft Protection

Unlike other crimes, identity theft can be difficult for you to detect early. In many instances, it can be years before victims realize their identities have been stolen. Receive comprehensive identity theft safeguards and restoration services.

Membership includes a credit report at no additional charge, personal credit score and analysis, continuous credit monitoring, access to the services of risk management experts and more through a voluntary, after-tax payroll deduction.

Purchasing Program

Helps you get what you need when it matters most, when paying cash or credit is challenging. From brand-name computers and electronics to furniture and appliances, we're here for you with a program you can trust. Get your product up front and then pay over 12 months directly from your paycheck.

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. The Hospital reserves the right to review, change or end any benefit for any reason.

Pet Insurance

Cover all of your family members on an insurance plan. Purchase pet insurance to help you manage the cost of medical care for your pet. Coverage is available for dogs, cats, birds and other exotic pets. The cost of coverage varies based on the level of coverage you elect.

Auto, Home and Renters Insurance

Choose the best auto and home insurance for your situation.

The Auto and Home Insurance Program offers an integrated web-based quoting model that gives you a choice of programs from the best-in-class auto/home insurers. Insurers are matched side-by-side to pinpoint the most competitive rates and discounts — then accurate, bindable, real-time quotes are provided. Plus, premiums may be conveniently handled through payroll deductions to help you reduce your paperwork.