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Non-Represented
& SEIU-UHW Members
BENEFITS GUIDE 2023



BUILDING HEALTHY COMMUNITIES



Benefits You May Elect

#	Benefit	Vendor	Contact Info
3	Human Resources	SHC	1.650.723.4748 hr.stanfordmed.org
5	Workday and Enrollment	Benefits Service Center	1.833.935.2167 www.healthysteps4u.org
6	Medical/Vision		
7	Stanford Health Care Alliance (SHCA) Plan	SHCA # 283900	1.855.345.7422 stanfordhealthcarealliance.org
8	Aetna Choice POS II Plan with HSA	Aetna # 868022	1.888.277.4041 www.aetna.com
9	Prescription Drugs for SHCA and Aetna Plans	CVS/caremark # RX0225	1.844.214.2607 www.caremark.com
18	Teladoc (SHCA and Aetna)		1.855.835.2362 www.teladoc.com/aetna
10	Kaiser Permanente HMO Plan	Kaiser Permanente # 38810	1.800.464.4000 my.kp.org/stanfordmed/
20	Vision (included with all medical)	VSP # 12120458	1.800.877.7195 www.vsp.com
21	Dental		
21	Delta Dental Basic PPO Plan, Delta Dental Buy-Up PPO Plan	Delta Dental # 1640	1.800.765.3504 www.deltadentalins.com
21	DeltaCare USA DHMO Plan	DeltaCare USA # 71843	1.800.422.4234 www.deltadentalins.com
26	Flexible Spending Accounts (FSA) Health Care, Dependent Care and Health Savings Account (HSA)	HealthEquity	1.877.395.6548 learn.healthequity.com/shclpch
30	Optional Life Insurance Employee or Dependent	The Hartford	1.800.524.8504 www.thehartford.com
30	Short Term Disability, Long Term Disability and Leave of Absence	The Hartford	1.866.432.6721 abilityadvantage.thehartford.com
35	Retirement Savings Plan (403b)	Fidelity # 87364	1.800.343.0860 netbenefits.com/shclpch

Benefits Provided by Stanford Health Care

#	Benefit	Vendor	Contact Info
31	Back-Up Care	Bright Horizons	1.877.242.2737 www.backup.brighthorizons.com User Name: SHC Password: backup1
30	Basic Life Insurance Business Travel Insurance	The Hartford # ETB - 151022	1.800.524.8504 www.accidentlines.com
31	Employee Assistance Program (EAP)	Beacon Health Options	1.855.281.1601 achievesolutions.net/shctv
36	Health Advocacy Services	CareCounsel	1.888.227.3334 www.carecounsel.com

Other Programs & Services

#	Benefit	Vendor	Contact Info
32	Adoption Assistance		visit www.healthysteps4u.org
32	Commuting and Parking	Stanford Univ. PT&S	www.stanfordmedicinetransportation.org
31	Employee Discounts	BenefitHub	www.stanfordhospital.benefitHub.com (Referral Code: E1T9BD), or 1.866.205.7354
23	HealthySteps to Wellness	Wellness Team	healthysteps@stanfordhealthcare.org wellness.healthysteps4u.org Tech support: 1.888.774.6680
32	Stanford Federal Credit Union		www.sfcu.org/SHC
35	Voluntary Benefits		
35	Auto/Home Insurance, Pet Insurance, Purchase Program	Corestream	1.650.292.0867 stanfordhealthcare.corestream.com/home
35	Identity Protection	Allstate	1.800.789.2720 www.myaip.com
35	Legal Plan	MetLife	1.800.821.6400 www.legalplans.com

Welcome to Your Benefits from Stanford Health Care

We offer a competitive benefits package designed to reward your dedication and commitment with benefits, tools and resources that will keep you and your family healthy and secure. This guide provides an overview of your 2023 Stanford Health Care benefits.

Who Is Eligible for Coverage?

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 plans we offer.

The following family members are eligible for benefits:

- Your spouse
- Your registered domestic partner
- Your eligible children up to age 26

You may only change your coverage during annual Open Enrollment – or if you experience a qualifying life event such as a marriage, a new child or a coverage change.

If You Don't Elect Coverage...

You must enroll or waive coverage within 31 days of your hire date or you will be assigned default coverage. Default coverage takes effect the first of the month **following** the date of hire.

DEFAULT COVERAGE WILL ENROLL YOU IN:

- Employee-Only coverage in the Aetna Choice POS II medical plan with VSP Vision Plan; and
- Delta Dental Basic PPO dental plan.

YOU WILL ALSO BE ENROLLED IN:

- Basic Life
- Basic Long Term Disability
- Business Travel Accident
- Employee Assistance Program

When Does Coverage Begin?

Your health benefits, including medical, vision, dental, life and disability are effective on the first day of the month **following** the date of hire.

The Employee Assistance Program (EAP) and Business Travel Accident (BTA) Insurance benefits are effective on your hire date.



For enrollment assistance
1.833.935.2167

Learn more at
www.healthysteps4u.org



Make Sure Your Dependents Are Covered

If you are adding a spouse, domestic partner or children, you will need to upload proof of eligibility. For example, you will need a marriage certificate when adding your spouse or a birth certificate when adding a child.

DEPENDENT VERIFICATION DOCUMENTS TO SUBMIT:

Spouse or Partner (two documents required):

Document A:

- Government-Issued Marriage Certificate (Document B not required if married in the past 12 months)
- State-Issued Certificate of Domestic Partner Registration

Document B:

- Federal Tax Return within the last two years listing your spouse
- Proof of joint ownership issued within the last six months

Child (one document required):

- Government-Issued Birth Certificate

Upload dependent documents to the Dependent Verification Center (DVS) system or fax to 866.961.6881. Look for instructions in the mail or call 833.935.2167 for assistance.

Duplicate Coverage

In most cases, plan rules do not allow for duplicate coverage. If both you and your spouse (or domestic partner) work at Stanford Health Care or Lucile Packard Children's Hospital Stanford, you cannot be covered under our plans both as an employee **and** as a covered dependent at the same time.

Your enrollment options are:

- **Select coverage individually as an employee.** In this case, only one of you can cover your eligible children as dependents; or
- **Decline employee coverage for one of you** and be covered as a dependent by your partner, along with your eligible children.

Note: Dual dental coverage is allowed for your eligible children. If you and your spouse/registered domestic partner both enroll in dental benefits separately, you can each enroll your eligible children in dental plan coverage.

Duplicate coverage under other plans, such as Life and Accident Insurance, is not permitted.



Need Help?

If you have benefit questions or need assistance with enrollment, contact the Stanford Health Care Benefits Service Center at 833.935.2167, Monday-Friday, 7AM – 4PM PT.

How to Enroll

Enroll in benefits in Workday within 31 days of your date of hire. Start at the HealthySteps benefits portal:

- Visit **www.healthysteps4u.org**:
 - ▶ Click on **SHC Network** when accessing the website from a Stanford Health Care network: you will be logged in automatically via a secure single sign-on (SSO) and the Duo security authentication when applicable.
 - ▶ Click on **From Home** when you access the website from home or a personal device (outside of the SHC network, without Duo). Enter your Employee ID or SID to log in. Your SUnet ID will not grant you access.
 - ▶ Once logged in, click on **Enroll, View or Change Benefits** from the homepage to go to **Workday** and log in with your **Enterprise ID**.
- If you need assistance with Duo, contact SHC IT Service Desk at **HelpDesk3-3333@stanfordhealthcare.org** or **1.650.723.3333**. If you are having access issues, send an email to SHC IT Access Management team for assistance at **DL-DS-IAMonCall@stanfordhealthcare.org**.
- If you are off-site or are otherwise unable to access **View or Change my Benefits**, call the Benefits Service Center at **1.833.935.2167** to complete your benefits enrollment.

WHEN TO ENROLL

NEW HIRES HAVE 31 DAYS TO ENROLL

You will be required to provide proof of eligibility for dependents at enrollment.

YOU CAN CHANGE YOUR BENEFITS DURING ANNUAL OPEN ENROLLMENT

Open Enrollment, which takes place each Fall, is your once-a-year opportunity to select or update your health benefits. Changes made during Open Enrollment are effective January 1 of the following year.

MAKING OTHER BENEFIT CHANGES

You have 31 days from the date of a qualifying life event to make benefit changes.

A **qualifying life event** describes a major change in your life, such as a marriage, the birth of a child or a dependent gaining or losing coverage. When this happens, you have 31 days to adjust your current benefits or change who you cover.



For enrollment assistance
1.833.935.2167

Learn more at
www.healthysteps4u.org

Medical Plans

At Stanford Health Care we hold ourselves to a high standard when it comes to delivering services to patients – and to our employees. We are committed to providing you and your family with affordable health care and the means to secure savings for retirement.

Choosing a Medical Plan

You can choose from three medical plans, all of which are bundled with prescription drug and vision coverage.

	STANFORD HEALTH CARE ALLIANCE PLAN	AETNA CHOICE POS II PLAN WITH HSA	KAISER PERMANENTE HMO PLAN
Overview:	<p>The SHCA Plan is built around our own world-class Stanford Health Care and Stanford Children’s Health network. The SHCA Plan core service area includes Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. This plan is administered by Aetna, with prescription drug coverage through CVS/Caremark.</p> <p>You must use an assigned or selected SHCA primary care physician (PCP) who acts as your dedicated personal doctor and refers you to specialists.</p>	<p>The Aetna Choice POS II Plan with HSA is a high-deductible health plan that gives access to a Health Savings Account. It uses the Aetna three-tier network.</p> <ul style="list-style-type: none"> • Tier 1 is built around our own world-class Stanford providers and facilities • Tier 2 includes the nationwide Aetna network • Tier 3 is out-of-network <p>Medical and behavioral health services are administered by Aetna, and prescription drug coverage is provided through CVS/caremark.</p>	<p>The Kaiser Permanente HMO Plan delivers services through the network of Kaiser Permanente (KP) California providers and facilities.</p> <p>You will receive one ID card to use for medical, behavioral health and prescriptions.</p> <p>You must use an assigned or selected Kaiser Permanente primary care physician (PCP) who acts as your dedicated personal doctor and refers you to specialists.</p>
Network:	To find an SHCA provider, visit www.stanfordhealthcarealliance.org . There is no out-of-network coverage on this plan.	You can see providers in and out of the Aetna network. You will pay less when you receive care in Tiers 1 (SHC) and 2 (Aetna). Find an Aetna Choice POS II provider at www.aetna.com .	You can only see providers in the KP network. To find a Kaiser Permanente provider, visit my.kp.org/stanfordmed .
Costs:	Most Stanford services are covered 90% after deductible or with a simple copay. <i>See plan comparisons for details.</i>	Tier 1 SHC services are often covered 100% after deductible. Most Aetna services are covered 80%, and out-of-network services are covered at 60%. <i>See plan comparisons for details.</i>	Many services, including hospital care, are covered at 90% in the KP network; other services may require a copay or receive a discount. <i>See plan comparisons for details.</i>
Deductible:	\$400/person, up to \$1,000/family	\$1,500 for employee-only or \$3,000 for family at Aetna providers (Tier 2); \$2,700 for employee or \$5,400 for family coverage out-of-network	\$400/person, up to \$1,000/family in the KP network
Annual Out-of-Pocket Maximum:	\$1,800/person, up to \$3,600/family	\$2,700 for employee-only or \$5,400 for family at Aetna providers (Tier 2); \$5,400 for employee only or \$10,800 for family coverage out-of-network	\$1,800/person, up to \$3,600/family in the KP network



For enrollment assistance
1.833.935.2167

Learn more at
www.healthysteps4u.org

Stanford Health Care Alliance Plan (SHCA)

The Stanford Health Care Alliance Plan is built around our world-class Stanford network of providers and facilities, who provide care under this plan within the Bay Area core service area.

Plan Overview	SHCA Network Providers
Annual Deductible	\$400/person, up to \$1,000/family
Coinsurance/Copay	Subject to deductible, copays and coinsurance; services are generally covered at 90%. No charge at SHC/LPCH and Stanford Health Care Tri-Valley hospitals (precertification required)
Annual Out-of-Pocket Maximum	\$1,800/person, up to \$3,600/family

IN THE SHCA PLAN:

- You must select an SHCA primary care physician (PCP), or one will be assigned to you. Your PCP acts as your dedicated personal doctor and refers you to specialists.
- There is no out-of-network coverage on this plan – you must use an SHCA provider or facility except for emergency care.
- Once you've reached your **annual deductible**, you will only pay coinsurance or copays for covered expenses until you reach your out-of-pocket maximum for the year.
- When you reach your **out-of-pocket maximum**, you will pay nothing for the rest of the year for covered services.
- You pay a copayment for most prescription drugs.
- Copayments for **specialty prescription drugs** are waived at Stanford pharmacies.

FINDING SHCA PROVIDERS

To find an SHCA provider, visit stanfordhealthcarealliance.org. If you enroll in this plan, you're required to choose a primary care physician (PCP) to coordinate your care.

For more information, visit healthsteps4u.org or call SHCA Member Care Services at 1.855.345.7422.

Aetna Choice POS II Plan with HSA

The Aetna Choice POS II Plan is built around our world-class Stanford network of providers and facilities. A Health Savings Account (HSA) helps you save on health care expenses through pre-tax deductions (see page 30).

Plan Overview	Tier 1: SHC, Stanford Children's Health and Stanford Health Care Tri-Valley Network	Tier 2: Aetna Network	Tier 3: Out-of-Network
Annual Deductible	\$1,500/employee-only coverage \$3,000/employee + any covered dependents		\$2,700/employee-only coverage \$5,400/employee + any covered dependents
Coinsurance/Copay	Subject to deductible, copays and coinsurance; services often covered 100% after deductibles	Subject to deductible, copays and coinsurance; services are generally covered at 80%	Subject to deductible, copays and coinsurance; services are generally covered at 60%
Annual Out-of-Pocket Maximum	\$2,700/employee-only coverage \$5,400/employee + any covered dependents		\$5,400/employee-only coverage \$10,800/employee + any covered dependents

IN THE AETNA CHOICE POS II PLAN WITH HSA :

- You do not need to select a primary care physician (PCP) on this plan.
- You pay the least for care at SHC/ LPCH and Stanford Health Care Tri-Valley hospitals, but you can receive care at any Aetna in-network provider and even out-of-network (at increased cost).
- Once you've reached your **annual deductible**, you will only pay coinsurance or copays for covered expenses until you reach your out-of-pocket maximum for the year.
- When you reach your **out-of-pocket maximum**, you will pay nothing for the rest of the year for covered services.
- You pay nothing for preventive drugs and 20% coinsurance for non-preventive drugs.
- When you elect the Aetna Choice POS II Plan with HSA, you can open an HSA, or **Health Savings Account** – a special account that builds pre-tax funds to pay for medical expenses like deductibles and coinsurance.

See page 30 for more information about HSAs.

FINDING AN IN-NETWORK PROVIDER

You can visit all Aetna in-network physicians and facilities. What you pay depends on the Tier each provider is in:

Tier 1: Stanford Health Care (including Faculty Practice), Stanford Children's Health (including Lucile Packard Children's Hospital Stanford, LPCH Faculty Practice Organization, Packard Children's Health Alliance), Stanford Health Care Tri-Valley, Stanford Health Care Reference Lab, University HealthCare Alliance (UHA) and Gardner Clinic.

Contact **CareCounsel** at **1.888.227.3334** for help finding a Tier 1 SHC provider.

Tier 2: www.aetna.com

- Click on "Find a Doctor" under "Member Support".
- Search without logging in by clicking on "Plan from an employer." You can access more features by creating an account with Aetna.

If you need assistance finding an Aetna provider or facility call the **Aetna Concierge** at **1.888.277.4041**.



CVS Caremark Prescription Drug Plans

The SHCA and Aetna Choice POS II Plans both offer prescription drug coverage through CVS Caremark – with enhanced coverage and services at Stanford Health Care Pharmacies.

PRESCRIPTION DRUG COVERAGE

Your prescription drug benefit is administered by CVS/caremark: you must use a CVS/caremark network pharmacy! You will pay a copay for prescription drugs on the SHCA Plan, or 20% of the discounted drug price on the Aetna Choice POS II Plan with HSA. A mail service pharmacy is available for 30- or 90-day supplies for medications you take regularly.

Drug coverage is subject to the CVS/caremark formulary list. Some drugs require prior authorization, and you may need to get specialty medications from the CVS/caremark specialty pharmacy.

Visit www.caremark.com to see if your medication is on the formulary list or call CVS/caremark customer service at **1.844.214.2607** for more information.

Visit Stanford pharmacies for convenient access:

- SHC Pharmacy
875 Blake Wilbur
Palo Alto, CA 94305
- Lucile Packard Children's Hospital
725 Welch Road, 1st Floor
Palo Alto, CA 94304

FILLING SPECIALTY PRESCRIPTIONS AT STANFORD

Stanford Health Care Specialty Pharmacy

875 Blake Wilbur Drive, CC1102
Palo Alto, CA 94305
Phone: 1.650.736.3800
Toll-free phone: 1.833.608.2651
Business Hours: M-F, 9-5:30pm

[stanfordhealthcare.org/
medical-clinics/stanford-
health-care-pharmacy.html](http://stanfordhealthcare.org/medical-clinics/stanford-health-care-pharmacy.html)

Stanford Children's Health Specialty Pharmacy

725 Welch Road
West Building, 1st Floor
(Outpatient Pharmacy)
Palo Alto, CA 94304
Phone: 1.650.725.9600
SCHSParmacy@
stanfordchildrens.org

[www.stanfordchildrens.org/en/
service/pharmacy-services/
specialty-pharmacy](http://www.stanfordchildrens.org/en/service/pharmacy-services/specialty-pharmacy)

SHCA Plan Note: Copayments for specialty prescription drugs are waived at Stanford pharmacies.



Kaiser Permanente HMO Plan

The Kaiser Permanente HMO Plan delivers services through the network of Kaiser Permanente (KP) California providers and facilities. You can only see providers in the KP network. You will receive one ID card to use for medical, behavioral health and prescriptions.

Kaiser Permanente HMO Plan	Kaiser Permanente California providers and facilities
Annual Deductible	\$400/person, up to \$1,000/family limit
Coinsurance/Copay	Varies based on service; hospital care and outpatient surgery are covered 90% by the plan
Annual Out-of-Pocket Maximum	\$1,800/person, up to \$3,600/family

IN THE KAISER PLAN:

- You may select a Primary Care Physician (PCP) or one will be assigned to you.
- You are responsible for your medical expenses each year until you reach your annual deductible amount.
- Once you've reached your **annual deductible**, you will only pay coinsurance or copays for covered expenses until you reach your out-of-pocket maximum for the year.
- When you reach your **out-of-pocket maximum**, you will pay nothing for the rest of the year for covered services.
- To locate a KP provider or facility, visit my.kp.org/stanfordmed or call **1.800.464.4000**.

GETTING CARE AWAY FROM HOME

You can receive care normally through the network of Kaiser Permanente (KP) providers and facilities in California.

Call the Away from Home Travel Line at 951.268.3900 to get care outside of your area.

Interregional Care

If you are temporarily living in another KP region, you can call the Travel Line for a KP member number at your regional address to receive **routine medical care** in that region.

Traveling Care

If you need to visit a **non-KP provider or facility**, you will be covered for Urgent or Emergency Care only.

If you visit a **KP provider in another region**, you will need call the Travel Line to get a KP member number.

Visit kp.org/travel to learn more.

Medical Plan Costs

Stanford Health Care is committed to the health and wellbeing of our employees; medical coverage is a valuable part of your Total Rewards package, so be sure to take advantage of it. We cover most of the cost of the plans we offer. In fact, depending on your salary, some levels of coverage may cost nothing to elect.

2023 MEDICAL PLAN PER-PAY-PERIOD CONTRIBUTIONS

SHCA Plan			Aetna Choice POS II Plan with HSA			Kaiser Permanente Plan		
	You Pay	SHC Pays		You Pay	SHC Pays		You Pay	SHC Pays
Hourly Rate is \$39.28 or less:			Hourly Rate is \$39.28 or less:			Hourly Rate is \$39.28 or less:		
Employee	\$0	\$737.47	Employee	\$0	\$641.88	Employee	\$0	\$368.14
Employee + Spouse	\$0	\$1,614.45	Employee + Spouse	\$0	\$1,405.50	Employee + Spouse	\$0	\$827.82
Employee + Child(ren)	\$0	\$1,326.95	Employee + Child(ren)	\$0	\$1,155.33	Employee + Child(ren)	\$0	\$626.19
Employee + Family	\$0	\$2,203.93	Employee + Family	\$0	\$1,918.97	Employee + Family	\$0	\$1,085.87
Hourly Rate is \$39.29 or more:			Hourly Rate is \$39.29 to \$49.99:			Hourly Rate is \$39.29 or more:		
Employee	\$34.16	\$703.31	Employee	\$0	\$641.88	Employee	\$51.97	\$316.17
Employee + Spouse	\$148.29	\$1,466.16	Employee + Spouse	\$76.69	\$1,328.81	Employee + Spouse	\$187.31	\$640.51
Employee + Child(ren)	\$62.63	\$1,264.32	Employee + Child(ren)	\$0	\$1,155.33	Employee + Child(ren)	\$88.39	\$537.80
Employee + Family	\$176.94	\$2,026.99	Employee + Family	\$76.69	\$1,842.28	Employee + Family	\$223.52	\$862.35
			Hourly Rate is \$50.00 or more:					
			Employee	\$0	\$641.88			
			Employee + Spouse	\$153.38	\$1,252.12			
			Employee + Child(ren)	\$0	\$1,155.33			
			Employee + Family	\$153.38	\$1,765.59			

Imputed income will be assessed if you are covering a registered 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. Visit <http://healthsteps4u.org> for more information.

Your hourly rate is calculated as of August 23, 2022. If your hourly rate is \$39.29 or more, there will be a \$50 monthly Working Spouse/Registered Domestic Partner Access Fee unless you certify that your spouse/registered domestic partner is enrolled in their employer-sponsored medical plan or is not eligible for another employer's plan.

Medical Plan Comparison

Plan Feature	Stanford Health Care Alliance (SHCA) Plan	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*	Kaiser Permanente Network
Annual Deductible	\$400/person, up to \$1,000/family	\$1,500/employee-only coverage \$3,000/employee + covered dependents		\$2,700/employee \$5,400/employee + covered dependents	\$400/person, up to \$1,000/family
Wellness Incentive	Based on participation in the <i>Healthy Steps to Wellness</i> Program				
Annual Out-of-Pocket Maximum <i>Includes deductible, copayments and pharmacy</i>	\$1,800/person, up to \$3,600/family	\$2,700/employee-only coverage \$5,400/employee + covered dependents		\$5,400/employee \$10,800/employee + covered dependents	\$1,800/person, up to \$3,600/family
Maximum Lifetime Benefit		Unlimited	Unlimited	Unlimited	Unlimited
Choice of Physicians	You must use an SHCA primary care physician (PCP). Your PCP may be required to refer you to certain health care specialists. <i>The SHCA Plan service area includes Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. Outside of this area, the Aetna network will apply (excluding Sutter, except Alta Bates and California Pacific Medical Center).</i>	You must use SHC (including Faculty Practice), LPCH, LPCH Faculty Practice Organization, PCHA, Stanford Health Care Tri-Valley, Stanford Health Care Reference Lab, UHA or Gardner Clinic <i>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 1.888.277.4041 for confirmation.</i>	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
Hospital Care <i>Facility: Room and Board, Surgeon, Physician Visit and Anesthesiologist</i>	90% after deductible; 100% after deductible at SHC/LPCH and Stanford Health Care Tri-Valley hospitals**		80% after deductible**	60%* after deductible (precertification or \$300/admission penalty applies; waived if emergency)	90% after deductible
Professional Charges:	90% after deductible; no charge at SHC/LPCH and Stanford Health Care Tri-Valley hospitals**	100% after deductible	80% after deductible		90% after deductible

* Coinsurance (60%) is out of the Usual Customary and Reasonable (UCR) charges: the fees normally charged for medical services or supplies in a particular geographic location.

Out-of-Network means out of the Tier 2 network.

** Precertification Required

Medical Plan Comparison continued

Plan Feature	Stanford Health Care Alliance (SHCA) Plan	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*	Kaiser Permanente Network
Office Care					
Physician Visit	\$20/visit	\$20/visit after deductible	80% after deductible	60%* after deductible	\$20/visit
Routine Physical	No charge	No charge	No charge	60%* after deductible	No charge
Adult Preventive Services	No charge	No charge	No charge	60%* after deductible	No charge
Child Preventive Services	No charge	No charge	No charge	60%* after deductible	No charge
Telemedicine	\$20 (PCP) or \$35 (specialist) for Video Visits Teladoc: \$20 for video visit	\$20 (PCP) or \$35 (specialist) after deductible for Video Visits with Stanford Primary Care (p.19) Teladoc: not available	If available, 80%* after deductible Teladoc: \$49 consult fee for PCP and Mental Health visits until deductible is met, then 80% coinsurance after deductible	If available, 60%* after deductible	\$0 to visit with KP physician through kp.org member portal. Office copay applies for interactive visit at a KP medical center
Specialist Visit	\$35/visit	\$35/visit after deductible	80% after deductible	60%* after deductible	\$35/visit
Allergy Tests	\$20/visit for PCP or \$35/visit for Specialist	\$20/visit for PCP or \$35/visit for Specialist, after deductible	80% after deductible	60%* after deductible	\$35/test
Allergy Injections	No charge	No charge	80% after deductible	60%* after deductible	\$3/visit
Immunizations	No charge	No charge	No charge	60%* after deductible	No charge
Lab and X-ray non-preventive	90% after deductible; \$25/visit (\$100 for Complex) at SHC/LPCH hospitals, Stanford Health Care Tri-Valley or an SHCA physician's office	\$0 after deductible	80% after deductible	60%* after deductible	90%; deductible waived (deductible applies for complex services in an outpatient/ ambulatory surgery center or hospital operating room)
Outpatient Surgery	90% after deductible; \$200 facility charge at SHC/LPCH or Stanford Health Care Tri-Valley hospitals. Professional services are no charge, deductible waived	\$200/visit after deductible	80% after deductible	60%* after deductible	90% after deductible
Chiropractic Care	\$35/visit; 30-visit maximum per calendar year	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible <i>30-visit maximum per calendar year, including all Tier 2 and out-of-network visits</i>	60% of UCR charges after deductible	25% off contracted standard fees for all members; no referral needed

* Coinsurance (60%) is out of the Usual Customary and Reasonable (UCR) charges: the fees normally charged for medical services or supplies in a particular geographic location.

Out-of-Network means out of the Tier 2 network.

Medical Plan Comparison continued

Plan Feature	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan Kaiser Permanente Network
		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*	
Acupuncture	\$35/visit; 12-visit maximum per calendar year	\$35/visit after deductible <i>12-visit maximum per calendar year, including all Tier 1, Tier 2 and out-of-network visits</i>	80% after deductible; \$30/visit benefit max.	60%* after deductible; \$30/visit benefit max.	Discounts through Kaiser Permanente's ChooseHealthy program: kp.org/choosehealthy
Infertility Care, all eligible members who meet criteria	Plan pays up to \$10,000 for medical expenses and up to \$5,000 for pharmacy expenses per lifetime. Includes assisted procedures and medication, counseling and consultation, infertility studies and tests. 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/OI/ or ART benefit and subject to a \$10,000 fertility benefit lifetime maximum; the purchase of donor eggs and donor sperm are not covered.	80% after deductible <i>Limited to diagnosis & treatment of underlying medical condition. Charges apply based on the setting where services are performed.</i>	60% after deductible <i>Limited to diagnosis & treatment of underlying medical condition. Charges apply based on the setting where services are performed.</i>	50% for covered services <i>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).</i>	
Infertility services including egg or sperm preservation, oocyte preservation, use of donor eggs or donor sperm, and cryopreservation of fertilized embryos	Inpatient: no charge after deductible; Outpatient: \$200/visit; Office visit: \$20 PCP or \$35 Specialist copay (waived if no office visit billed). Only at SHC/LPCH and Stanford Health Care Tri-Valley hospitals.	Inpatient: no charge after deductible; Outpatient: \$200/visit after deductible; Office visit: \$20 PCP or \$35 Specialist copay after deductible (waived if no office visit billed)	<i>Limited to diagnosis & treatment of underlying medical condition. Charges apply based on the setting where services are performed.</i>	<i>Limited to diagnosis & treatment of underlying medical condition. Charges apply based on the setting where services are performed.</i>	
Gender Affirmation Services, all eligible members diagnosed with gender dysphoria who meet criteria.	Inpatient: See hospital care; Outpatient: see outpatient surgery; Office Visits: \$20 PCP or \$35 specialty copay (Waived if no office visit billed.)	Inpatient: See hospital care; Outpatient: see outpatient surgery; Office Visits: \$20 PCP or \$35 Specialist copay after deductible (waived if no office visit billed)	80% after deductible	<i>Refer to plan documents for Aetna's clinical policy for gender reassignment surgery. Charges apply based on the setting where services are performed.</i>	Inpatient/Outpatient: covered 90% after deductible. Office visit: \$20 PCP or \$35 Specialist copay
Gender Affirmation Reconstructive and Complementary Services (includes mastopexy), all eligible members diagnosed with gender dysphoria who meet criteria	Inpatient: See hospital care; Outpatient: see outpatient surgery; Office Visits: \$20 PCP or \$35 specialty copay (Waived if no office visit billed.)	Inpatient: See hospital care; Outpatient: see outpatient surgery; Office Visits: \$20 PCP or \$35 Specialist copay after deductible (waived if no office visit billed)	80% after deductible	<i>Refer to plan documents for Aetna's clinical policy for gender reassignment surgery. Charges apply based on the setting where services are performed.</i>	Inpatient/Outpatient: covered 90% after deductible. Office visit: \$20 PCP or \$35 Specialist copay

* Coinsurance (60%) is out of the Usual Customary and Reasonable (UCR) charges: the fees normally charged for medical services or supplies in a particular geographic location.

Out-of-Network means out of the Tier 2 network.

Medical Plan Comparison continued

Plan Feature	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier1: Stanford Health Care, Stanford Children's Health and Stanford Health Care Tri-Valley Network	Tier2: Aetna Network	Tier3: Out-of-Network*	Kaiser Permanente Network
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 <i>60-visit maximum per calendar year, including all physical, occupational or speech therapy for outpatient hospital and office visits and including all Tier 1, Tier 2 and out-of-network visits</i>	80% after deductible	60%* after deductible	\$20/visit
Emergency and Urgent Care					
Emergency In Area	\$200/visit	\$0 after deductible	80% after deductible	80% after deductible	90% after deductible
Emergency Out-of-Network	\$200/visit	\$0 after deductible	80% after deductible	80% after deductible	90% after deductible
Urgent Care	\$20/visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$20/visit at Kaiser
Ambulance	No charge	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0, no deductible
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 <i>100-day maximum per calendar year, including all Tier 2 and out-of-network stays</i>	60%* after deductible	90% up to 100 days per benefit period; plan deductible does not apply
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 <i>100-visit maximum per calendar year; including all Tier 2 and out-of-network visits. One visit equals 4 hours or less.</i>	60%* after deductible	100% with Kaiser approval. Part-time or intermittent only. 100-visit maximum per calendar year (must live within 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%* after deductible	\$20/audiologist visit; \$35/physician visit <i>Not covered: hearing aid(s) and related services</i>
Vision Benefits	Vision benefits administered through VSP. See vision plan for more information. (Kaiser members may also receive routine eye exams for no charge with Kaiser in-network optometrist)				
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%* after deductible	Not covered

* Coinsurance (60%) is out of the Usual Customary and Reasonable (UCR) charges: the fees normally charged for medical services or supplies in a particular geographic location.

Out-of-Network means out of the Tier 2 network.

Medical Plan Comparison continued

Plan Feature	Stanford Health Care Alliance (SHCA) Plan	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*	Kaiser Permanente Network
Durable Medical Equipment	90% after deductible; includes hearing aids (limited to one pair every 2 years)	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; includes hearing aids <i>Limited to one pair of hearing aids every two years. Prior authorization may be required.</i>	60%* after deductible; includes hearing aids	80% when prescribed by a Kaiser physician (must live within the service area)
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 Tri-Valley 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	<i>through Aetna</i>	<i>through Aetna</i>	<i>through Aetna</i>	<i>through Aetna</i>	<i>through Kaiser Permanente</i>
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care Tri-Valley hospitals. No professional charges.	No charge after deductible	80% after deductible	60%* after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	90% after deductible
Outpatient	Office: \$20 copay/visit, deductible does not apply; Other outpatient services: \$25 copay/visit, deductible does not apply at SHC/LPCH and Stanford Health Care Tri-Valley facilities; 90% coinsurance at all other in-network facilities after deductible	Office: \$20 copay/visit, after deductible. Other outpatient services 100%, after deductible.	80% after deductible	60%* after deductible	Individual: \$20/visit; Group: \$10/visit

* Coinsurance (60%) is out of the Usual Customary and Reasonable (UCR) charges: the fees normally charged for medical services or supplies in a particular geographic location.

Out-of-Network means out of the Tier 2 network.

Medical Plan Comparison continued

Plan Feature	Stanford Health Care Alliance (SHCA) Plan	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*	Kaiser Permanente Network
Substance Abuse	See Mental or Nervous Disorders	See Mental or Nervous Disorders	See Mental or Nervous Disorders	See Mental or Nervous Disorders	See Mental or Nervous Disorders
Womens Contraceptives Covered under Medical Plan <i>Includes contraceptive injections and contraceptive devices such as IUDs and implants.</i>	No charge Services through SHCA	No charge Services through Stanford Health Care, Stanford Children's Health Network and Stanford Health Care Tri-Valley	No charge through Aetna	60%* after deductible Services through any licensed provider	No charge through Kaiser Permanente
Prescription Drugs <i>including Infertility Medications and Gender-Afirming Treatments</i>	Retail, 30-day copay Generic: \$10 Brand Formulary: \$25 Brand Non-Form.: \$50 Mail-Order 90-day copay Generic: \$20 Brand Formulary: \$50 Brand Non-Form.: \$100 Copayments for specialty prescription drugs are waived at Stanford pharmacies. <i>Prescription Drugs provided through CVS/caremark</i>	Preventive Drugs: Retail 30-day Supply: No charge Mail-Order 90-day Supply: No charge Non-Preventive: 80% after deductible <i>Prescription Drugs provided through CVS/caremark</i>	Retail: Not covered Mail-Order: Not covered	Retail 30-day copay Generic: \$10 Brand Formulary and Specialty: \$25 when prescribed by a plan physician Mail-Order 100-day copay: Generic: \$20 Brand Formulary: \$50 <i>Prescription Drugs provided through Kaiser Permanente</i>	
Womens Contraceptives Covered under Prescription Drug Plan <i>Examples include oral, patch and emergency contraception</i> For a full list, visit http://healthysteps4u.org	Retail & Mail-Order, Generic and Brand Formulary No charge Brand Non-Formulary Copays Stanford pharmacy: \$0 Retail (30-day): \$50 Mail-Order (90-day): \$100 <i>Prescription Drugs provided through CVS/caremark</i>	<i>Provided through CVS/caremark; see Tier 2</i>	<i>Provided through CVS/caremark</i> Retail & Mail-Order Generic and Brand Formulary: No charge Brand Non-Formulary: No charge	Retail: Not covered Mail-Order: Not covered No charge <i>(See Kaiser Permanente Evidence of Coverage Booklet for details)</i>	

* Coinsurance (60%) is out of the Usual Customary and Reasonable (UCR) charges: the fees normally charged for medical services or supplies in a particular geographic location.

Out-of-Network means out of the Tier 2 network.



See a Doctor Online, Any Time

No matter which medical plan you choose, for a non-emergency illness or injury, visiting a doctor online is a safe and convenient way to get the care you need. Telemedicine connects you and your eligible dependents with U.S. board-certified physicians 24/7/365 through phone or video consults.

If you enroll in the **SHCA Plan** or the **Aetna Choice POS II Plan with HSA**, you have access to Teladoc.

1. Visit Teladoc by phone, mobile app or www.teladoc.com/aetna to request a visit with a doctor.
2. Your doctor will stay on the phone with you for as long as you need.
3. If medically necessary, a prescription will be sent to the pharmacy of your choice and you can send your visit results to your primary care doctor.

To speak with a doctor, call **1.855.835.2362**.

If you enroll in the **Kaiser Permanente HMO Plan**, you have access to the Kaiser Permanente Telehealth Program.

Get care when you need it, by phone, email or video.

There are no extra fees when you contact a provider. All telehealth correspondence is tracked in the electronic medical record for coordinated and connected care.

To schedule a phone or video appointment, call your doctor's office or use the Kaiser Permanente mobile app.

Questions? Call Member Services at **1.800.464.4000** or visit my.kp.org/stanfordmed/.



LOOKING FOR SOMEONE TO TALK TO?

Life can pull you in many directions. SHC's Employee Assistance Program (EAP) provides a safe harbor where you can address personal, family or work-related issues and regain perspective and productivity. The program is strictly confidential and available to you and your eligible dependents at no cost.

Licensed clinicians can provide you with assistance 24 hours a day, seven days a week, on topics like stress management, financial counseling, work/life balance, grief, loss, relationships and much more.

Call Beacon Health Options at **1.855.281.1601** or visit www.healthysteps4u.org for more information.

Or: access Talkspace for free, an app-based platform for counseling, at talkspace.com/BeaconEAP. Enter your organization name: **Stanford Health Care**.

Support is also available through the **Stanford University Faculty Staff Help Center**. You can contact the Help Center directly at **1.650.723.4577**.

See page 13 for telemedicine costs.

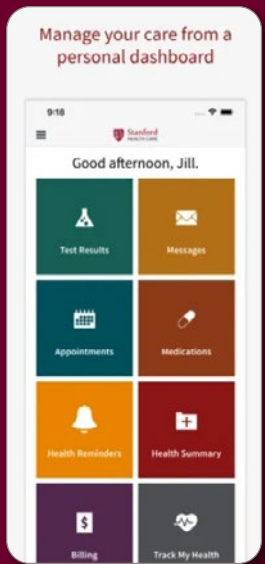


For enrollment assistance
1.833.935.2167

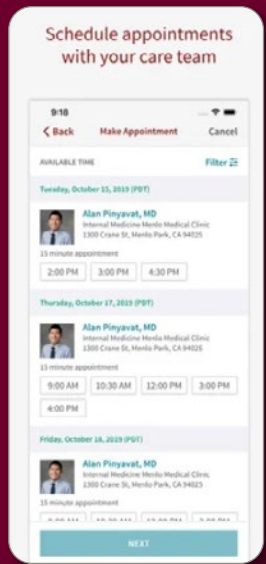
Learn more at
www.healthysteps4u.org



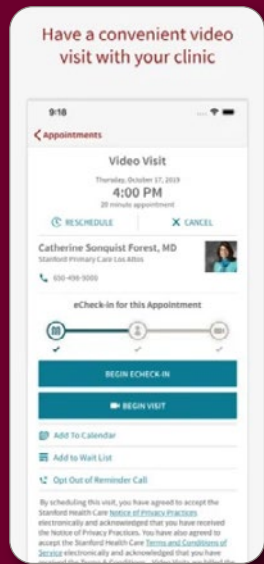
1
Log in to the
**Stanford Health
Care MyHealth app**



2
Tap **Appointments**
to schedule or view
appointments



3
View upcoming
appointments



4
Tap **Begin Visit**
when it's time for your
appointment



Video Visits with Stanford Primary Care

On the SHCA or Aetna Choice POS II Plan with HSA? You can see your Stanford physician without stepping into the Health Center by using the Stanford Health Care myHealth app.

Concerned about possible flu, allergies, rash or general medical concerns? Schedule a video visit through the **Stanford MyHealth App**, or call **1.650.498.9000**.



Before you visit, make sure you have the latest version of the app for your device. Search your app store for Stanford Health Care. With the app, you can:

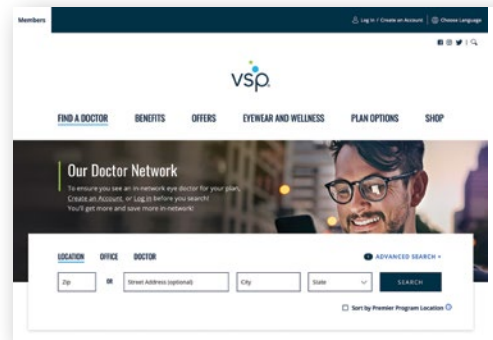
- Schedule in-person or video visits, and eCheck-in
- Communicate with your care team directly
- View test results and manage medications
- Review and pay bills
- Get up-to-date health information during a stay at the hospital
- Share your vitals with your doctor via device integration

VSP Vision Plan

When you enroll in **any Stanford medical plan** you automatically receive vision coverage through VSP at no additional cost. Visit a VSP provider to receive eye exams, eyewear and other vision services with low copayments.

Using your VSP benefit is easy.

- Register at **www.vsp.com**. Once your plan is effective, review your benefit information.
- Find an eye care provider who's right for you. You choose if you'd like to use a VSP doctor, a participating retail chain or out-of-network provider. To find a VSP provider: visit **www.vsp.com/eye-doctor** or call **1.800.877.7195**



- When you make your appointment, tell them you have VSP. **There's no ID card necessary.** If you'd like a card as a reference, you can print one at **www.vsp.com** or view it from the VSP mobile app.

VSP Vision Plan Overview

Services	Description	Copay	How Often
WellVision Exam	Annual eye exam Retinal screening	\$10 \$20	Every calendar year
Prescription Glasses		\$25	See Frames and Lenses
Frames	\$150 allowance for wide selection of frames (\$80 at Costco) \$170 allowance for featured frame brands 20% off amount over your allowance	Included under Glasses	Every other calendar year
Lenses <i>(instead of contacts)</i>	Single vision, lined bifocal and lined trifocal lenses; polycarbonate lenses for dependent children	Included under Glasses	Every calendar year
Lens Enhancements <i>Average 35-40% off other lens enhancements</i>	Standard progressive lenses Premium progressive lenses Custom progressive lenses Anti-reflective coating	\$0 \$40 \$40 \$40	Every calendar year
Contact Lens Exam	Includes fitting and evaluation	Up to \$60	Every calendar year
Contacts <i>(instead of glasses)</i>	\$150 allowance for contacts	\$0	Every calendar year

Extra Savings and Discounts

Receive discounts on glasses, sunglasses and laser vision correction. The SunCare Benefit lets you use your frame allowance to purchase a pair of ready-made, non-prescription sunglasses in lieu of prescription glasses or contacts. Discounts vary, visit **www.vsp.com** for more information.



For enrollment assistance
1.833.935.2167

Learn more at
www.healthsteps4u.org

Dental Plans

Choose from three dental plans administered by Delta Dental:

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

DELTA DENTAL PPO PLANS

The PPO plans offer the convenience and flexibility of visiting any licensed dentist, anywhere. The plans cover all or a portion of each treatment and you pay the balance.

You can see any dentist, but you'll get the most plan value by choosing a Delta Dental PPO network dentist.

DELTA CARE USA DHMO PLAN

Under this closed network plan, you have your choice of skilled general dentists from the DeltaCare USA network. Select a general dentist for your primary care and, if necessary, your general dentist will refer you to a specialist. Enjoy a set of copayments and no maximums or deductibles for covered benefits.

ID CARDS

If you enroll in one of the Delta Dental PPO plans, you will not receive an ID card for care. You will receive an ID card if you enroll in the DHMO plan.



2023 PER-PAY-PERIOD DENTAL CONTRIBUTIONS

Coverage	Delta Dental Basic PPO Plan		Delta Dental Buy-Up PPO Plan		DeltaCare USA DHMO Plan	
	You Pay	SHC Pays	You Pay	SHC Pays	You Pay	SHC Pays
Employee	\$0	\$28.96	\$10.94	\$27.43	\$0	\$7.99
Employee + Spouse	\$15.44	\$38.21	\$35.73	\$35.37	\$0	\$15.02
Employee + Child(ren)	\$0	\$55.27	\$20.90	\$52.35	\$0	\$14.15
Employee + Family	\$15.44	\$64.55	\$45.69	\$60.33	\$0	\$21.57

Note: Imputed income will be assessed if you are covering a registered domestic partner under your health benefits. Refer to the HealthySteps website, www.healthysteps4u.org, for more information.

Dental Plan Comparison

Coverage	Delta Dental Basic PPO Plan*		Delta Dental Buy-Up PPO Plan*		DeltaCare USA DHMO Plan
	Delta Dental PPO dentists	Non-Delta Dental PPO dentists†	Delta Dental PPO dentists	Non-Delta Dental PPO dentists†	You must visit your primary care dentist to receive benefits.
Deductibles	\$50 per person / \$150 per family each calendar year		\$25 per person / \$75 per family each calendar year		None
Maximums	\$2,000 per person each calendar year		\$2,500 per person each calendar year		None
Diagnostic & Preventive Services (D&P) <i>Exams, cleanings and x-rays</i>	100%	100%	100%	100%	Usually no cost, see Description of Benefits
Basic Services <i>Fillings and sealants, endodontics, periodontics and oral surgery</i>	80%	80%	90%	90%	Copay, see Description of Benefits
Major Services <i>Crowns, inlays, onlays and cast restorations and prosthodontics</i>	50%	50%	60%	60%	Copay, see Description of Benefits
Orthodontic Benefits <i>Adults and dependent children (children up to age 26)</i>	50%	50%	50%	50%	Copay, see Description of Benefits
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime	\$2,000 Lifetime	\$2,000 Lifetime	None
Other Plan Features	<ul style="list-style-type: none"> Employee premiums required for Employee + Spouse and Family coverage You can visit the provider of your choice, but you'll save money when you visit in-network providers 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 Diagnostic and preventive care are covered at 100% 		<ul style="list-style-type: none"> Employee premiums required for all coverage levels You can visit the provider of your choice, but you'll save money when you visit in-network providers After you pay an annual deductible, you pay a percentage of the bill, called coinsurance, for most dental services, up to the annual benefits maximum Diagnostic and preventive care are covered at 100% 		<ul style="list-style-type: none"> No employee premium contributions You must choose a primary care dentist from the DeltaCare USA network You do not have an annual deductible, but pay a copayment for most services Network coverage is only in CA Most diagnostic and preventive services are covered at 100%
Who Is Eligible	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26				

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

* Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. PPO Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Access your plan information and locate a Delta Dental dentist by visiting: www.deltadentalins.com, or calling: PPO: **1.877.530.3504** DeltaCare: **1.800.422.4234**

Wellness Programs

Work towards your health goals, build habits and earn wellness incentive dollars by participating in HealthySteps to Wellness and other programs.

HealthySteps to Wellness

Whether you are trying to eat better, quit smoking, stick to a fitness program, manage a chronic health condition or reduce stress, SHC's **HealthySteps to Wellness** program can help you successfully manage your goals.

By participating in approved wellness activities you can earn incentive dollars that help you pay for qualified health care expenses.

Depending on your medical plan, you can earn up to \$500 for employee-only coverage, or up to \$1,000 for employee and covered dependents.

The wellness program typically runs from January 1 through September 30 every calendar year. You receive your incentive on a quarterly basis: funds are deposited in an account for you to use on eligible expenses.

For additional tools, resources or information on the wellness program, visit: **wellness.healthysteps4u.org**.

For questions on the program, send an email to the Wellness team at **healthysteps@stanfordhealthcare.org**.

INCENTIVES AND YOUR HEALTH REIMBURSEMENT ACCOUNT

If you are in the SHCA Plan or the Kaiser Permanente HMO Plan, a Health Reimbursement Account (HRA) will be set up for you automatically by Stanford Health Care at **HealthEquity**. The HRA is funded from incentives you earn through the HealthySteps to Wellness program.

Spend funds on eligible health care expenses incurred during your active employment at Stanford Health Care (starting the first day of the month after you are hired). You can use funds once they appear in your HRA each quarter.

Submit a claim online at **learn.healthequity.com/shclpch** or via the HealthEquity mobile app. If you have questions, call HealthEquity at **1.877.395.6548**.

HRA funds do not roll over at the end of the year! Use available HRA dollars in the current year during your active employment. Each year, you must submit current year claims to HealthEquity for reimbursement no later than March 31 of the following year.

INCENTIVES AND THE AETNA CHOICE POS II PLAN WITH HSA

If you are enrolled in the Aetna Choice POS II Plan with HSA, your incentives from HealthySteps to Wellness will be deposited in your HSA – Health Savings Account. **You will not receive a separate HRA.**

If you are enrolled in the Aetna Choice POS II Plan and **are not eligible to participate in an HSA**, an HRA will be set up for you.

Like an HRA, an HSA lets you spend your funds on eligible health care expenses. Unlike an HRA, you can deposit your own funds from your paycheck, pre-tax, and you can keep funds in your HSA from year to year.

Learn more about the HSA on page 29.

Note: To earn wellness incentive dollars, you must be enrolled in a Stanford Health Care medical plan and be an active employee at the time the funds are deposited, or funds will be forfeited.

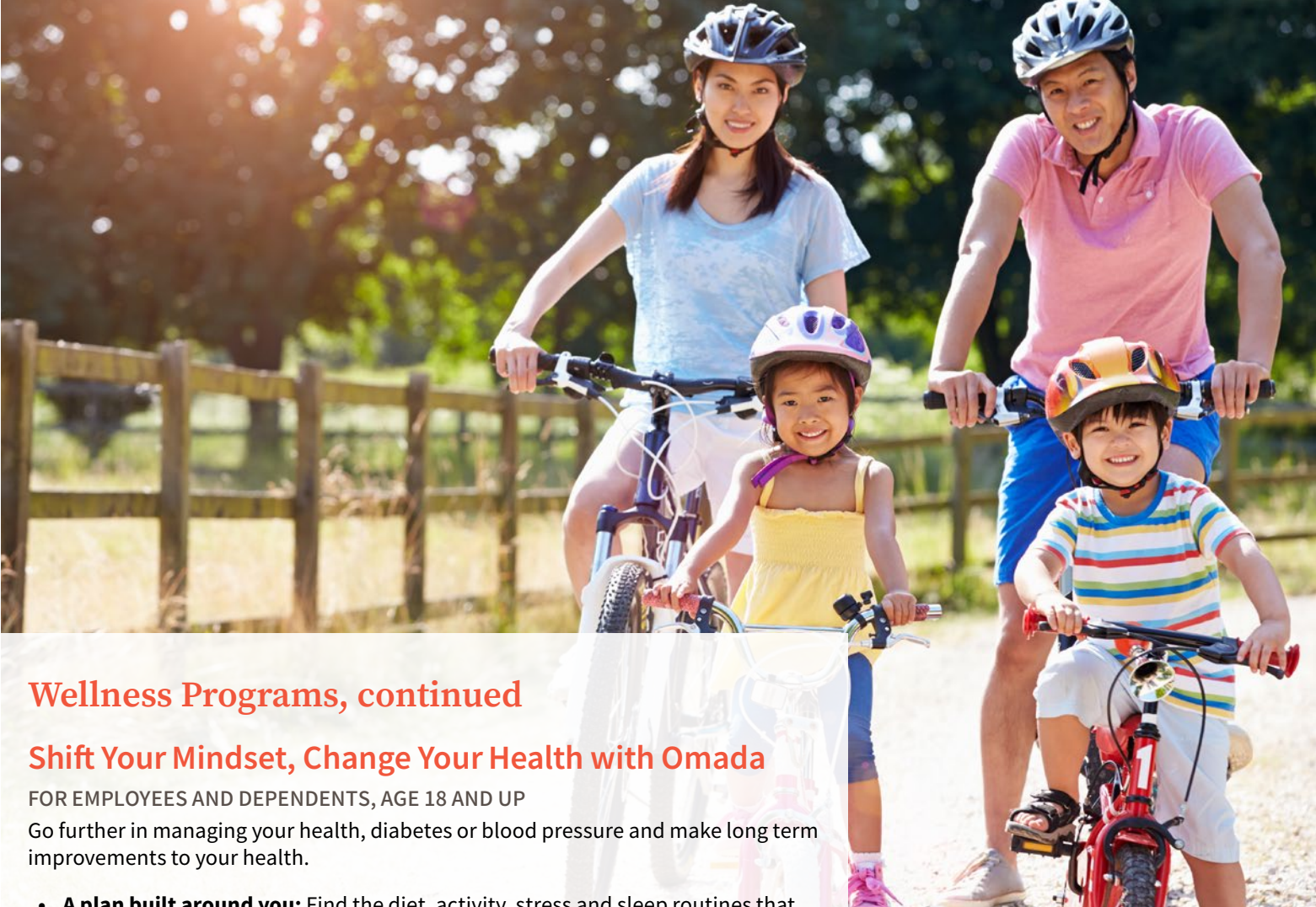


For enrollment assistance

1.833.935.2167

Learn more at

www.healthysteps4u.org



Wellness Programs, continued

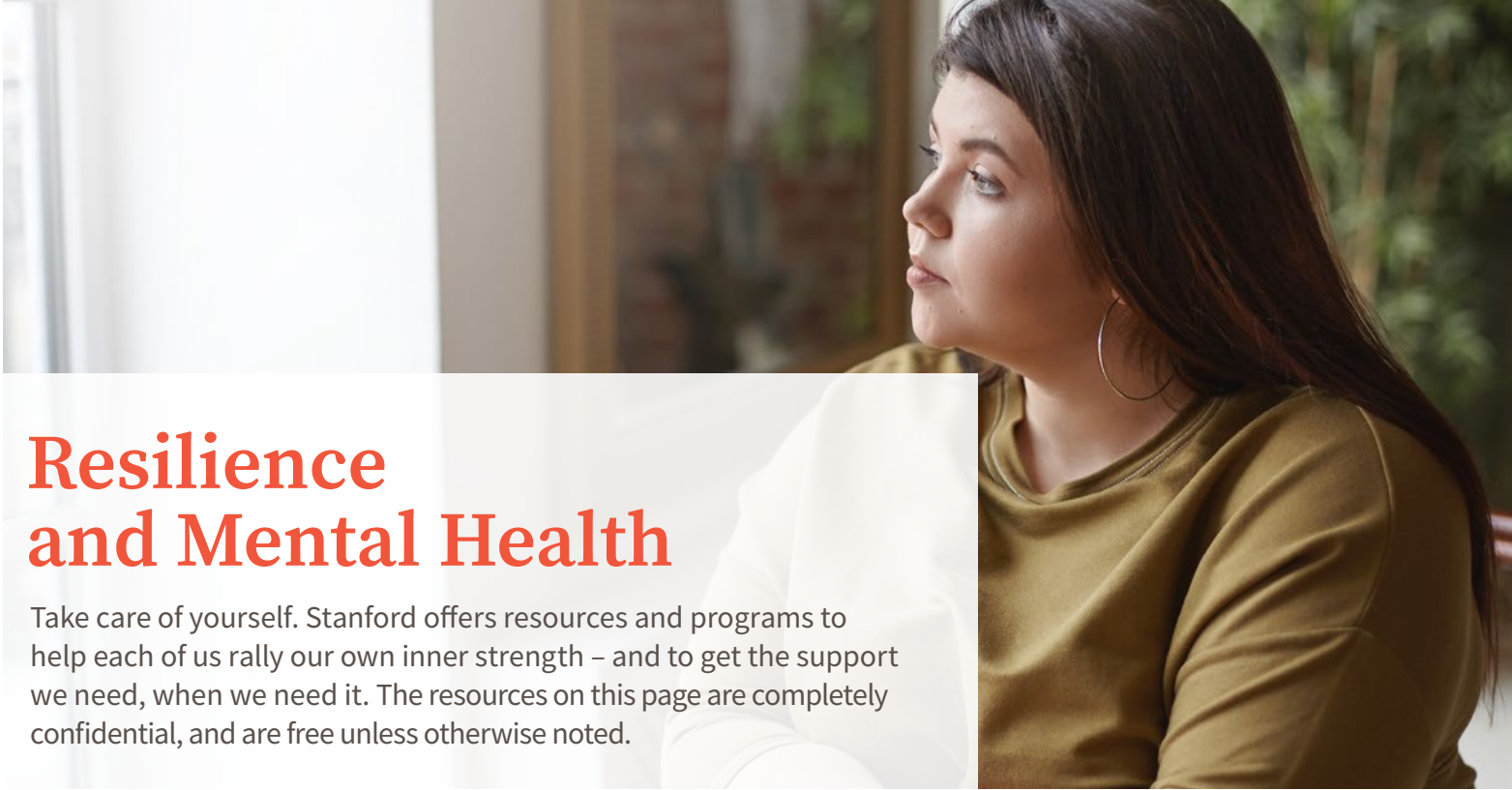
Shift Your Mindset, Change Your Health with Omada

FOR EMPLOYEES AND DEPENDENTS, AGE 18 AND UP

Go further in managing your health, diabetes or blood pressure and make long term improvements to your health.

- **A plan built around you:** Find the diet, activity, stress and sleep routines that work best for you – with a dedicated health coach.
- **Lower your blood pressure:** Lower your blood pressure outside of medication with dedicated support.
- **A new way to manage diabetes:** Stay on top of diabetes with the personal support of a Certified Diabetes Care and Education Specialist, as well as free smart health devices

To get started, visit: omadahealth.com/healthysteps



Resilience and Mental Health

Take care of yourself. Stanford offers resources and programs to help each of us rally our own inner strength – and to get the support we need, when we need it. The resources on this page are completely confidential, and are free unless otherwise noted.

Meru Health

Meru Health is an online health care provider that uses a mind/body approach to guide you towards long-lasting health. For employees and dependents 18 or older. **SHCA and Aetna Choice POS II only.**

Their **12-week Treatment Program** is clinically proven to reduce anxiety, stress, depression and burnout long-term. Access it from your smartphone and work with directly with a licensed therapist.

New for 2023, their **Health Coaching Program** combines chat-based coach and peer support to reduce stress and increase resilience.

More information and sign up:
www.meruhealth.com/sign-up/shc/

Brightline

(FOR AETNA AND SHCA PLAN MEMBERS)
Feeling like your child is stressed, depressed, anxious or having to navigate tough transitions? Brightline provides confidential video visits with licensed clinicians, coaching programs to help tackle everyday challenges, and on-the-go access to content, resources and chat with a coach. Deductibles and copays apply. For adolescents up to age 18.

Sign up at helloworldbrightline.com/shc

Questions?

Get in touch with Brightline Member Support by phone, **1.888.224.7332**, or email care@helloworldbrightline.com.

Mindfulness Library

Guided imagery is a form of meditation that uses the mind to focus on positive images and thoughts, changing thinking patterns in order to promote well-being and relaxation. Through guided imagery and affirmations, you can use your mind as a complement to traditional medicine. It is a simple yet helpful tool for you to practice at your convenience.

Stanford offers audio guided meditations though:
healthlibrary.stanford.edu

Learn more about resilience programs at www.healthysteps4u.org

Types of Spending Accounts

Spending accounts help you save on taxes each year. You can put pre-tax dollars aside each paycheck and use those funds to pay for eligible expenses throughout the year.

	Health Care FSA	Dependent Care FSA	Health Reimbursement Account (HRA): Wellness Program only	Health Savings Account (HSA): Aetna Choice POS II Plan only
How is my account funded?	You set aside a predetermined amount to be deducted from your paycheck, which is deposited into your Flexible Spending Account (FSA).		The HRA is funded from the incentives that you earn through the HealthySteps Wellness program.	You set aside a fixed amount to be deducted from your paycheck and deposited into your HSA. May also be funded from incentives.
What expenses can it pay for?	Medical, prescription drug, dental and vision expenses for you and your eligible dependents not paid for by your coverage.	Daycare or elder care so you (and your spouse) can work or attend school. Child and adult dependents under IRS rules are eligible.	Medical, prescription drug, dental and vision expenses for you and your eligible dependents not paid for by your coverage.	Medical, prescription drug, dental and vision expenses for you and your eligible dependents not paid for by your coverage.
How much can I contribute each year?	Up to \$3,050*	Up to \$5,000*	Only funds earned through the HealthySteps Wellness program. Earn up to \$500 (employee) or \$1,000 (family)	Up to \$3,850, or \$7,750 if enrolled with dependents, including incentives. If you are age 55 or older, you can contribute an additional \$1,000 to your HSA.
When can I access funds?	Any time during the plan year, up to your total annual election amount	Only up to your current account balance	The incentive is paid quarterly: once funds are available at HealthEquity, you may submit claims.	Only up to your current account balance
Can I enroll if I'm not on a Stanford Plan?	Yes	Yes	No	No
When must I submit claims?	Each year, you can incur claims from January 1 through December 31. You can submit these claims for reimbursement any time before March 31 of the following year (so all 2023 claims must be submitted by March 31, 2024).			Unused funds are yours to keep for future medical expenses, even if you change jobs. You can incur and submit throughout the year.
Do funds roll over?	No, funds not used by March 31 are forfeited.			

*Contribution limits are announced by the IRS each year. Starred amounts are the 2023 limits.



For enrollment assistance

1.833.935.2167

Learn more at

www.healthysteps4u.org



Using Spending Accounts

Flexible Spending Accounts (FSAs)

Keep more of the money you earn by enrolling in a Flexible Spending Account. You can contribute to either the Health Care FSA, Dependent Care FSA or both. The accounts are administered by HealthEquity.

HERE'S HOW IT WORKS

You set aside pre-tax money to be deducted from each paycheck, which is then deposited into an FSA. Dollars are deposited before federal, state and Social Security taxes are deducted.

The dollars you set aside to pay for eligible health care or dependent care expenses are tax-free, saving you money each year.

The Health Care FSA

You may contribute up to \$3,050 annually to pay for eligible expenses for you and your dependents, such as deductibles, coinsurance, copays, eye glasses, orthodontia services, flu shots and prescription drugs. You will receive

a debit card in the mail to access funds in your account.

Expenses must be incurred on or before December 31 by you, your spouse or eligible dependents. (You may use your FSA funds to pay for your registered domestic partner's expenses only if they are considered a tax dependent under IRS qualifications.)

You may be reimbursed for IRS-qualified health care expenses at any time during the plan year, up to the amount you elected for the year, even if you have not yet contributed that amount to the FSA. **You must submit all claims incurred for the current calendar year by March 31 of the following year.**

WHAT CLAIMS ARE REIMBURSABLE FROM THE HEALTH CARE FSA, HRA AND HSA?

Qualified Medical Expenses (QME) are eligible expenses incurred during your active employment at Stanford Health Care, starting on the first day of the month after you are hired.

View a list of QMEs on the HealthEquity site at learn.healthequity.com/shclpch or on the IRS document, which can be found at: www.irs.gov/pub/irs-pdf/p502.pdf.

The Dependent Care FSA

The Dependent Care FSA is offered to all employees, regardless of medical plan participation.

You may contribute up to \$5,000 annually for expenses such as child care, before and after school programs, nursery school or preschool and even dependent adult day care.

Funds can pay for child care up to age 13, or for elder care, while you are at work. You must have funds in your account before you submit for reimbursement, unlike with the Health Care FSA.

You must submit all claims for the current calendar year by March 31 of the following year.

To view the qualified dependent care expenses, visit:
www.irs.gov/pub/irs-pdf/p503.pdf.

SUBMITTING A CLAIM

Submit a claim online at **learn.healthequity.com/shclpch**, or via the HealthEquity mobile app. If you have questions, call HealthEquity at **1.877.395.6548**.

FSA TERMINATION RULE

Health Care FSA: If you terminate your employment with Stanford Health Care before the end of the calendar year, you can only be reimbursed for expenses before your termination date and must submit claims no later than 90 days after your termination date.

Dependent Care FSA: If you terminate your employment with Stanford Health Care before the end of the calendar year, you can only be reimbursed for expenses before your termination date, and must submit claims no later than 90 days after your termination date.

USE IT OR LOSE IT!

The money you set aside in Health Care and Dependent Care Flexible Spending Accounts (FSAs) does not roll over from year to year.

Any money remaining in your FSA at the end of the calendar year will be forfeited. You must submit all claims incurred for the current calendar year by March 31 of the following year.

During your first year of employment with the Hospital, your Stanford Health Care FSA(s) can only be used for expenses incurred after the first day of the month **after** your date of hire.





The Health Savings Account (HSA)

The Health Savings Account is available to employees on the Aetna Choice POS II who have no other coverage. It is similar to an FSA, but allows you to save and invest funds for future medical needs.

You can open an HSA when you elect the Aetna Choice POS II. An HSA is **instead of** a Health Care FSA – you cannot have both.

In 2023 you may contribute – pre-tax – up to \$3,850 for individual coverage and \$7,750 for family coverage). If you are 55 or older, you may put an additional \$1,000 into your HSA.

Any incentives you earn through HealthySteps for Wellness (page 23) will be deposited directly into your HSA. **These incentives count towards the contribution limits listed above.**

You will receive an HSA debit card in the mail, and you can manage your account online just like a bank account.

Contributions are deducted from paychecks tax-free, and unused funds roll over each year. Your HSA stays with you even if you switch employers, change medical plans or retire. Distributions are

tax free for qualified medical expenses. You can even invest a portion of the account balance, and those investment earnings are also tax free.

The HSA is automatically set up for employees when they enroll in the Aetna Choice POS II plan. You can learn more about your HSA at learn.healthequity.com/shctv or call **1.877.395.6548**.

ELIGIBLE EXPENSES

You can use your HSA funds to pay deductibles and coinsurance for medical care or prescription drugs; to pay for chiropractic care, for dental and vision expenses and more. Find a complete list at: www.irs.gov/pub/irs-pdf/p502.pdf

ARE YOU ELIGIBLE FOR AN HSA?

You must be covered by a qualified high-deductible plan like the Aetna Choice POS II Plan with HSA. In addition, you:

- Cannot be claimed as a tax dependent
- Cannot be enrolled in Medicare
- Must not have other forms of coverage (e.g., Medicaid, Tricare, VA benefits), even through your spouse
- You cannot use your HSA to cover expenses for a Domestic Partner

If you are moving from an FSA to an HSA, you cannot open your HSA until you have spent all funds in the FSA. Read more at: www.irs.gov/pub/irs-pdf/p969.pdf

Protecting Your Income

As a Stanford Health Care employee, you receive a variety of benefits to protect you, your family and your income in the event of an illness or injury – and you can purchase additional protection.

Life and Accident Insurance

In the event of the unexpected, it's important to know you have financial security. The life plan, administered by The Hartford, offers your family protection.

You are covered by Employee Basic Life Insurance at no cost to you. This coverage is 1x your annual base salary, not exceeding \$50,000.

You may elect to increase your coverage level by purchasing **Employee Optional Life Insurance** at 1x-6x your annual base salary. For new hires, Evidence of Insurability is not required for coverage of 1x-3x your salary.

You can also purchase **Dependent Optional Life Insurance** for your spouse and/or child(ren), as well as **Employee/Dependent Optional AD&D Insurance**. The premium rates are based on age and coverage level.

For details about this benefit visit www.thehartford.com or call **1.800.524.8504**.

Disability Insurance

Supplemental Short-Term Disability (SSTD): You may purchase coverage through The Hartford to supplement California State Disability Insurance (SDI). California provides a weekly benefit up to \$1,620, depending on your base pay and capped when base pay reaches \$140,400. (*Limits as of January 1, 2023; CA SDI updates annually.*)

If you earn **more than \$140,400 a year**, electing SSTD will provide 60% of your base pay and will increase your weekly maximum to \$3,000 (when base pay reaches \$260,000).

If you **earn up to \$140,400 a year**, SSTD will pay the minimum benefit of \$100/week, in addition to CA SDI.

*Outside of California, employees working in New York, New Jersey, Rhode Island, Hawaii, Puerto Rico, Connecticut, Washington D.C, Massachusetts and Washington should review their state Paid Family Leave benefit before electing SSTD. Employees working in states other than those noted will **not** have a disability benefit unless they purchase SSTD.*

Long-Term Disability (LTD):

We provide company-paid **Basic LTD** coverage through The Hartford that pays a benefit of 50% of your base pay.

You may also buy **Supplemental LTD**, for a total benefit of 66 2/3% of your base pay.

The combined monthly maximum in both cases is \$8,000. Employees with a base salary of **\$192,000 or more** may not benefit by electing Supplemental LTD because of this maximum.

This benefit is reduced by any other income such as state disability insurance where mandated.

EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability (EOI) is documented medical history you submit to The Hartford. EOI is required for some Optional Life Insurance and must be submitted within 60 days of election.

To complete any required EOI, visit www.thehartford.com. For more information, contact the Hartford at **1.800.524.8504**.

DESIGNATING A BENEFICIARY

A beneficiary is the person or entity you designate to receive your life insurance benefit in the event of your death. You may name more than one beneficiary. Go to **Workday** to change or update your beneficiaries.



For enrollment assistance
1.833.935.2167

Learn more at
www.healthysteps4u.org

Additional Benefits

Stanford Health Care offers an array of additional benefits designed to meet the needs of your ever-changing lifestyle – from saving for the future to earning discounts today.

Bright Horizons Back-Up Care

It's critical your loved ones receive care while you're at work. Luckily, there is back-up care through Bright Horizons. For a small copay, get up to 80 hours per calendar year of child or adult care when your regular caregiver is unavailable (\$2/hour for a center-based care and \$4/hour for in-home care).

For more information, visit www.healthysteps4u.org. To register for the program, download the mobile app, visit www.backup.brighthouse.com or call **1.877.242.2737**.

Employee Discounts

Enjoy a variety of member-only discounts from **BenefitHub**, an online marketplace providing discounts on local merchants, clothing, vacations, event tickets and even automobiles. For more information, visit: www.stanfordhospital.benefitHub.com (Referral Code: **E1T9BD**) or call **1.866.205.7354**.

Business Travel Accident (BTA) Insurance

BTA Insurance is provided to you at no cost through The Hartford. The plan gives you accident insurance coverage when you are traveling for business. The insurance policy also includes personal travel assistance and ID theft protection.

For additional information, visit www.healthysteps4u.org.

Employee Assistance Program

The Employee Assistance Program, or EAP, helps you and your covered family members manage work and life challenges by providing resources, referral and support services at no cost to you. Benefits include work-life, legal and financial counseling services, plus an award-winning online resource center. **Each covered member can receive up to 10 EAP sessions per issue per year at no charge to you.** Counseling sessions are available in person, by telephone or by video.

Call Beacon Health Options for confidential support or information at any time, day or night. One live video or audio counseling appointment is considered one EAP session; so is one week of unlimited text messages to your Talkspace counselor.

Call **1.855.281.1601** or visit www.achievesolutions.net/shctv

Beacon also offers free access to Talkspace, an app-based platform for counseling and other resources for emotional health. To register, visit talkspace.com/BeaconEAP and enter your organization name: **Stanford Health Care**.

STANFORD FACULTY STAFF HELP CENTER

Counseling services are also available at Stanford Faculty Staff Help Center.

Call **1.650.723.4577** or email helpcenter@lists.stanford.edu



For enrollment assistance
1.833.935.2167

Learn more at
www.healthysteps4u.org



Additional Benefits, continued

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 www.stanfordmedicinetransportation.org.

Stanford Federal Credit Union

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

For more information, visit: www.sfcu.org/SHC.

Adoption Assistance

Stanford Health Care reimburses eligible adoption expenses up to \$7,500 per adoption and up to two adoptions per family.

For more information, visit www.healthysteps4u.org.

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.

On-Site Early Childhood Education Programs

Stanford has six on-site early childhood education programs that serve children from infants to five years old. All offer the highest level of care, supervision and education. Learn more at:

cardinalatwork.stanford.edu/benefits-rewards/worklife/children-family/on-site-child-care.



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.

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.

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

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.

Extended Sick Leave (ESL)

All Regular and Fixed-Term employees 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.



Retirement Savings Plan

Stanford Health Care recognizes the importance of building savings to meet your long-term financial goals and provides employees with a 403(b) retirement plan. Fidelity Investments is the record keeper.

Retirement Savings Plan (RSP)

PUT MONEY AWAY EACH PAYCHECK

All Stanford Health Care employees (full time, part time and per diem status) are eligible to contribute to a 403(b) plan, starting with the first pay period after you are hired. You can elect a specific amount or percentage of your salary to come out of your check to be put into your 403(b) retirement account (up to 75% of your eligible pay or the IRS allowed maximum per year). You can start, stop or change this at any time.

COMPANY MATCH

After 12 months and 1,000 hours of service:

- SHC will provide an automatic “basic contribution” each pay period of 5% of your eligible pay.
- SHC will match your own contributions up to 5% for those with less than 5 years of service, 6% for those with at least 5 years but less than 10 years of service, and 8% after 10 years.
- If you wish, you may contribute after-tax dollars up to the 15% deferral rate.

VESTING

- You are always 100% vested in the Plan. You can keep your funds if you leave Stanford Health Care at any time.

LEARN MORE

For more information, or to schedule a call with a Fidelity Retirement Planner, please visit www.netbenefits.com/shclpch.

You can also call **800.343.0860** to make changes to your account and ask questions.

403(b) Plan Highlights are located on the Benefits 2023 page on the intranet, or at www.healthysteps4u.org under **Retirement**.

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.



For enrollment assistance
1.833.935.2167

Learn more at
www.healthysteps4u.org

Voluntary Benefits

You have access to optional, employee-paid benefits to fit your needs.

PET INSURANCE

Pet insurance coverage from Nationwide is available for pet accidents and illnesses.

AUTO AND HOME INSURANCE

Find the best coverage for your needs and budget with convenient payment options. Compare quotes from top-rated companies with a wide variety of coverage options, including home, auto, renter, boat and more.

PURCHASING POWER

Purchasing Power allows you to get the products you need now and pay for them over time, directly from your paycheck. Shop thousands of brand name electronics, computers, furniture, appliances and more. You'll always know the total product cost upfront - no credit checks, down payments or hidden fees.

FOR MORE INFORMATION

Learn more about the programs above or apply at stanfordhealthcare.corestream.com/home. Have questions? Call 1.650.292.0867 (Mon-Fri, 8:30am-8:00pm ET) or email stanfordhealthcaresupport@corestream.com.

LEGAL ASSISTANCE

Access legal services through the MetLife Legal Plan to assist with wills and estate planning, real estate matters, financial issues, family matters and more. The monthly premium is \$15.79 for Employee-Only coverage and \$19.99 for Family.

To learn more, visit www.legalplans.com or call **1.800.821.6400**

IDENTITY PROTECTION

Allstate Identity Protection coverage provides comprehensive identity theft safeguards and restoration services, including continuous credit monitoring and fraud restoration. The monthly premium is \$9.95 per person and \$17.95 per family.

To learn more, visit www.myaip.com or call **1.800.789.2720**

You must enroll in the identity protection and legal plans within 31 days of your date of hire or wait until the next annual Open Enrollment period.



For enrollment assistance
1.833.935.2167

Learn more at
www.healthysteps4u.org



FAQ

Q: When will I receive new member ID cards for myself and/or family members?

A: You should receive new member ID cards within 7-10 business days from the date you enroll.

- If you enroll in the Aetna Choice POS II plan or the SHCA plan, you will receive two ID cards: one from Aetna for medical and behavioral health care and one from CVS/caremark for prescriptions.
- If you enroll in Kaiser Permanente HMO plan, you will receive only one ID card.
- For the Dental PPO plans and VSP vision plan, you will not receive an ID card.

Q: I didn't receive an ID card for my plan and should have. What should I do?

A: If you did not receive a paper copy of your medical ID card in the mail, please contact the carrier directly. You may also download a copy from the carrier's website or mobile app.

Q: Is Durable Medical Equipment (DME) covered under the medical plan?

A: Please refer to the Medical Plan Comparison chart on page 12 for details about DME coverage under your plan. Examples of DME include knee braces, heart monitors, ortho/walking boots, crutches and CPAP machines.

Q: Where can I go for questions about my benefits?

A: Assistance with what type of benefit plans to enroll in should be directed to CareCounsel at **1.888.227.3334**.

Assistance with navigating Workday for your benefits enrollment or any benefit changes should be directed to the Benefits Service Center at **1.833.935.2167**.

Q: Where can I get detailed information about the services that are covered under my benefit plan coverages?

A: There are a number of resources that can be found on the HealthySteps website: Benefit Summary Guides, Health Plan Booklets for the Aetna POS II and Kaiser plans that provide a detailed list of services that are covered and not covered, Summary of Benefits Coverage (SBC) and the Summary Plan Description Booklets (SPD). To access the Benefits Handbook, visit **www.healthysteps4u.org** and click on the Benefits Handbook under the News and Resources section. If you still have questions, please contact the plan providers directly, or your doctor can contact the plan provider whenever there is a question about the treatment provided and whether or not the plan will cover it.

YOUR FIRST 31 DAYS

During your first 31 days of employment or eligibility, there are a few important actions to take related to your SHC benefits:

- Review your benefits on **www.healthysteps4u.org** and consult with a CareCounsel Member Care Specialist, if necessary.
- Look out for benefits presentations online several times per year.
- Enroll in benefits in **Workday** within 31 days.
- Update your address in Workday.
- Add beneficiaries for your Retirement Savings Plan and Life plans.
- Create an account with your plan carriers' websites.
- Get started on your wellness journey at **wellness.healthysteps4u.org**.
- Review your confirmation statement in Workday after you make elections.**



For enrollment assistance
1.833.935.2167

Learn more at
www.healthysteps4u.org

Glossary

Annual Deductible:

The amount you pay for covered health care expenses each year before the plan begins to pay for your benefits. For example, if your deductible is \$750, your plan won't pay anything until you've paid \$750 for covered health care services. The deductible may not apply to all services.

Brand Formulary:

A list of medications that are covered by the plan – based on efficacy, safety and cost.

Brand Non-Formulary:

Medications not recommended – and therefore costing more – when there is a suitable clinical alternative at a lower price.

Coinsurance:

Your share of the cost for a covered health care service, calculated as a percentage. For example, after you meet a deductible, a plan might pay 80% of your covered expenses – your coinsurance would be 20%.

Copayment:

A fixed amount (for example, \$20) you pay for a covered health care service when you receive the service. The amount varies by the type of covered health care service. You usually pay a copay at the office when you receive care, instead of getting a bill.

Durable Medical Equipment (DME):

Any equipment that provides therapeutic benefits to a patient for medical conditions or illnesses. DME:

- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness, disability or injury;
- are ordered or prescribed by a physician;
- are reusable; and
- are appropriate for use in the home.

Examples of DME include: knee brace, heart monitor, ortho/walking boots, crutches or CPAP machine.

Emergency Room Care:

Emergency services you receive in an emergency room.

Employee Contributions:

The portion of your benefit premiums that you pay. These are pre-tax deductions from your paycheck. Your employee contributions do not count toward your annual deductible.

Hospital Outpatient Care:

Care in a hospital that doesn't require an overnight stay.

Network:

The facilities and providers your health insurer or plan contracts with to provide health care services.

Out-of-Network Provider:

A provider who doesn't have a contract with your health plan. You'll pay more to see out-of-network providers.

Out-of-Pocket Maximum:

The maximum you will pay for covered services each plan year. Once you meet the out-of-pocket maximum, your plan pays 100% of covered services for the remainder of the plan year. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

Preauthorization:

(Also: prior authorization, prior approval or precertification). Your health plan may require preauthorization for certain services **before** you receive them, except in an emergency. This is a ruling by your health plan that a health care service, drug or piece of medical equipment is medically necessary. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium:

The amount paid for your health insurance or plan – including both employee and employer contributions.

Urgent Care:

Care for an illness or injury serious enough that a reasonable person would seek care right away, but that does not require emergency room care.



For enrollment assistance

1.833.935.2167

Learn more at

www.healthysteps4u.org



More Resources for Employees and Families

Benefit	Vendor	Contact Info
Children/Elder Care and Work & Life Resources	Stanford University WorkLife	1.650.723.2660 cardinalatwork.stanford.edu/ benefits-rewards/worklife/offerings-me/hospital-staff
COBRA administration	VitaCOBRA	1.650.810.1480 cobraadmin@vitamail.com
Employment & Income Verification	The Work Number	1.800.367.2884 www.theworknumber.com Employer Code: 12967
Financial and Banking Services, Stanford Federal Credit Union	SFCU	1.650.269.7436 Ankica@sfcu.org www.sfcu.org/SHC
Parking Permit, Shuttle Lines, Free Transit	Stanford University Parking & Transportation Services	1.650.723.9362 transportation.stanford.edu
Report compliance or privacy concerns	Stanford Compliance Department & Privacy Office	1.650.724.2572, 24-hr Hotline: 800.216.1784 ComplianceOfficer@stanfordhealthcare.org or PrivacyOfficer@stanfordhealthcare.org
Request 1095 tax form, SHC 1095 Form Support Center	Health e(fx)	1.855.676.4373
Social Security Administration Services	Social Security Administration	1.800.772.1213 www.ssa.gov
Stanford University Athletics	Ticket Sales & Services	1.800.STANFORD www.GoStanford.com
Stanford Recreational Facility Membership	Stanford University Recreation	shc.healthysteps4u.org/additional-benefits/ stanford-community-benefits/
Stanford University Faculty Staff Help Center		650.723.4577 cardinalatwork.stanford.edu/faculty-staff-help-center
State Disability Insurance: Disability Insurance (DI) / Paid Family Leave (PFL)	EDD California	DI: 1.800.480.3287 PFL: 1.877.238.4373 www.edd.ca.gov/disability/

ABOUT THIS GUIDE

The information in this guide provides an overview of your Stanford Health Care 2023 benefit plans. More complete descriptions of the plans are contained in each of the plans' Summary Plan Descriptions and other plan documents that govern these plans. If there is a discrepancy between this guide and the plan documents, the plan documents will govern in all cases.

For more information about key provisions for each plan, please refer to the Summary of Benefits and Coverage (SBC) posted on www.healthysteps4u.org. You may also request a glossary that includes all key terms described in the SBC.

updated January 17, 2023



BUILDING HEALTHY COMMUNITIES

