

What's Your Passion?

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



You are Stanford Health Care

When you become part of our team, you'll be joining 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.

Your Stanford Health Care (SHC) benefits package is designed to reward your extraordinary work and commitment with benefits, tools and resources that will keep you and your family healthy and secure.



Who Is Eligible for Benefits?

You will be eligible to participate in SHC's health and welfare plans if you are assigned to work at least 40 hours per pay period (0.5 FTE and above).

In general, your eligible family members include:

- Spouse
- Eligible domestic partners (same-sex or opposite-sex if you or your partner is age 62 and older)
- Eligible children up to age 26 (age 23 for optional dependent life insurance).

When Does Coverage Start?

As a new hire, most benefit offerings will be effective on the first day of the month after your date of hire, including your health benefits. The Employee Assistance Program (EAP) and Business Travel Accident (BTA) insurance will be effective on your date of hire.

You must complete your benefits enrollment (elect or waive coverage) within 31 days of your date of hire, or you will be assigned default coverage.

Default coverage gives you medical/vision and dental employee-only coverage in the Aetna Choice POS II Plan/VSP Vision Plan 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 automatically enrolled in these SHC-provided benefits: Basic Life, Core Long-Term Disability, and BTA Insurance, Employee Assistance Program and Back-Up Care Advantage Program.

Benefits for Health

Your well-being is one of our top priorities. As a Stanford Health Care (SHC) employee, you will have access to medical benefit options that offer you affordable health care. We also offer a choice of dental plans and a vision plan to help you maintain your best health and well-being. SHC pays most of the premium cost (and in some cases, all of the premium cost) for health care benefits. You'll pay your portion through pre-tax contributions from your paycheck (24 out of 26 paycheck deductions).

To fully support your health, we also offer the *HealthySteps to Wellness* program, designed to help you maintain better health. The program offers you a variety of engaging activities that will make improving your health fun and rewarding. And by participating, you can also earn incentive dollars that will be contributed into either a Health Savings Account or a Health Incentive Account. Your incentive dollars can be used to help you reduce your out-of-pocket health care expenses.



See pages 5-9
for a detailed
comparison
of the medical
plan features.

Medical Plan Options

SHC offers three medical plan options:

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

All plans offer preventive care services, such as annual physical exams, certain screenings and immunizations, at no cost to you. A vision plan is also included with medical plan coverage (see page 10 for additional information about the vision plan).

Stanford Health Care Alliance Plan

The Stanford Health Care Alliance (SHCA) Plan is a health care plan that is built around our own world-class Stanford Health Care and Stanford Children's Health network of providers and facilities.

The SHCA Plan is administered by Aetna. To find an SHCA provider near you, visit www.stanfordhealthcarealliance.org.

Aetna Choice POS II Plan with HSA

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

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.

Medical services are administered by Aetna, mental health services and substance abuse treatment by Optum, and prescription drug by CVS/caremark. To find an Aetna medical provider near you, visit www.aetna.com, and to find an Optum provider near you, visit www.liveandworkwell.com.

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.

Kaiser Permanente HMO Plan

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

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

2017 Medical Plan Per-Pay-Period Contributions

	Employee Per-Pay-Period Contribution	SHC Per-Pay-Period Contribution
Stanford Health Care Alliance Plan — If your hourly rate* is \$32.31 or less:		
Employee	\$0.00	\$642.06
Employee + Spouse	\$0.00	\$1,405.57
Employee + Child(ren)	\$0.00	\$1,155.27
Employee + Family	\$0.00	\$1,918.77
Stanford Health Care Alliance Plan — If your hourly rate* is \$32.32 or more:		
Employee	\$30.00	\$612.06
Employee + Spouse	\$130.24	\$1,275.33
Employee + Child(ren)	\$55.00	\$1,100.27
Employee + Family	\$155.40	\$1,763.37
Aetna Choice POS II Plan — If your hourly rate* is \$32.31 or less:		
Employee	\$0.00	\$421.19
Employee + Spouse	\$0.00	\$922.17
Employee + Child(ren)	\$0.00	\$758.07
Employee + Family	\$0.00	\$1,259.06
Aetna Choice POS II Plan — If your hourly rate* is \$32.32 or more, but less than \$50.00:		
Employee	\$0.00	\$421.19
Employee + Spouse	\$50.14	\$872.03
Employee + Child(ren)	\$0.00	\$758.07
Employee + Family	\$50.14	\$1,208.92
Aetna Choice POS II Plan — If your hourly rate* is \$50.00 or more:		
Employee	\$0.00	\$421.19
Employee + Spouse	\$100.28	\$821.89
Employee + Child(ren)	\$0.00	\$758.07
Employee + Family	\$100.28	\$1,158.78
Kaiser Permanente HMO Plan — If your hourly rate* is \$32.31 or less:		
Employee	\$0.00	\$294.66
Employee + Spouse	\$0.00	\$662.47
Employee + Child(ren)	\$0.00	\$501.25
Employee + Family	\$0.00	\$869.08
Kaiser Permanente HMO Plan — If your hourly rate* is \$32.32 or more:		
Employee	\$38.36	\$256.30
Employee + Spouse	\$138.23	\$524.24
Employee + Child(ren)	\$65.23	\$436.02
Employee + Family	\$164.95	\$704.13

* Your hourly rate as of August 31, 2016, or your date of hire, whichever is later.

Note: Imputed income will be assessed if you are covering an eligible domestic partner under your health benefits.

If your hourly rate* is \$32.32 or more, there will be a \$50 monthly Working Spouse/Eligible Domestic Partner Access Fee unless you certify that your spouse/eligible domestic partner is enrolled in their employer-sponsored medical plan or is not eligible for another employer's plan.

2017 Medical Plan Comparison Chart

Services	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 – ValleyCare Network	Tier 2 — Aetna Choice POS II Network	Tier 3 — Out-of-Network*	
Annual Deductible Applies to services that require coinsurance; not required before copayments	\$400/person \$1,000/family	\$1,300/employee-only coverage \$2,600/employee + one or more covered dependents		\$2,600/employee-only coverage \$5,200/employee + one or more covered dependents	\$400/person \$1,000/family
Wellness Incentive	Based on participation in the <i>HealthySteps to Wellness</i> program				
Annual Out-of-Pocket Maximum Includes deductible, copays and pharmacy	\$1,800/person \$3,600/family	\$2,600/employee-only coverage \$5,200/employee + one or more covered dependents		\$5,200/employee-only coverage \$10,400/employee + one or more covered dependents	\$1,800/person \$3,600/family
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Choice of Physicians	You must use SHCA physicians; If required care is unavailable through the SHCA network, access to the Aetna Choice POS II Network may be obtained by prior authorization by SHCA	You must use SHC (including Facility Practice), LPCH, LPCH Facility Practice Organization, PCHA, Stanford Health Care – ValleyCare, Stanford Health Care Reference Lab and UHA	You must use Aetna Choice POS II 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
Hospital Care Room and Board, Surgeon, Physician Visit and Anesthesiologist	Facility charges: 90% after deductible; no charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals (precertification required) Professional charges: No charge	Facility charges: No charge after deductible (precertification required) Professional charges: No charge after deductible	Facility charges: 80% after deductible (precertification required) Professional charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission) Professional charges: 60% of UCR charges after deductible	Facility charges: 90% after deductible Professional charges: 90% after deductible
Office Care					
Primary Care Physician Visit	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	\$20/visit
Routine Physical	No charge	No charge	No charge	60% of UCR charges after deductible	No charge

2017 Medical Plan Comparison Chart

Services	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 – ValleyCare Network	Tier 2 — Aetna Choice POS II Network	Tier 3 — Out-of-Network*	
Adult Preventive Services	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Child Preventive Services	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Specialist Visit	\$35/visit	\$35/visit after deductible	80% after deductible	60% of UCR charges after deductible	\$35/visit
Allergy Tests	\$20/visit for PCP or \$35/visit for Specialist	\$20/visit after deductible for PCP or \$35/visit after deductible for Specialist	80% after deductible	60% of UCR charges after deductible	\$35/testing
Allergy Injections	No charge	No charge after deductible	80% after deductible	60% of UCR charges after deductible	\$3/visit
Immunizations	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Lab and X-ray (non-preventive)	Basic: 90% after deductible; \$25/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office	Basic: No charge after deductible	Basic: 80% after deductible	Basic: 60% of UCR charges after deductible	Basic: 90%, deductible waived
	Complex: 90% after deductible; \$100/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office	Complex: No charge after deductible	Complex: 80% after deductible	Complex: 60% of UCR charges after deductible	Complex: 90%, deductible waived (deductible applies if provided in an outpatient/ambulatory surgery center or in a hospital operating room)
Outpatient Surgery	90% after deductible; \$200 facility charge at SHC/LPCH or Stanford Health Care-Valley Care hospitals. Professional services are no charge, deductible waived	\$200/visit after deductible	80% after deductible	60% of UCR charges after deductible	90% after deductible
Chiropractic Care	\$35/visit; 30-visit maximum per calendar year	No charge after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	Discounts apply through Kaiser Permanente's Healthyroads program
Acupuncture	\$35/visit; 12-visit maximum per calendar year	\$35/visit after deductible; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; \$30/visit maximum benefit; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; \$30/visit maximum benefit; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	Discounts apply through Kaiser Permanente's Healthyroads program

2017 Medical Plan Comparison Chart

Services	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 – ValleyCare Network	Tier 2 — Aetna Choice POS II Network	Tier 3 — Out-of-Network*	
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	80% after deductible; covered expenses include counseling and consultation, infertility studies and tests only	60% of UCR charges after deductible; covered expenses include counseling and consultation, infertility studies and tests only	50% for all services related to covered infertility treatment
Physical, Speech and Occupational Therapy (restorative services only)	\$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)	\$35/visit after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	\$20/visit
Emergency and Urgent Care					
Emergency In Area	\$200/visit	No charge after deductible	80% after deductible		90% after deductible
Emergency Out-of-Network	\$200/visit	No charge after deductible	80% after deductible		90% after deductible
Urgent Care	\$20/visit	No charge after deductible	No charge after deductible		\$20/visit at Kaiser facilities
Ambulance	No charge	No charge after deductible		No charge after Aetna Choice POS II In-Network deductible (UCR is waived for true emergency)	No charge; plan deductible does not apply
Skilled Nursing Facility	90% after deductible; 100-visit maximum per calendar year	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	90% up to 100 days per benefit period
Home Health Care	90% after deductible; 100-visit maximum per calendar year	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	No charge with Kaiser approval; part-time or intermittent only; 100-visit maximum per calendar year (must live within the service area)

2017 Medical Plan Comparison Chart

Services	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 – ValleyCare Network	Tier 2 — Aetna Choice POS II Network	Tier 3 — Out-of-Network*	
Well-Child Vision Screening	No charge	No charge	No charge	Not covered	No charge
Hearing Exams	\$35/visit; well-child screening: No charge	No charge after deductible less copay; well-child screening: No charge	80% after deductible; well-child screening: No charge	60% of UCR charges after deductible	\$20/visit or \$35/visit; well-child screening: No charge
Vision Benefits	Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information	Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information	Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information	Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information	Vision benefits administered through VSP. Some vision services are available through the Kaiser Permanente plan. See vision plan document for more information
Dental Benefits	Not covered, except for emergency treatment; 90% after deductible	Not covered, except for emergency treatment; No charge after deductible	Not covered, except for emergency treatment; 80% after deductible	Not covered, except for emergency treatment; 60% of UCR charges after deductible	Not covered
Durable Medical Equipment	90% after deductible; includes hearing aids (limited to one paid of hearing aids every 2 years)	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; includes hearing aids (limited to one pair of hearing aids every two years). Prior authorization may be required	60% of UCR charges after deductible; includes hearing aids (limited to one pair of hearing aids every two years)	80% when prescribed by a Kaiser physician (must live within the service area) 50% for external sexual dysfunction devices
Transplant Services	90% after deductible; must be performed at an Institute of Excellence facility and subject to utilization review; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	No charge after deductible	80% after deductible; must be performed at an Institute of Excellence facility and subject to utilization review	Must use Institute of Excellence	For covered transplant services, you pay the same cost sharing as other services not related to a transplant
Mental or Nervous Disorders	Mental health care provided through SHCA	Mental health care provided through Optum	Mental health care provided through Optum	Mental health care provided through Optum	Mental health care provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Outpatient	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$10/visit

2017 Medical Plan Comparison Chart

Services	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 – ValleyCare Network	Tier 2 — Aetna Choice POS II Network	Tier 3 — Out-of-Network*	
Substance Abuse	Substance abuse care Provided through SHCA	Substance abuse care provided through Optum	Substance abuse care provided through Optum	Substance abuse care provided through Optum	Substance abuse care provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Outpatient	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$5/visit
Prescription Drugs	Prescription drugs provided by Aetna	Not applicable	Prescription Drugs provided through CVS/caremark	Prescription Drugs provided through CVS/caremark	Prescription Drugs provided through Kaiser Permanente
Preventive	Retail 30-day Supply Generic: \$10/prescription Brand Formulary: \$25/prescription Brand Non-Formulary: \$50/prescription Mail-Order 90-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription Brand Non-Formulary: \$100/prescription	Not applicable	Retail 30-day Supply Generic and Brand Formulary: No charge, no deductible Brand Non-Formulary: \$50/prescription; no deductible Mail-Order 90-day Supply Generic and Brand Formulary: No charge; no deductible Brand Non-Formulary: \$100/prescription; no deductible	Retail 60% after deductible Mail-Order Not covered	Retail 30-day Supply Generic: \$10/prescription Brand Formulary and Specialty: \$25/prescription when prescribed by a plan physician Mail-Order 100-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription
Non-Preventive	Same as Preventive above	Not applicable	80% after deductible	Same as Preventive above	Same as Preventive above
Women's Contraceptives	Provided through Aetna	Not applicable	Provided through CVS/caremark	Provided through CVS/caremark	Provided through Kaiser Permanente Pharmacy
Contraceptives examples include: oral, patch, emergency For a full list, visit www.healthysteps4u.org	Retail & Mail-Order Generic and Brand Formulary: No charge Brand Non-Formulary: \$50/prescription (retail); \$100/prescription (mail-order)	Not applicable	Retail & Mail-Order Generic and Brand Formulary: No charge, no deductible Brand Non-Formulary: \$50/prescription (retail); \$100/prescription (mail-order); no deductible	Retail: 60% of UCR charges after deductible Mail-Order: Not covered	No charge (see plan for details)

2017 Medical Plan Comparison Chart

Services	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 – ValleyCare Network	Tier 2 — Aetna Choice POS II Network	Tier 3 — Out-of-Network*	
Women's Contraceptives covered under the Medical Plan	Services through Aetna	Services through Stanford Health Care, Stanford Children's Health Network and Stanford Health Care – ValleyCare	Services through Aetna	Services through any licensed provider	Services through Kaiser HMO
Contraceptive injections and contraceptive devices such as, IUDs, implants, (including the insertion and removal) See medical plan for additional details	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Infertility Pharmacy	<p>Provided through Aetna</p> <p>Retail 30-day Supply</p> <p>Generic: \$10/prescription</p> <p>Brand Formulary: \$25/prescription</p> <p>Brand Non-Formulary: \$50/prescription</p> <p>Mail-Order 90-day Supply</p> <p>Generic: \$20/prescription</p> <p>Brand Formulary: \$50/prescription</p> <p>Brand Non-Formulary: \$100/prescription</p> <p>Prior authorization may apply</p>	<p>Provided through CVS/caremark</p> <p>Not applicable</p>	<p>Provided through CVS/caremark</p> <p>Retail 30-day Supply</p> <p>Generic, Brand and Non-Brand Formulary: 80% after deductible</p> <p>Mail-Order 90-day Supply</p> <p>Generic, Brand and Non-Brand Formulary: 80% after deductible</p> <p>Prior authorization may apply</p>	<p>Provided through CVS/caremark</p> <p>Retail 30-day Supply</p> <p>60% of UCR charges after deductible</p> <p>Mail-Order</p> <p>Not covered</p> <p>Prior authorization may apply</p>	<p>Provided through Kaiser Permanente Pharmacy</p> <p>Retail 30-day Supply</p> <p>Generic: \$10/prescription</p> <p>Brand Formulary: \$25/prescription when prescribed by a plan physician</p> <p>Mail-Order 100-day Supply</p> <p>Generic: \$20/prescription</p> <p>Brand Formulary: \$50/Prescription</p> <p>Drugs on the generic and brand tier prescribed to treat infertility only</p>

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

Copay is determined on where test is performed.

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

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

June 2017 Non-Rep/SEIU



VSP Vision Plan

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 VSP at no additional cost.

You may visit any provider, but you will save the most money when you visit VSP network providers. To find a VSP provider near you, visit www.vsp.com.



Services	Description	Copay	Frequency
Wellvision Exam	<ul style="list-style-type: none"> • Annual eye exam • Retinal screening 	\$10 \$20	Every calendar year
Prescription Glasses		\$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 	Included in Prescription Glasses	Every other calendar year
Lenses*	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Anti-reflection coating • Average 35-40% off other lens options 	\$40 \$40 \$40 \$40	Every calendar year
Contacts (instead of glasses)*	<ul style="list-style-type: none"> • \$150 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) 	\$0	Every calendar year
Extra Savings and Discounts	<ul style="list-style-type: none"> • Glasses and sunglasses • Laser vision correction Discounts vary		

* Eligible to receive contacts one year and frames the following year.

Dental Plan

You will have the option to choose among three dental plans, the DeltaCare USA DHMO Plan, the Basic PPO Plan and the Buy-up PPO Plan.

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



2017 Per-Pay-Period Dental Contributions

Coverage	Delta Dental Basic PPO Plan		Delta Dental Buy-Up PPO Plan		DeltaCare USA DHMO Plan	
	Employee Per-Pay-Period Contribution	SHC Per-Pay-Period Contribution	Employee Per-Pay-Period Contribution	SHC Per-Pay-Period Contribution	Employee Per-Pay-Period Contribution	SHC Per-Pay-Period Contribution
Employee	\$0.00	\$32.62	\$10.60	\$32.62	\$0.00	\$8.09
Employee + Spouse	\$14.96	\$45.48	\$34.62	\$45.48	\$0.00	\$15.20
Employee + Child(ren)	\$0.00	\$62.26	\$20.25	\$62.26	\$0.00	\$14.31
Employee + Family	\$14.96	\$75.15	\$44.27	\$75.16	\$0.00	\$21.82

Note: Imputed income will be assessed if you are covering an eligible domestic partner under your health benefits.

2017 Dental Plan Comparison Chart

Services	Delta Dental Basic PPO Plan	Delta Dental Buy-Up PPO Plan	DeltaCare USA DHMO Plan
Annual Deductible (Individual/Family)	\$50 per person/\$150 per family each calendar year	\$25 per person/\$75 per family each calendar year	No annual deductible
Annual Benefits Maximum	\$2,000 per person each calendar year	\$2,500 per person each calendar 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%	100%	No or low copayments for most services
Basic Services	80%	90%	Predetermined dollar copayments vary for covered services
Major Services	50%	60%	
Orthodontics	50%	50%	
Orthodontic Maximum	\$1,500 per lifetime	\$2,000 per lifetime	
Implants	50%	60%	

* You'll save more when you visit in-network providers.

Benefits for You



HealthySteps to Wellness

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

By participating in approved wellness activities, you will be eligible to earn incentive dollars that can help pay for IRS-qualified health care expenses. Depending on your medical plan enrollment, the funds will be deposited into your Health Savings Account or a Health Incentive Account. You will be able to earn up to \$500 for employee-only medical plan coverage and up to \$1,000 for employees with covered dependents.

CareCounsel

Understanding the details of your health plans can be confusing. To help you get the most from your plan, SHC provides a no-cost health advocacy benefit called 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.

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 Life, Accidental Death and Dismemberment, and Short- and Long-Term Disability insurance plans.

Life and Accident Insurance

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

Basic Life insurance covers your annual base salary up to \$50,000 maximum.

Disability Insurance

Short-Term Disability (STD) — You will be able to purchase coverage with Matrix to supplement California State Disability Insurance (SDI), for a benefit of 60% of your base pay, up to a weekly maximum.

Long-Term Disability (LTD) — You will receive the SHC-paid Core LTD coverage through Liberty Mutual that pays a benefit of 50% of your base pay, up to a monthly maximum. You will be able to buy additional coverage, for a total benefit of 66 2/3% of your base pay, up to a monthly maximum.

Important: For additional SDI information including eligibility, visit the State of California Employment Development Department website at www.edd.ca.gov.

Business Travel Accident (BTA) Insurance

BTA coverage is provided to you at no cost through The Hartford. BTA provides you accident insurance when on business travel. The coverage also includes travel and ID theft assistance.

Tax-Advantaged Accounts

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

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

Health Savings Account

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 SHC, you take your funds with you, including any contributions from SHC. For someone age 55 and older as of December 31, 2017, you can make an additional \$1,000 catch-up contribution per IRS regulations.

2017 Health Savings Account Maximum Contribution Limits*

Employee-only	\$3,400
Employee + one or more dependents	\$6,750

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

Flexible Spending Accounts

The Health Care and Dependent Daycare 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.

2017 Flexible Spending Account Maximum Contribution Limits

Health Care FSA	\$2,550
Dependent Daycare FSA	\$5,000

Benefits for Retirement



We help you save for your retirement by offering you a plan that includes both SHC and voluntary employee contributions and a variety of investment options. You can choose from a variety of investment options based on your personal investment style.

Retirement Savings Plan

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

As a benefit-eligible employee, once you have met the one-year waiting period, you will be eligible to receive a 5% SHC basic contribution and matching contributions up to 4%. After additional service time has been met, you are eligible to receive matching percentage increases from SHC. You are immediately 100% vested in any of the SHC basic and matching contributions deposited into your RSP, as well as any additional earnings in your account.

Retiree Medical Benefits

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

Benefits for Work and Life

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

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



Employee Assistance Program (EAP)

Life challenges can be difficult to deal with. When you or your covered family member need someone to talk to, our EAP through Beacon Health Options can provide in-person, telephonic, or video counseling, referrals to mental health professionals, and more at no cost to you, giving you peace of mind in troubling times.

Back-Up Care Advantage Program

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

Extended Sick Leave (ESL)

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

Educational Assistance

After you have completed your trial period, you are eligible for the Educational Assistance Plan and the Professional Membership Reimbursement Program. You can be reimbursed up to \$2,000 per fiscal year (September 1-August 31) for covered expenses.

Commuting and Parking

SHC works in conjunction with Stanford University Parking & Transportation Services (P&TS) to support many commuter programs, including free transit on CalTrain, VTA and the Marguerite Shuttle.

For information on parking and other programs, visit the P&TS website at <https://transportation.stanford.edu>.

Employee Discounts and Purchase Program

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

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

Stanford Federal Credit Union

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

Adoption Assistance

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

Access to Stanford University Programs

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

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



Time Off

Our generous time-off program ensures you get the rest and relaxation you need. SHC's Time Off program includes Paid Time Off, Jury Duty, Extended Sick Leave, Bereavement Leave, etc.

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

Paid Time Off

The Paid Time Off (PTO) program combines all time off into a single pool that can be accessed by the employee for vacation, holidays, illness, family emergencies, religious observances and other excused absences, including absences protected under the law. Actual PTO accrual will be based on your commitment (FTE). The maximum PTO accrual is 520 hours.

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

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

Voluntary Benefits

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



Legal Insurance

Access legal services through the Hyatt Legal Plan to assist with wills and estate planning, real estate matters, financial issues, family matters and more.

Pet Insurance

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

Identity Theft Services

ID TheftSmart® coverage provides comprehensive identity theft safeguards and restoration services including continuous credit monitoring and fraud restoration.

Auto and Home Insurance

Choose the best auto and home insurance for your situation from the Choice Auto and Home Program. Compare policies with quotes from top-rated companies with a wide variety of coverage options, including home, auto, renter, boat and more.

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

Effective January 1, 2017

The screenshot shows the HealthySteps website interface. At the top, there is a search bar and logos for Stanford Health Care and Stanford Children's Health. The main content area features a grid of tiles for different benefit categories: Health & Life, Retirement, Additional Benefits & Special Programs, Wellness, Life Events, Leaves & Time Off, News & Resources, View or Change My Benefits (SHC), and View or Change My Benefits (LPCH). Below the grid, there are two navigation prompts: "Are you a new hire?" and "Do you need to contact a vendor?". At the bottom, there are links for "HELP & CONTACTS", "HIPAA PRIVACY POLICY", "CONFIDENTIALITY POLICY", and a copyright notice for 2016 HealthySteps.

To learn more about the benefits available to you, visit www.healthysteps4u.org.

To access information about vendors who administrate SHC benefits, visit <https://healthysteps4u.org/vendor-contacts/>.



