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.

Stanford HEALTH CARE

BUILDING HEALTHY COMMUNITIES

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).

Important: Relief benefits vary by commitment level.

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 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).

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 gives you access to both in-network and out-of-network 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		
Employee	$50.32	$590.86
Employee + Spouse	$181.31	$1,222.37
Employee + Child(ren)	$85.53	$1,068.17
Employee + Family	$216.34	$1,699.85
Aetna Choice POS II Plan		
Employee	$0.00	$415.66
Employee + Spouse	$0.00	$910.13
Employee + Child(ren)	$0.00	$748.15
Employee + Family	$0.00	$1,242.61
Kaiser Permanente HMO Plan		
Employee	$38.70	$266.75
Employee + Spouse	$139.48	$547.39
Employee + Child(ren)	$65.79	$453.75
Employee + Family	$166.42	$735.06

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

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

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.

CRONA employees who enroll in the Aetna Choice POS II Plan also are eligible to receive quarterly contributions to their Health Savings Account (HSA) from SHC.

2017 Medical Plan Comparison Chart

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Annual Deductible Applies to services that require coinsurance; not required before copayments	$400/person $1,000/family	$1,300/employee-only coverage $2,600/employee + one or more covered dependents	$2,500/employee-only coverage $5,000/employee + one or more covered dependents	$0/person $0/family
Wellness Incentive	Based on participation in the *HealthySteps to Wellness* program	Based on the completion of the Health Risk Assessment (HRA), you will receive $100.00 deposited into your Health Savings Account (HSA) or Health Incentive Account (HRA)		
SHC/LPCH Contributions to HSA	N/A	Up to $400/employee-only coverage Up to $800/employee + one or more covered dependents Quarterly contributions are made in January, April, July and October		N/A
Annual Out-of-Pocket Maximum Includes deductible, copays and pharmacy	$1,800/person $3,600/family	$2,400/employee-only coverage $4,800/employee + one or more covered dependents	$4,800/employee-only coverage $9,600/employee + one or more covered dependents	$1,500/person $3,000/family
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Choice of Physicians	You must use SHCA physicians; 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 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
Claim Forms	No, except for out-of-network emergency services	No, except for out-of-network emergency services	Yes	No, except for non-Kaiser emergency services
Hospital Care Room and Board, Surgeon, Physician Visit and Anesthesiologist	Facility charges: 90% after deductible; No charge at SHC/LPCH or Stanford Health Care – ValleyCare hospitals (precertification required)	Facility charges: 80% after deductible; No charge after deducible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals (precertification required)	Facility charges: 60% of UCR charges after deductible (precertification required or $300/admission penalty applies; waived if emergency admission)	100% after $250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	

2017 Medical Plan Comparison Chart

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Office Care				
Physician Visit	$20/visit	80% after deductible	60% of UCR charges after deductible	$20/visit
Routine Physical	No charge	No charge	60% of UCR charges after deductible	No charge
Adult Preventive Services	No charge	No charge	60% of UCR charges after deductible	No charge
Child Preventive Services	No charge	No charge	60% of UCR charges after deductible	No charge
Specialist Visit	$35/visit	80% after deductible	60% of UCR charges after deductible	$35/visit

SHC provides you with three medical plans to choose from. Remember, check that your provider is in-network when you need care to receive better value for services provided.

2017 Medical Plan Comparison Chart

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Allergy Tests	$20/visit for PCP or $35/visit for Specialist	80% after deductible	60% of UCR charges after deductible	$35/test
Allergy Injections	No charge	80% after deductible	60% of UCR charges after deductible	$3/visit/injection
Immunizations	No charge	No charge	60% of UCR charges after deductible	No charge
Lab and X-ray (non-preventive)	Basic: 90% after deductible; $25/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office Complex: 90% after deductible; $100/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office	80% after deductible	60% of UCR charges after deductible	No charge
Outpatient Surgery	90% after deductible; $200 facility charge at SHC/LPCH or Stanford Health Care-Valley Care hospitals. Professional services are no charge, deductible waived	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals Professional charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible Professional charges: 60% of UCR charges after deductible	$100 per procedure
Chiropractic Care	$35/visit; 30-visit maximum per calendar year	80% after deductible; 30-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; 30-visit maximum per calendar year (combined in- and out-of-network maximum)	Discounts apply through Kaiser Permanente's Healthyroads program
Acupuncture	$35/visit; 12-visit maximum per calendar year	80% after deductible; $30/visit maximum; 12-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; $30/visit maximum; 12-visit maximum per calendar year (combined in- and out-of-network maximum)	Discounts apply through Kaiser Permanente's Healthyroads program
Infertility Care	$35/visit for counseling and consultation; 50% after deductible of covered expenses for infertility studies and tests	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	$20/visit
Physical, Speech and Occupational Therapy (restorative services only)	$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)	80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy) (combined in- and out-of-network maximum)	60% of UCR charges after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy) (combined in- and out-of-network maximum)	$20/visit

2017 Medical Plan Comparison Chart

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Emergency and Urgent Care				
Emergency In Area	$200/visit	80% after deductible		$50/visit
Emergency Out-of-Network	$200/visit	80% after deductible		$50/visit
Urgent Care	$20/visit	100% after deductible		$20/visit at Kaiser facilities
Ambulance	No charge	100% after deductible		No charge
Skilled Nursing Facility	90% after deductible; 100-visit maximum per calendar year	80% after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	100% up to 100 days per benefit period (must live within the service area)
Home Health Care	90% after deductible; 100-visit maximum per calendar year	80% after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	100% with Kaiser approval; part-time or intermittent only; 100-visit maximum per calendar year (must live within the service area)
Well-Child Vision Screening	No charge	No charge	Not covered	No charge
Hearing Exams	$35/visit; well-child screening: No charge	80% after deductible; well-child screening: No charge	60% of UCR charges after deductible	$20/visit or $35/visit; well-child screening: No charge
Vision Benefits	Vision benefits administered through VSP. 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; 80% after deductible	Not covered, except for emergency treatment; 60% of UCR charges after deductible	Not covered
Durable Medical Equipment	90% after deductible; includes hearing aids (limited to one pair of hearing aids every two years)	80% after deductible; includes hearing aids (limited to one pair of hearing aids every two years). Prior authorization may be required	60% of UCR charges after deductible; includes hearing aids (limited to one pair of hearing aids every two years)	80% when prescribed by a Kaiser physician (must live within the service area) 50% for external sexual dysfunction devices
Transplant Services	90% after deductible; must be performed at a Institute of Excellence facility and subject to utilization review; No charge at SHC/LPCH or Stanford Health Care – ValleyCare hospitals	80% after deductible; must be performed at a Institute of Excellence facility and subject to utilization review	Must use Institute of Excellence	For covered transplant services, you pay the same cost sharing as other services not related to a transplant
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 Kaiser Permanente

2017 Medical Plan Comparison Chart

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Inpatient	Facility charges: 90% after deductible; No charge at SHC/ LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 80% after deductible; No charge after deducible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or $300/ admission penalty applies; waived if emergency admission)	100% after $250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Outpatient	$20/visit	80% after deductible	60% of UCR charges after deductible	Individual: $20/visit; Group: $10/visit
Substance Abuse	Substance abuse care provided through SHCA	Substance abuse care provided through 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: 80% after deductible; No charge after deducible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or $300/ admission penalty applies; waived if emergency admission)	100% after $250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Outpatient	$20/visit	80% after deductible	60% of UCR charges after deductible	Individual: $20/visit; Group: $5/visit
Prescription Drugs	Prescription Drugs provided through Aetna	Prescription Drugs provided through CVS/caremark	Prescription Drugs provided through CVS/caremark	Prescription Drugs provided through Kaiser Permanente
Preventive	**Retail 30-day Supply** Generic: $10/prescription Brand Formulary: $25/prescription Brand Non-Formulary: $50/prescription **Mail-Order 90-day Supply** Generic: $20/prescription Brand Formulary: $50/prescription Brand Non-Formulary: $100/prescription	**Retail 30-day Supply** Generic and Brand Formulary: 100%; no deductible Brand Non-Formulary: $50/prescription; no deductible **Mail-Order 90-day Supply** Generic and Brand Formulary: 100%; no deductible Brand Non-Formulary: $100/prescription; no deductible	**Retail 30-day Supply** 60% after deductible **Mail-Order 90-day Supply** Not covered	**Retail 30-day Supply** Generic: $10/prescription Brand Formulary and Specialty: $25/prescription when prescribed by a plan physician **Mail-Order 100-day Supply** Generic: $20/prescription Brand Formulary: $50/prescription
Non-Preventive	Same as Preventive above	80% after deductible	Same as Preventive above	Same as Preventive above

2017 Medical Plan Comparison Chart

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Women's Contraceptives	Provided through Aetna	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)	**Retail & Mail-Order Generic and Brand Formulary:** No charge, no deductible **Brand Non-Formulary:** $50/prescription (retail); $100/prescription (mail-order); no deductible	**Retail 30-day Supply:** 60% after deductible **Mail-Order 90-day Supply:** Not covered	No charge (see plan for details)
Women's Contraceptives covered under the Medical Plan	Services though Aetna	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	60% of UCR charges after deductible	No charge

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

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

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

June 2017 CRONA

See page 15 to learn about tax-advantaged accounts that can help you pay for eligible health care expenses.

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**.

2017 Vision Plan Comparison Chart

Services	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		$25	See frame and lenses
Frames	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% off amount over your allowance	Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Options	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 35-40% off other lens options	$50 $80 - $90 $120 - $160	Every calendar year
Contacts (instead of glasses)	• $105 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation)	$0	Every calendar year
Extra Savings and Discounts	• Glasses and sunglasses • Retinal screening • Laser vision correction Discounts vary		

Dental Plan

You will have the option to choose between two dental plans, the DeltaCare USA DHMO Plan and the Delta Dental 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	DeltaCare USA DHMO Plan		Delta Dental PPO Plan	
	Employee Per-Pay-Period Contribution	SHC Per-Pay-Period Contribution	Employee Per-Pay-Period Contribution	SHC Per-Pay-Period Contribution
Employee	$0.00	$8.09	$0.00	$28.17
Employee + Spouse	$0.00	$15.20	$13.12	$38.99
Employee + Child(ren)	$0.00	$14.31	$0.00	$53.52
Employee + Family	$0.00	$21.82	$13.12	$64.34

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

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

2017 Dental Plan Comparison Chart

Services	DeltaCare USA DHMO Plan	Delta Dental PPO Plan
Annual Deductible	No annual deductible	$50 per person / $150 per family each calendar year
Annual Benefits Maximum	No annual or lifetime dollar maximums except for accidental injury	$1,500 per person each calendar year
Choice of Providers	DeltaCare USA network providers	Visit the provider of your choice*
Diagnostic & Preventive Services	No or low copayments for most services	100%
Basic Services	Predetermined dollar copayments vary for covered services	80%
Endodontics		80%
Periodontics		80%
Oral Surgery		80%
Major Services		50%
Orthodontics		50%
Orthodontic Maximum		$1,000 per lifetime

** 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 earn an incentive based on your achieved wellness level. These employer-contributions will be deposited into your Health Savings Account or a Health Incentive Account with HealthEquity to help pay for IRS-qualified health care expenses.

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

If you enroll in the Aetna Choice POS II Plan or the Kaiser Permanente HMO Plan, and complete the online Health Assessment, you can earn $100.

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. Your costs will be determined based on your age and the coverage amount you select.

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.**

Note: CRONA Relief B Employees

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

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

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 an additional $1,000 catch-up contribution per IRS regulations.

2017 Health Savings Account Maximum Contribution Limits*	
Employee-only	$3,350
Employee + one or more dependents	$6,750

** The maximum contribution limit amounts include both employee contributions and 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	$2,500
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.

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).

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

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

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

"A" Time Credit

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

Voluntary Benefits

To further offer 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

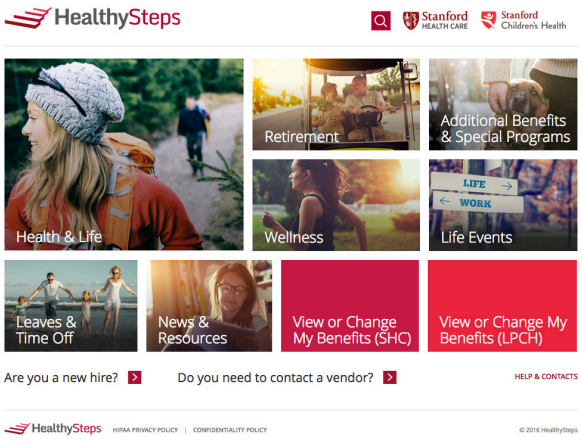
Pet insurance coverage from Nationwide is available for pet accidents, illnesses and preventive care.

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.



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/**.

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