
Using Your Handbook and Benefits Program

For questions and assistance with your benefits
or information in this section, contact the
HealthySteps benefits service center at
855-278-7157 (Monday – Friday, 5:00 a.m. – 5:00 p.m. PT).

Lucile Packard Children's Hospital Stanford is a participating employer in the
Stanford Health Care Employee Health and Welfare Benefit Plan.

For Non-Represented and SEIU-UHW Represented Employees

Effective January 1, 2017

Understanding Your Benefits Program

For purposes of this Handbook, Stanford Health Care as the plan sponsor and Lucile Packard Children’s Hospital Stanford as a participating employer are referred to as “the hospital” or collectively as “the hospitals.”

The hospitals want you to understand how your benefits program works. This section provides you with information about how to use your Handbook, a summary of your benefits, eligibility information, when benefits begin and end, and when you may enroll or make changes.

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Welcome to Your Benefits Handbook

The 10 sections below constitute your benefits Handbook, as follows:

- *Using Your Handbook and Benefits Program*
- *Your Health Care Benefits* — information on your medical, pharmacy, vision, dental, and Employee Assistance Program (EAP) benefits
- *Income Protection Benefits* — in case you become ill or disabled
- *Survivor Protection Benefits* — if you or a family member dies or is injured
- *Tax-Advantaged Savings Accounts and Health Incentive Account* — accounts to save tax-free money to pay for eligible health care and dependent daycare expenses
- *Additional Benefits* — additional benefits provided or are available to you by the hospitals
- *Retirement Savings Plan* — to help you build your retirement income
- *Retiree Medical* — when you leave the hospitals on or after age 55
- *Life Events* — information on how major life transitions impact coverage
- *Administrative Information* — information and resources to help you

These sections, along with a Glossary of Terms, are designed to help you learn about your benefits so you can use them effectively. Because benefits are a major part of your total compensation, it is important to the hospitals that you understand and get the most from your benefits program.

Intent of the Handbook

This Handbook and the hospitals' benefits program apply to all eligible employees.

The information in this Handbook and the Health booklets from the medical and dental plans are intended to comprise the Summary Plan Description of the hospitals' benefits program. It is your responsibility to read this Handbook and the Health booklets, and to ask questions if you need more information. It is also your responsibility to visit www.healthysteps4u.org to download your plan's Health booklet. If you do not have access to a computer, please contact the HealthySteps benefits service center at 855-278-7157 to have a paper copy mailed to you at no charge. This Handbook does not serve as a guarantee of continued employment or benefits. The hospitals may change, modify or terminate the benefits and policies described in this Handbook at any time.

How Your Benefits Program Was Developed

Before we begin, we would like to share our strategy in the development of this competitive benefits program. First, we considered the *organization's missions and values* to care, educate and discover. This commitment includes providing a comprehensive benefits program to the hospitals' employees and their families that is flexible enough to meet their changing needs. Next, we considered the *competitive marketplace* in which the hospitals operate. In addition, the program also recognizes *ohospitals contribute a large percentage toward the cost of your health coverage. The remainder is deducted ur shared responsibility of keeping the costs of benefits moderate and manageable* for all.

The from your paycheck on a pre- or post-tax basis, depending on the benefit plan(s) you select. For pre-tax plans, this lowers your taxable wages and results in greater take-home pay for you. For post-tax plans, such as life insurance and disability, by paying the tax up front, the benefits you or your beneficiaries receive won't be subject to taxes.

In summary, your benefits program offers you:

Choice

The opportunity to design your package of benefits — a package that reflects personal choices and individual needs for coverage.

Flexibility

The freedom to adjust your benefit selections as your lifestyle changes.

Value

A carefully considered approach, so that the hospitals can give you the best value for the money we spend.

Competitiveness

The chance for the hospitals to reward you with a package of benefits that is progressive and competitive in Northern California.

Who Is Eligible

Employees who work at least 40 hours per pay period are eligible for some or all of the benefits described in this Handbook, as outlined in the table below:

If you are an employee in this group ...	You are eligible for these benefits ...
<p>Regular (Non-Represented/SEIU-UHW Represented)</p> <p>Fixed Term (Non-Represented/SEIU-UHW Represented)</p>	<ul style="list-style-type: none"> • Medical/Vision • Health Savings Account (HSA) • Dental • Life insurance (Basic, Optional, Spouse/Eligible Domestic Partner and Dependent Child Life and Accidental Death and Dismemberment (AD&D)) • Disability Insurance (Optional Short-Term Disability (STD), Basic and Supplemental Long-Term Disability (LTD)) • Flexible spending accounts (Health Care and Dependent Daycare Flexible Spending Accounts (FSA)) • Health Incentive Account (HIA) • Employee Assistance Program (EAP) • Business Travel Accident Insurance • Back-up Care • Voluntary Benefits • Retirement Savings Plan (RSP)¹

¹ Must meet the criteria outlined in the *Retirement Savings Plan* section to be eligible for the Basic Contribution. Please see the *Retirement Savings Plan* section at www.healthysteps4u.org for more details.

Eligible Dependents — A Definition of Dependents

The following dependents are eligible for benefits:

- Legally married spouse.
- Eligible domestic partner who meets the following criteria:
 - Is at least 18 years of age, and
 - Is someone with whom you have filed a Declaration of Eligible Domestic Partnership with the state, and
 - Shares a common residence with you, and

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- Is not legally married to you, or anyone else, and does not have another eligible domestic partner, and
 - Is not related to you by blood or any other family relationship that would bar marriage in your state of residence, and
 - Is the same gender, or opposite gender, if you or your partner is over the age of 62 and meets the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits, or Title XVI of the Social Security Act as defined in 42 U.S.C Section 1381 for aged individuals, and
 - Consents to the jurisdiction of the Superior Courts of California for the purpose of a proceeding to obtain a judgment of dissolution or nullity of the eligible domestic partnership or for legal separation of partners in the eligible domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to be residents of, or maintain a domicile in, this state.
- Eligible children:
 - Your children (including natural children, adopted children or children for whom you have initiated legal adoption proceedings prior to age 18, stepchildren, children for whom you are the legal guardian up to age 18, and children for whom you are required to provide health coverage resulting from a Qualified Medical Child Support Order [QMCSO]) up to age 26 (age 23 for dependent life insurance).
 - Unmarried children, of any age, who are incapable of self-support and principally dependent on you or your spouse/eligible domestic partner, as a result of physical or mental disabilities that began before age 19. A disabled child may be covered past age 26 if the medical plan provider approves. In order to be eligible for coverage, your over-age disabled child(ren) must be claimed as a tax dependent by you or your spouse/eligible domestic partner and be dependent upon the same for support (50% or more).

Application for coverage beyond age 26 due to disability must be made to the medical plan provider 60 days prior to the date coverage is to end due to the child reaching limiting age. The plan may periodically request proof of continued disability, but not more than once a year after the initial certification, depending on the medical plan provider requirements.

If you are a newly hired employee with a disabled child over age 26, or if you acquire a disabled child over age 26 (through marriage or eligible domestic partnership), you may also apply for coverage for that child. The child's disability must have begun prior to the child turning age 19. You must contact the medical plan provider for the process of disabled dependent certification. If approved by the carrier, coverage will be added for the dependent retroactive to the coverage beginning date.

Coverage If Both You and Your Spouse/Eligible Domestic Partner Work at the Hospitals

In most cases, plan rules do not allow for duplicate coverage.

Employees

You cannot be covered in the hospitals' sponsored plan both as an employee and as an eligible dependent of a hospital employee at the same time:

- **If you are currently enrolled as an employee and as a dependent:** The initial enrollment election for your coverage will remain in force and the second one will be cancelled.
- **If you are covered as an eligible dependent and later become eligible for coverage as an employee:**
 - You and your spouse/eligible domestic partner can each select coverage as employees. In this case, only one of you can cover your eligible children as dependents, or
 - You can opt out of your own employee coverage and be covered as a dependent.

Dependent Children

If you and your spouse/eligible domestic partner both work at the hospitals and you both enroll in benefits separately, you can each enroll your eligible children in dental plan coverage. Duplicate coverage under other plans (e.g., life insurance) is not allowed.

Retirees

With regard to retiree medical benefits, when both spouses work for the hospitals and are eligible under different categories, please contact the HealthySteps benefits service center at 855-278-7157 to determine the appropriate classification at least five years prior to retiring. Special rules apply for retiree medical coverage. Visit www.healthysteps4u.org and view the *Retiree Medical* section for additional information.

Working Spouse/Eligible Domestic Partner Access Fee

If your spouse/eligible domestic partner has access to other employer coverage but decides not to elect that coverage, and elects to join the hospitals' sponsored plan instead, you will be required to contribute a monthly access fee of \$50 on a pre-tax basis. The fee applies if you meet **all** the following criteria:

- Your spouse/eligible domestic partner is employed outside of the hospitals
- Your spouse/eligible domestic partner is offered health coverage from his/her employer as a part of his/her benefits package
- Your spouse/eligible domestic partner declines that coverage
- You enroll your spouse/eligible domestic partner in the hospitals' plan
- You earn \$32.32² or more per hour as of August 31, 2016, or your date of hire, whichever is later.

² This amount is subject to change each year and is based on August 31 of the preceding plan year.

Please Note: The Working Spouse/Eligible Domestic Partner Access Fee is deducted on a pre-tax basis. However, if you do not claim your eligible domestic partner on your federal taxes, the access fee is subject to federal tax withholding. Contact your tax advisor for details on how to report this in your income tax return.

Summary of Your Benefits

The following chart serves as a brief illustration of the components of your benefits program. Certain limitations may apply. Read this Handbook, the “Your Health Care Benefits” booklet and your health plan’s Health booklet for complete information about your benefits.

Your Benefits

	Your Choices	Cost Sharing
Health Insurance		
Medical	<ul style="list-style-type: none"> Aetna Choice POS II with Health Savings Account (HSA) Stanford Health Care Alliance (SHCA) Kaiser Permanente HMO Waive coverage³ 	<ul style="list-style-type: none"> You share the cost depending on which plan you pick and whom you cover
Prescription Drug	<ul style="list-style-type: none"> For Aetna Choice POS II with HSA members: CVS/caremark For SHCA members: Aetna For Kaiser Permanente HMO members: Kaiser Permanente HMO 	<ul style="list-style-type: none"> Included with medical coverage
Mental Health/Substance Abuse Insurance	<ul style="list-style-type: none"> For Aetna Choice POS II with HSA members: Optum For SHCA members: Aetna For Kaiser Permanente HMO members: Kaiser Permanente HMO 	<ul style="list-style-type: none"> Included with medical coverage
Vision	<ul style="list-style-type: none"> VSP 	<ul style="list-style-type: none"> Included with medical coverage
Working Spouse/Eligible Domestic Partner Access Fee	<ul style="list-style-type: none"> All hospital sponsored Medical Plans⁴ 	<ul style="list-style-type: none"> Employee paid⁴
Dental	<ul style="list-style-type: none"> Delta Dental Basic PPO Delta Dental Buy-Up PPO DeltaCare[®] USA DHMO Waive coverage⁵ 	<ul style="list-style-type: none"> You share the cost depending on which plan you pick and whom you cover.

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	Your Choices	Cost Sharing
Survivor Protection		
Basic Life Insurance	<ul style="list-style-type: none"> One times your annual base salary or \$50,000, whichever is lower 	<ul style="list-style-type: none"> Employer paid
Optional Life Insurance	<ul style="list-style-type: none"> You choose one to six times your annual salary up to \$3 million (combined with Basic Life) Evidence of Insurability (EOI) is required for coverage that exceeds three times your annual salary Waive coverage 	<ul style="list-style-type: none"> Employee paid (based on employee's age)
Spouse/Eligible Domestic Partner Life Insurance	<ul style="list-style-type: none"> Available in \$10,000 increments up to \$200,000. Evidence of Insurability (EOI) is required for coverage that exceeds \$50,000; coverage cannot exceed 100% of employee coverage amount Waive coverage 	<ul style="list-style-type: none"> Employee paid (based on employee's age)
Dependent Child Life Insurance	<ul style="list-style-type: none"> \$10,000 per child Waive coverage 	<ul style="list-style-type: none"> Employee paid
Employee or Family Accidental Death and Dismemberment (AD&D) Insurance	<ul style="list-style-type: none"> Available in increments of \$10,000 up to \$1 million Waive coverage 	<ul style="list-style-type: none"> Employee paid
Business Travel Accident	<ul style="list-style-type: none"> Five times annual salary up to \$500,000 	<ul style="list-style-type: none"> Employer paid

³ If you waive your health coverage because you have coverage elsewhere, please see "Special Enrollment Period" on page 19.

⁴ Does not apply to employees who's hourly rate is \$32.32 or less per hour as of August 31, 2016, or your date of hire, whichever is later.

⁵ If you waive your health coverage because you have coverage elsewhere, please see "Special Enrollment Period" on page 19.

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	Your Choices	Cost Sharing
Income Protection Benefits	For Your Own Disability	
First 12 Months Insurance (SDI)	<ul style="list-style-type: none"> California State Disability Insurance (SDI) 	<ul style="list-style-type: none"> Automatic payroll deduction
Optional Short-Term Disability (STD) — up to Six Months	<ul style="list-style-type: none"> Purchase coverage up to 60% of your base pay, up to weekly limits. (Note: STD benefit is offset by SDI calculated benefit amount, even if you don't apply for SDI.) 	<ul style="list-style-type: none"> Employee paid
Basic Long-Term Disability (LTD) — 50%	<ul style="list-style-type: none"> Employer provided 	<ul style="list-style-type: none"> Employer paid
Supplemental Long-Term Disability — 66 2/3%	<ul style="list-style-type: none"> Purchase coverage up to 66 2/3% of your base pay, up to weekly limits. (Note: STD benefit is offset by SDI calculated benefit amount, even if you don't apply for SDI.) 	<ul style="list-style-type: none"> Employee paid
Retirement Benefits		
Retirement Savings Plan (RSP)	<ul style="list-style-type: none"> The RSP allows you to invest a portion of your pay⁶ for retirement <p>For details about this plan, see the <i>Retirement Savings Plan</i> section at www.healthysteps4u.org.</p>	<ul style="list-style-type: none"> After one year of service, the hospitals automatically deposit into your Retirement Savings Plan account an amount equal to 5% of your eligible pay each pay period. If you contribute, the hospitals will match your contribution up to 4%.⁶
Retiree Medical		
Retiree Medical	<ul style="list-style-type: none"> You may be eligible for retiree medical benefits if you are age 55 or older and meet the service requirements when you leave the hospitals. 	<ul style="list-style-type: none"> Please refer to the <i>Retiree Medical</i> section for more information on your Retiree Medical options.

⁶ You may be eligible for an enhanced contribution and match. For more information, see the *Retirement Savings Plan* section at www.healthysteps4u.org for more details.

Benefit Options	Your Choices	Cost Sharing
Tax-Advantaged Savings Accounts and Health Incentive Account		
Health Savings Account (HSA)	<ul style="list-style-type: none"> Offered only with the Aetna Choice POS II with HSA. Employees can contribute to this account on a pre-tax basis and can use the funds to help pay for health care expenses now and in the future. Employees who do not satisfy all of the eligibility requirements for an HSA can instead contribute on a pre-tax basis to the Health Care Flexible Spending Account (FSA). 	<ul style="list-style-type: none"> The hospitals will contribute up to \$500 for employee-only coverage; up to \$1,000 for family coverage, based on your participation in the HealthySteps to Wellness program. You can contribute up to an additional \$2,900 for employee-only coverage; \$5,750 for family coverage. If you are age 55 or older as of December 31, 2017, you can make an additional \$1,000 catch-up contribution. IRS limits the annual contribution to \$3,400 per person; \$6,750 for family coverage. These limits may change from year to year.
Health Care Flexible Spending Account (FSA)	<ul style="list-style-type: none"> Offered with SHCA or Kaiser Permanente HMO, to employees in the Aetna Choice POS II with HSA who do not satisfy all HSA eligibility requirements to contribute to an HSA, or if you waive coverage. You may make contributions to this account on a pre-tax basis. Use this account to pay for eligible health care expenses. Money in your account at the end of the plan year must be forfeited You have until March 15 after the end of the plan year to file claims for expenses incurred in the prior plan year. If you leave the hospitals, you may request reimbursement only for expenses incurred 	<ul style="list-style-type: none"> You may contribute up to \$2,550 in 2017.

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Benefit Options	Your Choices	Cost Sharing
	<p>during the plan year, up to the time of your termination. You have up to 90 days from your termination date to submit claims for reimbursement. Money in your account after the 90-day period must be forfeited.</p>	
<p>Health Incentive Account (HIA)</p>	<ul style="list-style-type: none"> Offered only with employee participation in the HealthySteps to Wellness program to employees enrolled in the SHCA or Kaiser Permanente HMO, or to members of the Aetna Choice POS II with HSA who do not satisfy all HSA eligibility requirements. The HIA will be set up to receive your wellness incentive dollars. Use this account to pay for eligible health care expenses. Money in your account at the end of the plan year must be forfeited. You have until March 15 after the end of the plan year to file claims for expenses incurred in the prior plan year. If you leave the hospitals, you may request reimbursement only for expenses incurred during the plan year, up to the time of your termination. You have up to 90 days from your termination date to submit claims for reimbursement. Money in your account after the 90-day period must be forfeited. 	<ul style="list-style-type: none"> Employer contribution based on participation in the HealthySteps to Wellness program. The hospitals will contribute up to \$500 for employee-only coverage; up to \$1,000 for family coverage, based on your participation in the HealthySteps to Wellness program.

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Benefit Options	Your Choices	Cost Sharing
Dependent Daycare Flexible Spending Account (FSA)	<ul style="list-style-type: none"> Allows you to pay certain expenses on a pre-tax basis. Money in your account at the end of the plan year must be forfeited. You have until March 15 after the end of the plan year to file claims for expenses incurred in the prior plan year. If you leave the hospitals, you may continue to submit reimbursement requests through March 15 of the year following your termination — up to your account balance — for eligible expenses incurred prior to your termination date 	<ul style="list-style-type: none"> You may contribute up to \$5,000 each calendar year.
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> Provides a range of services: counseling, workshops, peer support groups 	<ul style="list-style-type: none"> Employer paid
Voluntary Benefits Program Administered by Mercer Voluntary Benefits		
Auto Insurance	<ul style="list-style-type: none"> Offers rates that may be lower than individual rates and provides a convenient payroll deduction of your premiums. Choose from a list of trusted insurance companies. 	<ul style="list-style-type: none"> Employee paid
Home Insurance	<ul style="list-style-type: none"> Offers liability protection, living expenses should you be forced to live away from your home due to insured damage or disaster, coverage of your personal belongings if stolen or destroyed by insured disaster, and coverage for the structure of your home should it need to be rebuilt or repaired due to damage 	<ul style="list-style-type: none"> Employee paid

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Benefit Options	Your Choices	Cost Sharing
	by an insured disaster.	
Identity Theft Protection	<ul style="list-style-type: none"> Protect your identity through continuous monitoring of credit with email alerts, credit restoration and protection consultation services. 	<ul style="list-style-type: none"> Employee paid
Hyatt Legal Plan	<ul style="list-style-type: none"> This provides you and your family access to legal advice and professional representation at an affordable price; plan fully covers telephone advice and office consultations. 	<ul style="list-style-type: none"> Employee paid
Pet Insurance	<ul style="list-style-type: none"> Helps pay for your pet's treatments, surgeries, lab fees, X-rays and more. 	<ul style="list-style-type: none"> Employee paid
Purchase Program	<ul style="list-style-type: none"> Instead of using cash or credit card to make a purchase, this program lets you make payments directly out of your paycheck in equal installments over 12 months. 	<ul style="list-style-type: none"> Employee paid

For more information visit: www.shclpchvoluntarybenefits.com.

Enrollment

If you are a new hire and meet the benefits eligibility requirements or a current employee transferring to a benefits-eligible position, you must enroll in your benefits online as follows:

Stanford Health Care	Lucile Packard Children’s Hospital Stanford
<p>To access the HealthySteps benefits portal:</p> <ul style="list-style-type: none">• Visit www.healthysteps4u.org and click on “View or Change My Benefits (SHC)” from the homepage.• Enter your User ID and Password.<ul style="list-style-type: none">– When you visit the portal for the first time, click on “Are you a new user” to set up your User ID and Password.– When accessing the portal from a Stanford Health Care network, the registration process is handled for you via a secure sign-in process using your Stanford Health Care login and password.	<ul style="list-style-type: none">• Visit AccessHR from any computer at accesshr.lpch.org.• Enter your User ID and Password.<ul style="list-style-type: none">– Click on the “My Benefits” tile.– Click on the “Benefits” tile that states “Auto Sign In” if you are accessing from your personal hospital work station. <p style="text-align: center;">OR</p> <ul style="list-style-type: none">– Click on the “Benefits” tile that states “Shared Workstation” if you are accessing from a shared work station or a computer outside of the hospital network. <p>When accessing the HealthySteps benefits portal from AccessHR, the registration process is handled for you via a secure sign-in process using your Lucile Packard Children’s Hospital Stanford login and password.</p>

You must enroll within 31 days of your hire date or the date you became an eligible employee or you will be assigned a “default” coverage. This default coverage is effective the first day of the month after your hire date or the first of the month following the date you became an eligible employee.

If you waived your health coverage because you had coverage elsewhere and you lose that coverage, you may have the opportunity to enroll in the hospitals’ health care option pursuant to a Special Enrollment Period. Please see “Special Enrollment Period” on page 19 for more information.

Keep in mind that health care reform requires most Americans to have health care coverage. If you waive benefit coverage through the hospitals, know that it is your responsibility to get health care coverage somewhere else. Be sure to review your health care options to determine which option is best for you and your family.

Each fall during annual open enrollment, you will be able to change your benefits elections under the medical, dental, flexible spending accounts and group legal plans. If you do not make changes during annual open enrollment, you will receive the same coverage you had the previous year, but you will not be able to contribute to the flexible spending accounts. You must actively enroll in the flexible spending accounts during annual open enrollment each year in order to participate for the following year. You may enroll in a Health Savings Account, if eligible, at any time and make contributions on a prospective basis.

Other Benefits

When you become eligible, you are automatically enrolled in the Basic Life and Basic Long-Term Disability Insurance Plans.

For other benefits, you must enroll yourself and any eligible dependents, as well as authorize any applicable payroll deductions. Stanford Health Care employees enroll or make changes through the HealthySteps benefits portal via www.healthysteps4u.org and Lucile Packard Children's Hospital Stanford employees access the HealthySteps benefits portal through AccessHR at accesshr.lpch.org. See "Enrollment" on page 15 for enrollment instructions.

You can enroll within 31 days of your hire date or the date you become an eligible employee or are permitted to make a change in your enrollment:

- If you do not wish to enroll in medical insurance, select the "waive coverage" option when you enroll through the HealthySteps benefits portal.
- To enroll your eligible dependents, the hospitals require documentation to verify the individuals you have enrolled meet the eligibility requirements of the plan. The HealthySteps benefits service center administers the verification process; you must submit required documentation to the HealthySteps benefits service center to verify your dependents' relationship to you. Documents must be provided within 45 days of the date you are first eligible for benefits, marry, start a new eligible domestic partnership or acquire a new dependent. See "Supporting Documentation Needed" on page 17 for more information.

Default Coverage

As a new hire or if you transfer to a benefits-eligible position, you must complete your enrollment process within 31 days of becoming benefits eligible or you will be assigned default coverage. You may change your default coverage only during annual open enrollment unless you experience a qualifying life event.

Default coverage is for you only and will be effective on the first day of the month after you became benefits eligible. Default coverage consists of the following benefits:

- Medical — Aetna Choice POS II (employee only). Medical includes prescription drug, mental health, substance abuse benefits and vision. (Since you did not actively enroll into this plan, the default will not include being eligible for the HSA).
- Delta Dental Basic PPO (employee only).

Supporting Documentation Needed

When you are adding or removing a dependent from your benefits, you must provide the supporting documentation proving your relationship with this dependent within 45 days from the date of the event. If the HealthySteps benefits service center does not receive your supporting documentation within this timeframe, the dependent will be dropped from all coverage and you will be required to reimburse any benefits paid by the plans plus any expenses incurred by the hospitals. Here is a list of the supporting documentation needed:

Reason for Change	Required Documentation
Add a legal spouse/marriage	<ul style="list-style-type: none">• Copy of your marriage certificate AND• Copy of the first page of your federal tax return filed within the last two years listing your spouse (please black out all financial information) OR• Proof of Joint Ownership issued within the last six months. <p>Note: If marriage occurred within the last 12 months, no need to submit a secondary document.</p>
Add an eligible domestic partner (non-tax dependent or tax dependent)	<ul style="list-style-type: none">• Copy of your Domestic Partner Registration filed with the state AND Proof of Joint Ownership issued within the last six months OR• Notarized Affidavit of Domestic Partnership and Proof of Joint Ownership issued within the last 6 months.

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Reason for Change	Required Documentation
Add your child who is under age 26	<ul style="list-style-type: none"> • Copy of the birth certificate naming you as parent • For children under three months of age ONLY: Copy of the non-government-issued birth certificate (including parents' names) <p>Note: You are required to update the dependent's Social Security number when you receive it.</p>
Add your stepchild who is under age 26	<ul style="list-style-type: none"> • Copy of the birth certificate naming your spouse as the parent AND a copy of your marriage certificate AND a copy of the first page of your federal tax return filed within the last two years listing your spouse (please black out all financial information) OR • Proof of Joint Ownership issued within the last six months in lieu of a federal tax return. <p>Note: If the marriage occurred within the last 12 months, only the birth certificate and marriage certificate are required.</p>
Add your eligible domestic partner's child who is under age 26	<ul style="list-style-type: none"> • Copy of the birth certificate naming your eligible domestic partner as the parent AND a copy of your notarized Affidavit of Domestic Partnership AND a copy of Proof of Joint Ownership issued within the last six months OR • Copy of the birth certificate naming your eligible domestic partner as the parent AND a copy of your Domestic Partner Registration AND a copy of Proof of Joint Ownership issued within the last six months.
Add your adopted child or a child who is under age 26 and for whom you have initiated adoption proceedings prior to age 18 and have legal guardianship	<ul style="list-style-type: none"> • Copy of the adoption certificate, which includes the child's date of birth OR • Copy of the adoption placement agreement or petition for adoption, which includes the child's date of birth.
Add a disabled dependent who is age 26 or older	<ul style="list-style-type: none"> • Please contact the HealthySteps benefits service center
Death of a spouse or dependent	<ul style="list-style-type: none"> • Copy of the death certificate

IF YOU ARE ENROLLED IN THE SHCA MEDICAL PLAN

If you have dependents who are attending college outside of the SHCA network area, you can enroll them in an out-of-area plan. They can then use Aetna network providers (known as “out-of-area” providers) and pay the same copays or coinsurance as they would for an in-network provider. However, claim amounts from out-of-area providers that apply to their deductible and out-of-pocket maximums will not apply to the family deductible and out-of-pocket maximum. To enroll your dependent(s):

Your dependent will receive a new ID card at the physical address that SHCA Member Care Services provides to Aetna.

Special Enrollment Period

If you decline enrollment for yourself or your dependents (including your spouse or eligible domestic partner) because either you or your dependent have health insurance coverage under another group health plan or other insurance, you may be able to enroll yourself or your dependent in one of the health care options offered through the hospitals in the future if you enroll within 31 days of a qualifying life event. For a list of qualifying life events, please see “Changing Your Benefits” on page 23.

Cost of Coverage

Your share of the cost of your benefits depends on which plans you choose and which family members you cover. For some benefits, such as life and disability insurance, the cost may also depend on your age and/or covered salary.

Contributions to the Retirement Savings Plan are taken from each paycheck.

Deductions for other benefits are taken over 24 pay periods.⁷ If there are three pay periods within a calendar month, deductions will only be taken from the first two paychecks.

- Payroll deductions for your health insurance are taken on a pre-tax basis. This election remains in effect until you revoke it. There are special rules for covering eligible domestic partners, discussed below.
- Contributions to the Retirement Savings Plan can be taken on either a pre-tax or post-tax basis. You may change your contributions to a post-tax basis (or vice versa) at any time. However, pre-tax contributions to the plan will automatically change to post-tax if you reach the IRS maximum in any year. (In this case, contributions will revert to pre-tax on January 1, unless indicated otherwise.)
- Deductions for Life, AD&D, Disability or any of the Voluntary Benefits plans are taken on a post-tax basis.

⁷ With the exception of the Mercer Voluntary Benefits deductions, which are taken over 26 pay periods.

Paying for Eligible Domestic Partner Coverage

The IRS generally does not recognize eligible domestic partners (or their children) as legal dependents for income tax reporting. If you elect health coverage for your eligible domestic partner or his/her child(ren), your share of the cost for their coverage will be deducted from your pay after taxes are taken.

Your payroll deductions for providing medical and dental coverage for your eligible domestic partner are the same as those charged for a legal spouse. However, federal law requires that the value of your domestic partner's benefits be treated as ordinary taxable income to you unless the eligible domestic partner qualifies as a tax dependent under the Internal Revenue Code. This is called imputed⁸ (taxable) income. You will be taxed on this imputed income, unless you certify that your eligible domestic partner is your tax dependent. You will also be taxed on the amount that the hospitals pay to provide medical and dental benefits to your partner's child(ren) unless you are enrolling at least one child who is your dependent. You must certify that the child is your dependent.

In order to qualify as a tax dependent, an eligible domestic partner or your eligible domestic partner's child must:

- Receive over 50% of his or her support from you for the year, and
- Have your home as his or her principal abode for the entire year, and
- Be a member of your household.

If you are enrolling your eligible domestic partner and/or your eligible domestic partner's children and he/she/they also qualify as your tax dependents, please call the HealthySteps benefits service center. If the tax status of your eligible domestic partner or eligible domestic partner's child(ren) changes during the year, you are responsible for reporting the change in eligibility status.

⁸ Imputed income means additional compensation employees receive as cash or as benefits that is considered taxable.

When Coverage Begins

Benefit Type	When It Becomes Effective	
	If You Enroll Within the 31-Day Period for Newly Eligible Employees	If You Enroll During Open Enrollment
Health, Short-Term Disability, Optional Life and Supplemental LTD Insurance, Health Savings Account, Dependent Daycare FSA and Health Care FSA Contributions	<ul style="list-style-type: none"> The first day of the month after you are hired⁹ OR The first day of the month after you become eligible for benefits OR The first day of the month after a qualifying life event described in this section. <p>New Children If you enroll within the 31-day period for submitting your elections, coverage for new children is effective as of the date of their birth, adoption, placement for adoption or the date you are legally obligated to provide support.</p>	January 1 of the following year, however Short-Term Disability, Optional Life and Supplemental LTD Insurance may first be subject to underwriting approval. ⁹
Basic Life and Basic LTD Insurance	The first day of the month after you are hired or become eligible for benefits, whichever is later. You must be actively at work on the date your coverage begins.	N/A
Employee Assistance Program (EAP)	Your first day at work	N/A
Hyatt Legal Plan	First of the month following the date on which you made your online election	January 1 of the following year

Benefit Type	When It Becomes Effective	
	If You Enroll Within the 31-Day Period for Newly Eligible Employees	If You Enroll During Open Enrollment
Retirement Savings Plan	Voluntary contributions are effective as soon as administratively possible after you make your online elections. The hospitals' basic contribution begins the first pay period after you complete one year of service. Your contributions and the hospitals' matching contributions begin the first pay period after you complete the waiting period, or Transamerica processes your enrollment, whichever is later. See the <i>Retirement Savings Plan</i> section for more information about who is eligible for the Retirement Savings Plan and when you begin participating in the plan.	N/A
Business Travel Accident (BTA) Insurance	Your first day at work	N/A

⁹ If Evidence of Insurability (EOI) is required, coverage begins the first day of the month after the insurance company approves your application. See the *Income Protection Benefits* and *Survivor Protection Benefits* sections for information about when EOI is required for the insurance plans.

Changing Your Benefits

Each year the hospitals give you the opportunity to change your medical/vision and dental plans, enroll in or change your FSA, add or delete family members from your coverage or enroll if you had previously waived coverage. You may not change your election during the year unless you experience a qualifying life event (QLE) that results in a gain or loss of eligibility under the applicable benefit plans. These change “rules” are regulated by the federal government.

If you have a qualifying life event, you may make changes to your benefits coverage within 31 days and provide supporting documentation within 45 days of the event. The changes you can make generally must be consistent with your qualifying life event. For example, if you have a baby, you may add the new child, but you may not drop your spouse or change plans.

The following is a list of qualifying life events:

- Marriage or the establishment of an eligible domestic partnership
- Dissolution of marriage (including final divorce or annulment), legal separation, or termination of an eligible domestic partnership. (Please note that even if a court orders you to provide coverage, you must do so on your own — you cannot enroll your ex-spouse or former eligible domestic partner in your hospitals-sponsored health care plans.)
- The birth or adoption of a child, or your court-ordered appointment of legal guardianship for a child
- The death of your spouse/eligible domestic partner or dependent child
- Your child or your eligible domestic partner’s child reaching the plan’s age limit or entering the military
- Your dependent child regaining eligibility
- You or your dependent becoming Medicare or Medicaid eligible
- A change in caregivers, or a change in the cost for the services of a caregiver who is not a relative (for Dependent Daycare FSA purposes only)
- A move out of your medical claims administrator’s service area (applies to change of medical plan only)

SPECIAL RULES FOR ELIGIBLE DOMESTIC PARTNERSHIPS

Events that relate to an eligible domestic partnership, such as the establishment or dissolution of that partnership, are not qualifying life events that permit a change in your pre-tax contributions unless your eligible domestic partner is your tax dependent or the children of your eligible domestic partner are your tax dependents.

- A change in the employment of your spouse/eligible domestic partner or dependent that results in a gain or loss of health care coverage
- A change to or from a full-time or part-time benefits eligible employment status by you or your spouse/eligible domestic partner or dependent, if health plan eligibility is affected.
- The retirement of your employee spouse or eligible domestic partner actively employed by the hospitals if you are covered as his or her dependent on a health care plan
- An unpaid leave of absence taken by you, your spouse or eligible domestic partner that significantly affects the cost of your health care coverage.

In this section, we will examine general rules for making changes due to qualifying life events. For a look at the impact some common qualifying life events may have on your coverage choices, see the *Life Events* section.

Changes to Your Health Coverage and Flexible Spending Accounts

Once enrolled in your health plans, the Health Care FSA and/or the Dependent Daycare FSA, you can only make changes to your benefit elections within 31 days of a qualifying life event¹⁰ (see the “Health Coverage Changes” on page 25 for general rules for making changes to your health plan elections during the year) or during annual open enrollment each fall.

¹⁰ Changes to health plans must be made within 60 days of a qualifying life event under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). CHIPRA helps states to identify, enroll, and retain health coverage for uninsured children who are eligible for, but not enrolled in, Medicaid or CHIP.

Annual open enrollment changes are effective on January 1 of the following year. Election changes made during the year due to a birth or adoption of a child are effective on the date of the event, provided the change was made within 31 days of the qualifying life event. To request a change, you must log on to the HealthySteps benefits portal and enroll or make changes as follows:

- Stanford Health Care employees enroll or make changes through www.healthysteps4u.org; and
- Lucile Packard Children's Hospital Stanford employees access the HealthySteps benefits portal through AccessHR at accesshr.lpch.org.

Election changes made during the year for all other qualifying life events are effective on the first day of the month following the date of the event. You have 45 days from the date of the event to provide the required documentation to the HealthySteps benefits service center.

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If one of your dependents is no longer eligible for coverage, you must log on to the HealthySteps benefits portal and click “Health & Welfare Benefits > Life Events,” to drop him/her from coverage:

- Stanford Health Care employees enroll or make changes through the HealthySteps benefits portal via www.healthysteps4u.org, and
- Lucile Packard Children’s Hospital Stanford employees access the HealthySteps benefits portal through AccessHR at accesshr.lpch.org.

Failure to timely notify the hospitals of your dependent’s loss of eligibility will result in your dependent’s claims being denied and loss of rights under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Health Coverage Changes

When One of These Events Occurs During the Calendar Year ...	You May Make the Following Changes to Your Health Plan Elections (subject to the general rules outlined above)
Acquire new dependents through marriage/eligible domestic partnership, birth, adoption (or placement for adoption) or legal guardianship	<ul style="list-style-type: none"> • Add dependent coverage.¹¹ • Add new spouse/eligible domestic partner and any eligible children. • If you are enrolled, you can change your medical plan election. • If you are not enrolled, you can enroll yourself, your spouse/eligible domestic partner and any eligible children. • If you will be covered under your new spouse/eligible domestic partner’s plan, you can stop the hospitals’ coverage.
Change in a dependent’s status, e.g. child reaches maximum age, death of a dependent, divorce/annulment/end of eligible domestic partnership; you may also make a change if you obtain a legal separation — although you are not required to make a change until divorce/annulment	<ul style="list-style-type: none"> • Stop coverage for spouse/eligible domestic partner or child who is no longer eligible. • If divorce or death causes you or your eligible children to lose other coverage, you and your eligible children may enroll in the hospitals’ plans.¹²

When One of These Events Occurs During the Calendar Year ...	You May Make the Following Changes to Your Health Plan Elections (subject to the general rules outlined above)
<p>Change in your or your dependent's employment status that affects eligibility for health coverage, such as termination or commencement of employment, the commencement or return from an approved unpaid leave of absence, a change to or from a benefits eligible employment status or a strike or lockout</p>	<ul style="list-style-type: none"> • Drop dependent coverage.¹² • Add spouse/eligible domestic partner and children to the hospitals' plans if they are losing other coverage.¹³ • If you are losing other coverage and you are not enrolled in the hospitals' plans, you can enroll yourself, spouse/eligible domestic partner and children.¹³ • If the event is the commencement of or return from a leave of absence (LOA), you may cancel coverage and re-enroll when you return to work (see "Coverage During an Approved Leave of Absence (LOA)" on page 32 and your LOA information package).
<p>Medicare or Medicaid eligibility¹³</p>	<ul style="list-style-type: none"> • You may cancel medical coverage for the individual who becomes eligible for Medicare or Medicaid. • You may enroll the individual who loses Medicare or Medicaid coverage.
<p>Judgment, decree or order, including a Qualified Medical Child Support Order (QMSCO), that requires you (or your former spouse/eligible domestic partner) to provide health coverage for a child; the order may be the result of a divorce, legal separation, annulment or change in legal custody</p>	<ul style="list-style-type: none"> • You may add your child to your coverage. • If you are not enrolled, you and your child may enroll in one of the hospitals' medical/vision and dental plans. • You may cancel coverage for the child if the order requires your former spouse or other individual to provide coverage for the child.
<p>Change of residence or worksite</p>	<ul style="list-style-type: none"> • You may change your medical/vision and/or dental plan if you move out of your current plan's service area.
<p>Change in the hospitals' health coverage, e.g., the hospitals add or eliminate a plan option or significantly limit coverage under an option</p>	<ul style="list-style-type: none"> • If you are already enrolled in a plan, you may change plans. • If you are not currently enrolled, you may enroll only if a new plan is being offered.

When One of These Events Occurs During the Calendar Year ...	You May Make the Following Changes to Your Health Plan Elections (subject to the general rules outlined above)
Significant increase or decrease in the cost of the hospitals' health coverage	<ul style="list-style-type: none"> If cost increases, you may change to a less expensive plan. If you are not currently enrolled and cost decreases, you may enroll in the plan with the cost decrease. <p>(Note: Changes are not allowed for insignificant cost changes. Also, insignificant cost changes for hospitals' coverage may result in an automatic change in your payroll deduction.)</p>
Health plan election change under spouse/eligible domestic partner's employer's plan, if the other employer's open enrollment period is different from the hospitals' annual open enrollment period	<ul style="list-style-type: none"> If your dependent cancels or loses coverage under his/her employer's plan, you may: <ul style="list-style-type: none"> – Add the dependent to your plan OR – Enroll yourself and dependent in the hospitals' plan. If your spouse/eligible domestic partner had previously declined his/her employer's coverage and now enrolls, you may cancel the hospitals' coverage. If you enroll in your spouse/eligible domestic partner's employer plan, you may cancel the hospitals' coverage.
You or your dependent loses other coverage for any reason not mentioned above ¹³	<ul style="list-style-type: none"> You may enroll the dependent that is losing the other coverage.¹³ If you are not enrolled, you may enroll yourself and the dependent losing the other coverage.¹³

¹¹ You and your dependent are entitled to a 30-day Health Insurance Portability and Accountability Act of 1996 (HIPAA) Special Enrollment Period to re-elect benefits. Special enrollment rights must mirror the enrollment rights typically available for similarly situated individuals at initial enrollment.

¹² These special enrollment rights are available if you declined the hospitals' coverage when you were hired or at the last annual open enrollment period **and** you (or your spouse/eligible domestic partner or your dependent) lose other coverage because you exhaust your rights to COBRA coverage, employer contributions to the other coverage stop, or you are no longer eligible under that other coverage.

¹³ Under the Children's Health Insurance Program Reauthorization Act (CHIPRA), if you or your eligible dependents lose eligibility for coverage under a state Medicaid or CHIP program, or become eligible for state premium assistance under Medicaid or CHIP, you or your dependents can enroll in the hospitals' medical plan as long as you request coverage within 60 days of being terminated from Medicaid or CHIP coverage, or within 60 days of being determined to be eligible for premium assistance.

Changes to benefits, including removing dependents that are no longer eligible for benefits, may be made online:

- Stanford Health Care employees enroll or make changes through the HealthySteps benefits portal via www.healthysteps4u.org, and
- Lucile Packard Children's Hospital Stanford employees access the HealthySteps benefits portal through AccessHR at accesshr.lpch.org.

Failure to notify the hospitals of your dependent's loss of eligibility will result in claims being denied and loss of COBRA rights.

Flexible Spending Accounts Changes

For information about when you can make changes to flexible spending accounts, please refer to the *Tax-Advantaged Savings Accounts and Health Incentive Account* section.

Changing Your Other Benefits

Life and AD&D Insurance

When you experience a qualifying life event, you may keep your coverage at the same level or make either of the following changes in coverage, subject to any Evidence of Insurability (EOI) requirements:

- Decrease your coverage, or
- Increase your coverage (including enrolling for the first time).

You must apply for the change in coverage within 31 days of the date of the qualifying life event. Such changes in coverage must be due to or consistent with the reason that the change in coverage was permitted.

Changes to your life and disability benefits are effective the first day of the month after the later of:

- The date you elect the additional coverage online:
 - Stanford Health Care employees enroll or make changes through the HealthySteps benefits portal via www.healthysteps4u.org, and
 - Lucile Packard Children's Hospital Stanford employees access the HealthySteps benefits portal through AccessHR at accesshr.lpch.org.

OR

- The date the insurance company approves your change request, if Evidence of Insurability (EOI) is required.

Annual Open Enrollment Period

During the annual open enrollment period you may:

- Enroll in or change medical/vision and dental plans
- Add/delete dependents for your medical/vision and dental plans
- Enroll or re-enroll in the flexible spending accounts¹⁴
- Add, change or drop life insurance coverage (some increases are subject to EOI)
- Add, change or drop disability coverage (any increases are subject to EOI)
- Add, change or drop coverage for Hyatt Legal Plan
- Elect or re-elect your annual contribution to your HSA; if you miss your opportunity during annual open enrollment, you can make changes any time after the new year begins.

Changes made during the annual open enrollment period are effective the following January 1. You have 45 days from when you make your annual open enrollment election to provide the required documentation to the HealthySteps benefits service center.

Unless you make changes online, your health plan elections will automatically continue in the next calendar year. To enroll or make changes, you must log on to the HealthySteps benefits portal and enroll or make changes as follows:

- Stanford Health Care employees enroll or make changes through the HealthySteps benefits portal via www.healthysteps4u.org, and
- Lucile Packard Children's Hospital Stanford employees access the HealthySteps benefits portal through AccessHR at accesshr.lpch.org.

¹⁴ Participation in the Health Care FSA and Dependent Daycare FSA does not automatically renew. The election you made for the current calendar will reset to zero on the first day of the new calendar year. You must re-enroll each year to continue participation in these tax-advantaged savings accounts. You may, however, change your HSA elections at any time during the year.

When Coverage Ends

This section defines when the benefits coverage will end for you and your covered dependents. It also describes how to continue coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA) and individual policy conversion options.

Your coverage as an active employee ends on the last day of the month in which the first one of the following events occurs:

- You stop working
- Your employment terminates
- Your pay ends
- You are no longer an eligible employee
- You stop making required contributions
- The plan terminates.

Coverage for the Employee Assistance Program will be available through the last day of the month following the date of active employment.

For Your Covered Dependents

Coverage for your dependents (see definition of “covered dependent” under “Eligible Dependents — A Definition of Dependents” on page 4 for more information) under the hospitals’ benefit plans (as applicable) ends on the earliest of the following:

- The date your coverage ends for any reason
- The date you elect to stop dependent coverage either during annual open enrollment or within 31 days of a qualifying life event
- The date on which your dependent ceases to be a dependent as defined by the plan for any reason, including age, marriage, divorce, legal separation or termination of an eligible domestic partnership arrangement
- The date the dependent enters active duty in the armed services of any state, country or international authority
- The date the hospitals terminate the dependent’s coverage for nonpayment of the required contributions
- The date the hospitals terminate any of their benefit plans, to the extent the plan termination would affect your benefits.

Options When Coverage Ends

When your coverage as an active employee ends, you may be able to continue certain insurance plans as follows:

- You, or your covered dependents, may be able to continue medical/vision or dental insurance, Employee Assistance Program and Health Care FSA contributions under COBRA. See the *Your Health Care Benefits* section for information on COBRA.
- You, or your covered dependents, may be able to convert your medical insurance to an individual policy. See the *Your Health Care Benefits* section for information about converting your medical insurance to an individual policy.
- You may be able to continue your Basic Life and Optional Life Insurance under the insurance company's conversion and portability options. See the *Survivor Protection Benefits* section for information about options when your life insurance coverage ends.
- You may be able to convert and become insured under a group disability conversion policy when, as a covered person, you terminate employment with a sponsor and are no longer insured under the policy. See the *Income Protection Benefits* section for information regarding disability coverage.

Benefits Coverage During Layoff

Except for disability insurance, your benefit coverage continues until the last day of the month in which you work. You may continue your health benefits under COBRA, effective as of the first day you are laid off (see the *Your Health Care Benefits* section for information about COBRA). You may convert your life and long-term disability insurance to an individual policy, effective as of the first day you are laid off. Short-term disability insurance ends the last day you work and cannot be converted to an individual policy.

TIP

Severance pay benefits for employees who sign an "At Will" agreement are described in that agreement.

Other Important Provisions

- *While you are on an approved leave of absence*, your benefits continue as long as you continue to pay the required premium. See "Coverage During an Approved Leave of Absence (LOA)" on page 32 for information about continuing your benefits during an approved leave of absence.
- *Disability insurance* ends on the date a terminating event occurs (for examples of "terminating events," see "When Coverage Ends" on page 30). Benefits continue until you are no longer disabled or until you reach the maximum benefit period, whichever occurs first.

- *Coverage under the Health Care FSA* ends on the date of termination. You may request reimbursement only for expenses incurred during the plan year and while you were an active employee. If you leave the hospitals, you have up to 90 days from your termination date to submit claims for reimbursement.
- *Coverage under the Dependent Daycare FSA* ends on the date of termination. You may continue to submit reimbursement requests — up to your account balance — for eligible expenses incurred prior to your termination date.
- *If you leave regular employment on or after age 55* and meet certain age and service requirements, you may be eligible for retiree medical benefits. See the *Retiree Medical* section for information about retiree medical coverage.

Coverage During an Approved Leave of Absence (LOA)

	Medical/Vision, Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
Who pays for your coverage during an approved leave of absence	<p>You pay a subsidized cost (the same as if you were still an active employee) during the first six months (consecutive or in combination of months) of:</p> <ul style="list-style-type: none"> • Medical, pregnancy disability, family and military leaves; and • All paid personal and educational leaves. <p>You pay the full cost during:</p> <ul style="list-style-type: none"> • Unpaid personal leaves, educational 	<p>You have two options:</p> <ol style="list-style-type: none"> 1. Take no action and your deductions will continue as long as you are receiving a paycheck. If you don't have sufficient pay to cover your deduction, your deduction will go in arrears and will be collected once you have sufficient pay again. 2. Within 30 	<p>You have two options:</p> <ol style="list-style-type: none"> 1. Take no action and your deductions will continue as long as you are receiving a paycheck. If you don't have sufficient pay to cover your deduction, your deduction will go in arrears and will be collected once you have sufficient pay again. 2. Within 30 days of the start of your leave of 	<p>All contributions to the Retirement Savings Plan stop when pay/PTO ends and automatically resume when you return to work.</p> <p>You may be eligible to make up contributions to the Retirement Savings Plan when you return to work following a military leave that qualifies under the Uniformed Services Employment and Reemployment Rights Act (USERRA).</p> <p>Please contact Transamerica at 800-755-5801 for information regarding loan obligations while on an unpaid leave of absence.</p>

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>leaves or any medical leave over six months (consecutive or in combination of months).</p>	<p>days of the start of your leave of absence, you can stop your deductions through the HealthySteps benefits portal. Then, within 31 days of your return to work, you can resume your deductions through the HealthySteps benefits portal. For Stanford Health Care employees, please contact the HealthySteps benefits service center at 855-278-7157 to adjust your deduction amount so you can reach your annual goal. For Lucile Packard Children's Hospital</p>	<p>absence, you can stop your deductions through the HealthySteps benefits portal. Then, within 31 days of your return to work, you can resume your deductions through the HealthySteps benefits portal. Then, within 31 days of your return to work, you can resume your deductions through the HealthySteps benefits portal. For Stanford Health Care employees, please contact the HealthySteps benefits service center at 855-278-7157 to adjust your deduction amount so you can reach your annual goal. For Lucile Packard</p>	

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
		<p>Stanford employees, contributions will recalculate when you return to work based on the number of pay periods remaining in the calendar year.</p> <p>In either case, any claims you incur during your leave of absence are ineligible for reimbursement.</p>	<p>Children's Hospital Stanford employees, contributions will recalculate when you return to work based on the number of pay periods remaining in the calendar year.</p> <p>In either case, any claims you incur during your leave of absence and while you have paycheck deductions are eligible for reimbursement.</p> <p>See the <i>Tax-Advantaged Savings Accounts and Health Incentive Account</i> section for information about submitting claims during an approved leave of absence.</p>	

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	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan

Using Your Handbook and Benefits Program

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
Changing benefits during a leave of absence	<p>You may change your benefits under the same conditions as active employees who are allowed to make changes. If you have a planned leave of absence (e.g., pregnancy, scheduled surgery, etc.), benefits will continue as long as you continue to pay the required premium for coverage during your leave of absence. If you discontinue your contributions or drop your coverage during your leave, please refer to “Resuming your benefits when you return to work” on how to re-enroll.</p>			
Medical/visi on or dental plans	<p>You may enroll yourself, your spouse/eligible domestic partner and/or</p>			

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>any eligible children within 31 days of the birth or adoption of a child. You must enroll, if you have not already enrolled, in order to cover dependents. If you are adding an eligible domestic partner, imputed income may apply. If you are enrolled, you may change your medical plan option due to a qualifying life event. You may also drop your coverage (or dependent coverage) if you will be covered under your spouse's/eligible domestic partner's plan.</p>			
Optional Employee Life Insurance	<p>You may enroll in the amount of one, two or three times your base annual salary (\$50,000 minimum; \$1,000,000 maximum)</p>			

Using Your Handbook and Benefits Program

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>without providing Evidence of Insurability (EOI) within 31 days of the birth or adoption. Coverage starts the first day of the month after you become eligible, or if EOI is required, coverage starts the first day of the month after approval by the insurance company, whichever is later.</p>			
Dependent Child Life Insurance	<p>You may enroll your dependent children within 31 days of the birth or adoption of your child. Coverage starts the first day of the month after you become eligible, or if Evidence of Insurability (EOI) is required, coverage starts the first day of the month after approval by the insurance company,</p>			

Using Your Handbook and Benefits Program

	Medical/Vision, Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	whichever is later.			
Optional AD&D Plan	<p>If you are currently enrolled in employee-only coverage, you may change to family coverage or you can increase your current coverage amount within 31 days of the date of birth/adoption. If you are currently not enrolled in the plan, you may enroll in employee-only coverage or family coverage within 31 days of the birth/adoption. Your beneficiary designations may be reviewed or changed at any time.</p>			
Optional STD & Supplemental LTD Plans	<p>Optional STD You may stop your Optional STD coverage at any time. You may enroll for Optional</p>			

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>STD coverage under two circumstances:</p> <ul style="list-style-type: none"> • Within 31 days of becoming eligible and • During annual open enrollment. <p>Supplemental LTD You may stop your Supplemental LTD coverage at any time. You may enroll for Supplemental LTD coverage under three circumstances:</p> <ul style="list-style-type: none"> • Within 31 days of becoming eligible; • If you experience a qualifying life event; and • During annual open enrollment. <p>Enroll for or change coverage by</p>			

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>going online:</p> <ul style="list-style-type: none"> Stanford Health Care employees enroll or make changes through the HealthySteps benefits portal via www.healthysteps4u.org, and Lucile Packard Children's Hospital Stanford employees access the HealthySteps benefits portal through AccessHR at accesshr.lpch.org. <p>If you elect to stop coverage, your change request form will be processed as soon as administratively possible. For new Supplemental LTD coverage, you are</p>			

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	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>required to provide Evidence of Insurability (EOI). Your coverage will be effective the first day of the month after the insurance company approved your application. If you are absent from work on the date your coverage begins, your coverage becomes effective when you return to work.</p>			

Using Your Handbook and Benefits Program

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
When benefits end	<p>Benefits end on the earliest of:</p> <ul style="list-style-type: none"> • Leave ends and you do not return to work • Plan is terminated • You stop paying your share of the premium • You or your dependent is no longer eligible • Six months, consecutive or in combination 			
Options when benefits end	<ul style="list-style-type: none"> • See “Options When Coverage Ends” on page 31. 			
Resuming your benefits when you return to work	<ul style="list-style-type: none"> • You continue benefits during your leave by paying your share of the portion, if applicable, for up to six months (consecutive or in combination) 			

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>of months).</p> <ul style="list-style-type: none"> • Insurance you discontinue, or which terminates during your leave, is effective again the first day of the month after you return to work — if you re-enroll within 31 days of your return: <ul style="list-style-type: none"> – When you return to work from a leave of absence where benefits terminated, you must make new benefit elections: <ul style="list-style-type: none"> ▪ You (and eligible family members) 			

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>may re-enroll in the same plans, with the same level of coverage as before you left. You may add family members who became eligible during your leave.</p> <ul style="list-style-type: none"> ▪ Because a return from a leave of absence is a 			

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>change in employment status, you will have a Special Enrollment Period (similar to the annual open enrollment period) to make changes to your benefits.</p> <ul style="list-style-type: none"> You must re-enroll within your 31 day enrollment period. Your coverage will be effective the first 			

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	<p>of the month following your return to work.</p> <ul style="list-style-type: none"> You are required to provide Evidence of Insurability (EOI) for the life and disability plans. Coverage will be effective the first of the month following your return to work, subject to approval of EOI. <p>Refer to the LOA policy for more information about when your benefits resume when you return to work.</p>			
Changing your benefits when you return to work	<ul style="list-style-type: none"> If your leave is longer than 30 days, you may change your benefits when you return to 			

Using Your Handbook and Benefits Program

	Medical/Vision , Dental, Life, AD&D, Disability	Dependent Daycare FSA	Health Care FSA	Retirement Savings Plan
	work under the same conditions as active employees who are allowed to make changes — for example, during annual open enrollment period and when a qualifying life event occurs.			

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