



Dear Employee,

Welcome to Stanford Health Care! Stanford Health Care (SHC) is committed to providing you with comprehensive and affordable benefits as part of the total rewards package. Please take a moment to review the benefit offerings and select the best fit for you and your family.

We are pleased to offer the following benefits:

Health & Life

- Medical/Prescription
- Vision
- Dental
- Life, Accidental Death & Dismemberment (AD&D), and Business Travel Accident (BTA) Insurance
- Disability Insurance
- Employee Assistance Program (EAP)
- Health Savings Account (HSA)
- Health Care and Dependent Daycare Flexible Spending Accounts

Wellness

- *HealthySteps to Wellness* Program

Additional Benefits

- Back-Up Care Advantage Program
- Legal Insurance
- Voluntary Benefits

Retirement

- Retirement Savings Plan (RSP)

Other SHC Benefits

- Paid Time Off (PTO)
- Educational Assistance

Stanford University Resources & Services

- Parking & Transportation Services
- WorkLife Office
- Stanford Recreation Facility Access
- Stanford Federal Credit Union

For updates or additional details on benefit plans, programs, and resources, please visit the SHC benefits website at www.healthysteps4u.org. Enter your Employee ID or SID# to log in or use the temporary login below:

- Non-Represented and SEIU – shcbenefits
- CRONA – shccrona

Sincerely,

The SHC Benefits Team



BENEFITS ENROLLMENT

- You may start benefits enrollment on your date of hire in Benefitsolver at www.benefitsolver.com. Register online to create a User Name and Password (Company Key: healthysteps).
- As a New Hire, you are required to either enroll or decline offered benefits.
- **You must complete your enrollment or decline benefits within 31 days of your date of hire.**
- **If you enroll eligible dependents, you must provide required dependent verification documents within 60 days of your date of hire. Dependents will not be added to your health care benefits until documents are provided and approved by Benefitsolver.**
- If provided or enrolled in Life Insurance, you will be required to record a Beneficiary.
- Benefits are effective on the first day of the month following your date of hire (EAP is effective on your date of hire).
- If you do not enroll during your 31-day window, you will be assigned the “default coverage”. Default coverage is **Employee-Only** coverage and will be effective the first day of the month of following your date of hire.
- Default coverage consists of the following benefits:
 - Medical – Aetna Choice POS II Plan with HSA
 - Dental – Delta Dental Basic PPO Plan
- You may only change your default coverage during Annual Open Enrollment or if you experience a mid-year Qualifying Life Event (QLE) such as Birth, Marriage, etc., you are allowed to make mid-plan year elections.
- QLE must be processed within 31 days of the Life Event and require supporting documentation if adding eligible dependents.

If you have questions regarding the enrollment process, have difficulty accessing the website or would like to enroll via phone, you may contact the Benefitsolver Team at **855.327.5025**, Monday through Friday, 5am-5pm Pacific.

Don't wait until the last minute – enroll today!



BENEFITS CONTACT FOR NEW HIRE BENEFITS ENROLLMENT

HealthySteps: www.healthysteps4u.org

- Benefits website with information and details on plans, programs, and resources

Benefitsolver: www.benefitsolver.com (Company Key: healthysteps)

Phone: 1.855.327.5025

Hours: Monday-Friday | 5:00am-5:00pm Pacific

- Benefits enrollment portal and Service Center Team
- Answer general health & welfare benefits inquiries, assist with benefits enrollment, process Dependent Verification

CareCounsel: www.carecounsel.com

Phone: 1.888.227.3334

Hours: Monday-Friday | 6:30am-5:00pm Pacific

- Healthcare advocacy services: assist with explanation of benefits, help with decision-making process when picking the suitable health plan for you and your family, assist with claims resolution

Transamerica: <https://healthysteps4u.org/retirement/retirement-savings-plan/>

Phone: 1.800.755.5801

Hours: Monday-Friday | 8:00am-9:00pm Eastern

- Enroll in Retirement Savings Plan (RSP) 403(b)
- Record keeper for RSP
- Update contribution elections and answer fund investment questions

OTHER benefit vendors

- <https://healthysteps4u.org/benefits-news-resources/help-resources/vendor-contacts/>

SHC Human Resources

Phone: 650.723.4748

- Answer HR-related inquiries

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.



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 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.



When Does Coverage Start?

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

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

Default coverage gives you employee-only coverage in the medical Aetna Choice POS II Plan and the Delta Dental Basic PPO Plan. Medical and dental coverage will be effective the first day of the month after your date of hire. In addition, you will be provided Basic Life Insurance, Long-Term Disability, and access to the Back-Up Care Advantage Program.

Eligibility

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

In general, your eligible dependents include:

- Spouse (same-sex or opposite-sex)
- 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 dependent life insurance).

Benefits for Health

Your well-being is one of our top priorities. As a Stanford Health Care employee, you will have access to competitive medical benefits 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. Stanford Health Care 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.

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



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

Medical Plan Options

Stanford Health Care offers three medical plan options:

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

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

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.

Aetna Choice POS II Plan with HSA

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

The Plan has a three-tier provider network structure, including a tier built around our own world-class Stanford Health Care and Stanford Children's Health network of providers and facilities.

Medical services are administered by Aetna, mental health services and substance abuse treatment by Optum, and prescription drug by CVS/caremark.

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 California providers and facilities.

The Kaiser Permanente HMO Plan is administered by Kaiser Permanente.

2016 Medical Plan Per Pay Period Contributions

	Employee Per Pay Period Contribution	Hospital Per Pay Period Contribution
Stanford Health Care Alliance Plan — If your hourly rate is \$31.52 or less:		
Employee	\$0.00	\$586.44
Employee + Spouse	\$0.00	\$1,283.77
Employee + Child(ren)	\$0.00	\$1,055.18
Employee + Family	\$0.00	\$1,752.51
Stanford Health Care Alliance Plan — If your hourly rate is \$31.53 or more:		
Employee	\$30.00	\$556.44
Employee + Spouse	\$130.24	\$1,153.53
Employee + Child(ren)	\$55.00	\$1,000.18
Employee + Family	\$155.40	\$1,597.11
Aetna Choice POS II Plan — If your hourly rate is \$31.52 or less:		
Employee	\$0.00	\$408.10
Employee + Spouse	\$0.00	\$893.51
Employee + Child(ren)	\$0.00	\$734.51
Employee + Family	\$0.00	\$1,219.92
Aetna Choice POS II Plan — If your hourly rate is \$31.53 or more, but less than \$50.00:		
Employee	\$0.00	\$408.10
Employee + Spouse	\$48.57	\$844.94
Employee + Child(ren)	\$0.00	\$734.51
Employee + Family	\$48.57	\$1,171.35
Aetna Choice POS II Plan — If your hourly rate is \$50.00 or more:		
Employee	\$0.00	\$408.10
Employee + Spouse	\$97.14	\$796.37
Employee + Child(ren)	\$0.00	\$734.51
Employee + Family	\$97.14	\$1,122.78
Kaiser Permanente HMO Plan — If your hourly rate is \$31.52 or less:		
Employee	\$0.00	\$313.52
Employee + Spouse	\$0.00	\$704.91
Employee + Child(ren)	\$0.00	\$533.32
Employee + Family	\$0.00	\$924.72
Kaiser Permanente HMO Plan — If your hourly rate is \$31.53 or more:		
Employee	\$38.36	\$275.16
Employee + Spouse	\$138.23	\$566.68
Employee + Child(ren)	\$65.23	\$468.09
Employee + Family	\$164.95	\$759.77

2016 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 – Stanford Health Care and Stanford Children’s Health Network	Tier 2 – Aetna Choice POS II Network	Tier 3 – Out-of-Network*	
Annual Deductible Applies to services that require coinsurance; not required before copayments	\$400/per person \$1,000/family limit	\$1,300/employee-only coverage \$2,600/employee + one or more covered dependents		\$2,600/employee-only coverage \$5,200/employee + one or more covered dependents	\$400/per person \$1,000/family limit
Wellness Incentive	Based on participation in the <i>HealthySteps to Wellness</i> program				
Annual Out-of-Pocket Maximum Includes deductible, copays and pharmacy	\$1,800/per person \$3,600/family	\$2,600/employee-only coverage \$5,200/employee + one or more covered dependents		\$5,200/employee-only coverage \$10,400/employee + one or more covered dependents	\$1,800/individual \$3,600/family
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Choice of Physicians	You must use SHCA physicians; you need to select a Primary Care Physician (PCP); if required care is unavailable through the SHCA network, access to the Aetna Choice POS II Network may be obtained by prior authorization by SHCA	You must use SHC (including Facility Practice), LPCH, LPCH Facility Practice Organization, PCHA, Stanford Health Care Reference Lab and UHA	You must use Aetna Choice POS II network providers for in-network benefits	You may use any licensed provider	You must use Kaiser facilities; all care and covered services must be approved by a Kaiser physician
Claim Forms	No, except for out-of-network emergency services	No, except for out-of-network emergency services	No, except for out-of-network emergency services	Yes	No, except for non-Kaiser emergency services
Hospital Care Room and Board, Surgeon, Physician Visit and Anesthesiologist	Facility charges: 90% after deductible; no charge at SHC/LPCH hospitals	Facility charges: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Office Care					
Physician Visit	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	\$20/visit
Routine Physical	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Adult Preventive Services	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Child Preventive Services	No charge	No charge	No charge	60% of UCR charges after deductible	No charge

2016 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 – Stanford Health Care and Stanford Children’s Health Network	Tier 2 – Aetna Choice POS II Network	Tier 3 – Out-of-Network*	
Specialist Visit	\$35/visit	\$35/visit after deductible	80% after deductible	60% of UCR charges after deductible	\$35/visit
Allergy Tests**	\$20/visit for PCP or \$35/visit for Specialist	\$20/visit after deductible for PCP or \$35/visit after deductible for Specialist	80% after deductible	60% of UCR charges after deductible	\$20/testing
Allergy Injections	No charge	No charge after deductible	80% after deductible	60% of UCR charges after deductible	\$3/visit
Immunizations	No charge	No charge	No charge	60% of UCR charges after deductible	No charge
Lab and X-ray (non-preventive)	Basic: 90% after deductible; \$25/visit at SHC/LPCH hospitals or a SHCA physician’s office	Basic: No charge after deductible	Basic: 80% after deductible	Basic: 60% of UCR charges after deductible	Basic: 90%, deductible waived
	Complex: 90% after deductible; \$100/visit at SHC/LPCH hospitals or a SHCA physician’s office	Complex: No charge after deductible	Complex: 80% after deductible	Complex: 60% of UCR charges after deductible	Complex: 90%, deductible waived (deductible applies if provided in an outpatient/ambulatory surgery center or in a hospital operating room)
Outpatient Surgery	90% after deductible; \$200/visit at SHC/LPCH hospitals	\$200/visit after deductible	80% after deductible	60% of UCR charges after deductible	90% after deductible
Chiropractic Care	\$35/visit; 30-visit maximum per calendar year	No charge after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 30-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	Discounts apply through Kaiser Permanente’s Healthyroads program
Acupuncture	\$35/visit; 12-visit maximum per calendar year	\$35/visit after deductible; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; \$30/visit maximum; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; \$30/visit maximum; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	Discounts apply through Kaiser Permanente’s Healthyroads program
Infertility Diagnosis	\$35/visit for counseling and consultation; 50% after deductible of covered expenses for infertility studies and tests	\$35/visit after deductible; covered expenses include counseling and consultation, infertility studies and tests	80% after deductible; covered expenses include counseling and consultation, infertility studies and tests	60% of UCR charges after deductible; covered expenses include counseling and consultation, infertility studies and tests	50% for all services related to covered infertility treatment

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 – Stanford Health Care and Stanford Children’s Health Network	Tier 2 – Aetna Choice POS II Network	Tier 3 – Out-of-Network*	
Physical, Speech and Occupational Therapy (restorative services only)	\$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)	\$35/visit after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	\$20/visit
Emergency and Urgent Care					
Emergency In Area	\$200/visit	No charge after deductible	80% after deductible		90% after deductible
Emergency Out-of-Network	\$200/visit	No charge after deductible	80% after deductible		90% after deductible
Urgent Care	\$20/visit	No charge after deductible	80% after deductible		\$20/visit at Kaiser facilities
Ambulance	No charge	No charge after deductible		No charge after Aetna Choice POS II In-Network deductible (UCR is waived for true emergency)	No charge when medically indicated and authorized by plan physician
Skilled Nursing Facility	90% after deductible; 100-visit maximum per calendar year	Not applicable	80% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	90% up to 100 days per benefit period
Home Health Care	90% after deductible; 100-visit maximum per calendar year	Not applicable	80% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	No charge with Kaiser approval; part-time or intermittent only; 100-visit maximum per calendar year (must live within the service area)
Well Child Vision Screening	No charge	No charge	No charge	Not covered	No charge
Hearing Exams	\$35/visit; well-child screening 100%	No charge after deductible; well-child screening 100%	80% after deductible; well-child screening 100%	60% of UCR charges after deductible	No charge
Dental Benefits	Not covered, except for emergency treatment; 90% after deductible	Not covered, except for emergency treatment; No charge after deductible	Not covered, except for emergency treatment; 80% after deductible	Not covered, except for emergency treatment; 60% of UCR charges after deductible	Not covered

2016 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 – Stanford Health Care and Stanford Children’s Health Network	Tier 2 – Aetna Choice POS II Network	Tier 3 – Out-of-Network*	
Durable Medical Equipment	90% after deductible; includes hearing aids (limited to one hearing aid per ear every two years)	Not applicable	80% after deductible; includes hearing aids (limited to one pair of hearing aids every two years). Prior authorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases.	60% of UCR charges after deductible; includes hearing aids (limited to one pair of hearing aids every two years)	80% when prescribed by a Kaiser physician (must live within the service area) 50% for external sexual dysfunction devices
Transplant Services	90% after deductible; must be performed at an Institute of Excellence facility and subject to utilization review; No charge at SHC/LPCH hospitals	No charge after deductible	80% after deductible; must be performed at an Institute of Excellence facility and subject to utilization review	Must use Institute of Excellence	For covered transplant services, you pay the same cost sharing as other services not related to a transplant
Mental or Nervous Disorders	Mental health care provided through SHCA	Mental health care provided through Optum	Mental health care provided through Optum	Mental health care provided through Optum	Mental health care provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH hospitals	Facility charges: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Outpatient	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$10/visit
Substance Abuse	Substance abuse care Provided through SHCA	Substance abuse care provided through Optum	Substance abuse care provided through Optum	Substance abuse care provided through Optum	Substance abuse care provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH hospitals	Facility charges: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Outpatient	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$10/visit

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 – Stanford Health Care and Stanford Children’s Health Network	Tier 2 – Aetna Choice POS II Network	Tier 3 – Out-of-Network*	
Prescription Drugs	Prescription drugs provided by Aetna	Not applicable	Prescription Drugs provided through CVS/ caremark	Prescription Drugs provided through CVS/ caremark	Prescription Drugs provided through Kaiser Permanente
Preventive	Retail 30-day Supply Generic: \$10/prescription Brand Formulary: \$25/prescription Brand Non-Formulary: \$50/prescription Mail-Order 90-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription Brand Non-Formulary: \$100/prescription	Not applicable	Retail 30-day Supply Generic and Brand Formulary: No charge, no deductible Brand Non-Formulary: \$50/prescription; no deductible Mail-Order 90-day Supply Generic and Brand Formulary: No charge; no deductible Brand Non-Formulary: \$100/prescription; no deductible	Retail 60% after deductible Mail-Order Not covered	Retail 30-day Supply Generic: \$10/prescription Brand Formulary: \$25/prescription when prescribed by a plan physician Mail-Order 100-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription
Non-Preventive	Same as Preventive above	Not applicable	80% after deductible	Same as Preventive above	Same as Preventive above
Women’s Contraceptives	Provided through Aetna	Not applicable	Provided through CVS/caremark	Provided through CVS/caremark	Provided through Kaiser Permanente Pharmacy
Contraceptives examples include: oral, patch, emergency For a full list, visit the HealthySteps website	Retail & Mail-Order Generic and Brand Formulary: No charge Brand Non-Formulary: \$50/prescription (retail); \$100/prescription (mail-order)	Not applicable	Retail & Mail-Order Generic and Brand Formulary: No charge, no deductible Brand Non-Formulary: \$50/prescription (retail); \$100/prescription (mail-order); no deductible	Retail: 60% of UCR charges after deductible Mail-Order: Not covered	No charge (see plan for details)
Women’s Contraceptives covered under the Medical Plan	Services through Aetna	Services through Stanford Health Care and Stanford Children’s Health Network	Services through Aetna	Services through any licensed provider	Services through Kaiser HMO
Contraceptive injections and contraceptive devices such as, IUDs, implants, (including the insertion and removal) See medical plan for additional details	No charge	No charge	No charge	60% of UCR charges after deductible	No charge

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

**Copay is determined on where test is performed.

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.



Services	Description	Copay	Frequency
Wellvision Exam	<ul style="list-style-type: none"> • Annual eye exam • Retinal screening 	\$10 \$20	Every calendar year
Prescription Glasses		\$25	See Frames and Lenses
Frames	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% off amount over your allowance 	Included in Prescription Glasses	Every other calendar year
Lenses*	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Anti-reflection coating • Average 35-40% off other lens options 	\$40 \$40 \$40 \$40	Every calendar year
Contacts (instead of glasses)*	<ul style="list-style-type: none"> • \$150 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) 	\$0	Every calendar year
Extra Savings and Discounts	<ul style="list-style-type: none"> • Glasses and sunglasses • Laser vision correction 		

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

Dental Plan

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



2016 Per Pay Period Dental Contributions

Coverage	Delta Dental Basic PPO Plan		Delta Dental Buy-Up PPO Plan		DeltaCare USA DHMO Plan	
	Employee Per Pay Period Contribution	Hospital Per Pay Period Contribution	Employee Per Pay Period Contribution	Hospital Per Pay Period Contribution	Employee Per Pay Period Contribution	Hospital Per Pay Period Contribution
Employee	\$0.00	\$31.07	\$10.10	\$31.08	\$0.00	\$8.09
Employee + Spouse	\$14.25	\$43.33	\$32.98	\$43.33	\$0.00	\$15.20
Employee + Child(ren)	\$0.00	\$59.31	\$19.29	\$59.32	\$0.00	\$14.31
Employee + Family	\$14.25	\$71.60	\$42.17	\$71.60	\$0.00	\$21.82

2016 Dental Plan Comparison Chart

Services	Delta Dental Basic PPO Plan	Delta Dental Buy-Up PPO Plan	DeltaCare USA DHMO Plan
Annual Deductible (Individual/Family)	\$50/\$150	\$25/\$75	No annual deductible
Annual Benefits Maximum	\$2,000	\$2,500	For more information, visit https://healthysteps4u.org/health-life-benefits/dental/ and use "shcbenefits" for Employee ID login.
Choice of Providers	Visit the provider of your choice	Visit the provider of your choice	DeltaCare USA network providers
Diagnostic & Preventive Services	100%	100%	Most services covered at 100%
Basic Services	80%	90%	For more information, visit https://healthysteps4u.org/health-life-benefits/dental/ and use "shcbenefits" for Employee ID login.
Major Services	50%	60%	
Orthodontics	50%	50%	
Orthodontic Maximum	\$1,500	\$2,000	
Implants	50%	60%	

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 wellness incentive points, which are then converted to wellness incentive dollars, based on your achieved wellness level. These contributions will be deposited into your Health Savings Account or Health Incentive Account (depending on the medical plan in which you enroll) to pay for any IRS-qualified health care expenses. 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 Hospital-sponsored medical plan.

CareCounsel

Understanding the details of your health plan can be confusing. To help you get the most from your plan, Stanford Health Care 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 insurance, Accidental Death and Dismemberment, and Short- and Long-Term Disability.

Life and Accident Insurance

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

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

Disability

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

Long-Term Disability (LTD) — You will receive Hospital-paid LTD coverage 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: If you recently relocated to California, you can verify your SDI-eligibility with the State of California Employment Development Department website at www.edd.ca.gov.

Business Travel Accident (BTA) Insurance

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

Tax-Advantaged Accounts

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

- 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 the Hospital, you take your funds with you, including any contributions from Stanford Health Care. For those who are 55 and older as of December 31, 2016, you can make an additional \$1,000 catch-up contribution per IRS regulations.

Stanford Health Care Contributions		You May Contribute	
Employee-only	Up to \$500 (based on participation in <i>HealthySteps to Wellness</i> program)	Employee-only	Up to \$2,850
Employee + one or more dependents	Up to \$1,000 (based on participation in <i>HealthySteps to Wellness</i> program)	Employee + one or more covered dependents	Up to \$5,750

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.

2016 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 Hospital and voluntary employee contributions and a variety of investment options.

Retirement Savings Plan

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

As a benefit-eligible employee, once you have met the one-year waiting period, you will be eligible to receive a Basic 5% contribution from the Hospital and also receive matching funds, up to 4%. The table below outlines the service needed to receive additional matching funds:

Your Service	Retirement Savings Plan Match
1 – 9 years	100% of your contribution, up to 4% of your pay
10 – 14 years	100% of your contribution, up to 5% of your pay
15+ years	100% of your contribution, up to 6% of your pay

You can choose from a variety of investment options based on your personal investment style.

Benefits for Work and Life

Passion is feeling excited to do all of the things you love to do. Stanford Health Care 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 your work/life balance.



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 that offers up to 80 hours per calendar year of child and/or elder care when your regular provider is unavailable.

Time Off

Our time-off benefits, including paid holidays and vacation will ensure you get rest and relaxation when you need it.

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

Extended Sick Leave (ESL)

All regular or 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.

Education

The knowledge and expertise of our employees is what sets Stanford Health Care apart. We are committed to your professional growth. We offer tuition assistance and scholarship programs to provide you with resources to pursue professional development.



Employee Assistance Program (EAP)

Life challenges can be difficult to deal with. When you need someone to talk to, our EAP will provide telephonic counseling, referrals to mental health professionals, and more at no cost to you, giving you with peace of mind in troubling times.

Commuting and Parking

The Hospital works in conjunction with Stanford University Parking and Transportation Services to support many commuter programs, including free transit on CalTrain and VTA.



The Hospital works in conjunction with Stanford University Parking and Transportation Services to support many commuter programs, including free transit on CalTrain and VTA.

Employee Discounts

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

Stanford Credit Union

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

Access to Stanford University Programs

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

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

Paid Time Off

The Paid Time Off (PTO) program compensates employees at their base wage when they are absent from work for such purposes as vacation, holiday, illness and other excused absences. PTO accrual rates are based on an employee's exempt/non-exempt status and length of employment. The maximum PTO accrual is 520 hours. The hospital observes 7 holidays where non-patient care offices are closed.

Employee's first year of employment estimated PTO and/or holiday:

Exempt Employees: 36 days a year. Based on the Department of Labor's Fair Labor Standards Act, the rules for some eligible exempt staff will have accrual rates that include holidays and these employees will use PTO when absent from work due to a holiday.

Non-Exempt employees: 26 days a year. Employees will use PTO when absent from work due to a holiday.

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

Voluntary Benefits

To further offer you a comprehensive benefits package, as a Hospital employee, you will be able to purchase auto, legal, pet, homeowner's and renter's insurance, as well as comprehensive identity theft consultation and restoration coverage, at competitive group rates.

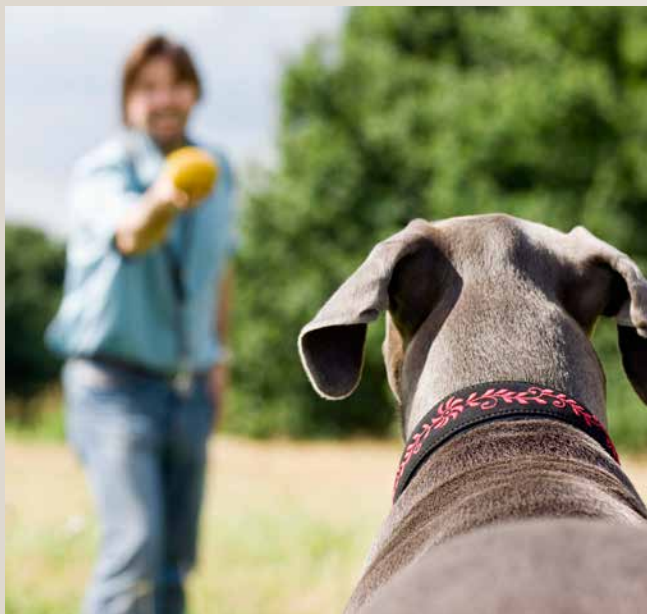


Group Legal Plan

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

Pet Insurance

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



Identity Theft Protection

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

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

Auto and Home Insurance

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

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.

January 2016

**STANFORD HOSPITAL & CLINICS/LUCILE PACKARD CHILDREN'S HOSPITAL
GROUP HEALTH PLANS
NOTICE OF PRIVACY PRACTICES**

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE TO PROTECT YOUR PRIVACY

Stanford Hospital & Clinics and Lucile Packard Children's Hospital (referred to collectively as the "Employer" for purposes of this Notice) is committed to protecting the privacy of your health information. Health information that identifies you ("protected health information," or "health information") includes your medical record and other information relating to your care or payment for care that is held by the Stanford Hospital and Clinics Employee Health and Welfare Benefit Plan, the Stanford Hospital and Clinics Health Care Reimbursement Plan, and the Stanford Hospital and Clinics Retirement Health Reimbursement Account Plan. These plans are collectively referred to as the Plan in this notice.

We are required by law to:

- Make sure that your health information is kept private (with certain exceptions);
- Give you this Notice of our legal duties, as plan sponsor of the Plan, and privacy practices with respect to health information about you; and
- Follow the terms of the Notice currently in effect.

It's important to note that these rules apply to the Plan, not to Stanford University as the Employer. If you are covered by an insured plan option under the Plan, you will also receive a notice directly from the insurer. Your personal doctor or health care provider may have different policies or notices regarding their use and disclosure of your medical information.

WHO WILL FOLLOW THIS NOTICE

The following parties share the Employer's commitment to protect your privacy and will comply with this Notice:

- Members of the Employer's workforce who may have access to individually identifiable health information of Plan participants (1) on behalf of the Plan itself; or (2) on behalf of the Employer, for administrative functions of the Plan.
 - These employees of the Employer have access to individually identifiable health information: Health and Welfare Benefits Staff and Staff performing Plan data analysis, Health and Safety, Finance, Legal, Employee Assistance Program, and Stanford Coordinated Care Clinic Staff providing certain Plan care management services.
- Business associates (outside vendors who perform services for the Plan) who have access to certain health information for the purposes of conducting business operations, payment of medical, dental and vision benefits or for use in "plan administrative functions."

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we use and disclose your health information:

FOR TREATMENT

The Plan may use and disclose health information about you in the provision and coordination of health care. For example, we may share information to process your claims or review the quality of health care you receive, or the Plan may share health information about you with physicians who are treating you.

FOR PAYMENT

We may use and disclose medical information about you to bill and receive payment for the treatment and services you receive. For example, the Plan may use or disclose information to make determinations about eligibility for insurance coverage, coordination of benefits with other insurance coverage, to perform claims management and collection activities, to review the medical necessity or the appropriateness of the care you received, and to conduct utilization reviews such as pre-authorizations, or reviews of services. For certain services, if your permission is needed to release health information to obtain payment, you will be asked for permission. The Plan may not use genetic information to decide whether coverage will be available to you or the price of that coverage.

FOR HEALTH CARE OPERATIONS

We may use and disclose protected health information about you to conduct normal business functions. For example, we may use or disclose information in order to enroll you in a health program, evaluate the performance of the staff in managing and providing you with your health benefits, to contract for reinsurance or investigate the validity of benefit claims. In addition, the Plan may share your health information with another company that performs certain services, such as billing or compiling information to help the Plan determine how the Plan is doing relative to other health plans.

BUSINESS ASSOCIATES

The Plan contracts with outside companies that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your medical information with a business associate so it can perform a service on our behalf. The Plan will limit the disclosure of your information to a business associate to the amount of information that is the “minimum necessary” for the company to perform services for the Plan. In addition, we will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

HEALTH-RELATED BENEFITS AND SERVICES

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

EMPLOYER

The Plan may disclose certain of your health information to the Employer. Upon a request from the Employer, the Plan may disclose health information about you to enable the Employer to obtain premium bids from health plans that might provide health insurance coverage under the group health plan, or to modify, amend, or terminate the Plan; however, the information the Plan discloses will not include any information that identifies you other than your zip code.

The Plan may also disclose to the Employer information on whether you are participating in, enrolled in, or disenrolled from the Plan. The Plan also may disclose health information about you, including information that identifies you, only if it is necessary for the Employer to administer the Plan.

For example, the Employer may need such information to process health benefits claims, to audit or monitor the business operations of the Plan, or to ensure that the Plan is operating effectively and efficiently.

The Plan, however, will restrict the Employer's uses of your information to purposes related only to Plan administration. The Plan prohibits the Employer from using your information for uses unrelated to Plan administration. Under no circumstances will the Plan disclose your health information to the Employer for the purpose of employment-related actions or decisions (e.g. for employment termination) or for the purpose of administering any other plan that the Employer may offer.

INDIVIDUALS INVOLVED IN YOUR CARE

We may release health information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you, we may also notify a family member, personal representative or another person responsible for your care about your location and general condition. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to prevent or respond to the threat, such as law enforcement, or a potential victim. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

WORKERS' COMPENSATION

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose health information about you for public health activities. These activities include, but are not limited to the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify you of the recall of products you may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence; we will only make this disclosure when required or authorized by law;

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to a health oversight agency, such as the California Department of Public Health or the Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT

We may release health information at the request of law enforcement officials in limited circumstances, for example:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent;
- About a death we believe may be the result of criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties with respect to the deceased.

ORGAN AND TISSUE DONATION

We may release health information to organizations that handle organ, eye, or tissue procurement or transplantation, as necessary to facilitate organ or tissue donation. The procurement or transplantation organization needs your authorization for any actual donations.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

Upon receipt of a request, we may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has validated the request and reviewed and approved our response.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the relevant correctional institution or law enforcement official. This release may be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

RESEARCH

We may disclose health information about you for research purposes, subject to approval by institutional or private policy review boards, and subject to certain assurances and representations by researchers regarding the necessity of using your health information and treatment of the information during a research project.

OTHER USES OR DISCLOSURES REQUIRED BY LAW

We may also use or disclose health information about you when required to do so by federal, state or local laws not specifically mentioned in this Notice. For example, we may disclose health information as part of a lawful request in a government investigation.

SITUATIONS THAT REQUIRE YOUR AUTHORIZATION

For uses and disclosures not generally described above, we must obtain your authorization. For example, the following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of protected health information;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not described in this Notice

If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of health information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a paper or electronic copy of health information that the Plan uses to make decisions about you and your coverage, subject to certain limited exceptions. Usually, this includes medical and billing records, but may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your health information records to you, and will usually provide you with a copy or summary within 30 days of your request. If you have questions about protected health information through an entity such as a health care provider, you will need to contact that entity or provider.

RIGHT TO AMEND

If you believe that health information the Plan has on file about you is incorrect or incomplete, you may ask us to amend the health information. To request an amendment you must file an appropriate written request. In addition, you must provide a reason that supports your request. The Employer can only amend information that we created or that was created on our behalf. If your health information is accurate and complete, or if the information was not created by the Employer, we may deny your request to amend. If we deny your request, we will reply to you in writing, within 60 days, with our reasons for doing so.

Even if we deny your request to amend, you have the right to submit a written addendum to the Plan. Addendums may not exceed 250 words for each item or statement in your record you believe is incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures" which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law. You may request an accounting of disclosures for up to six years before the date of your request. If you request an accounting more than once during a twelve month period, we will charge you a

reasonable fee.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on certain uses or disclosures of your health information. For example, you may request that the Plan not make disclosures to family members. Requests for restrictions must be in writing. In most cases, we are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law. If we do not agree to your request, we will reply to you in writing with the reason.

A restriction may later be terminated by your written request, by agreement between you and the Plan, for health information created or received after you are notified that the Plan has removed the restrictions.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your health information or medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request. We will work to accommodate all reasonable requests, and will say “yes” if you tell us you would be in danger if we do not accommodate the request. Your request must be in writing and specify how and where you wish to be contacted.

RIGHT TO A PERSONAL REPRESENTATIVE

“You” in this Notice means a Plan participant or, if applicable, the participant’s personal representative. A personal representative is any person authorized to act on behalf of the participant with respect to his/her health care. For example, a personal representative may include the parent or guardian of a minor (unless the minor has the authority under California law to act on his/her own behalf), the guardian or conservator of the participant, or the person authorized to act on behalf of a deceased participant. A request to appoint a personal representative must be made in writing.

RIGHT TO BE NOTIFIED OF A BREACH

The Employer is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

RIGHT TO A COPY OF THIS NOTICE

You have the right to a copy of this Notice. You may view and print a copy of this notice by going to the Benefits web site, www.healthysteps4u.org. You may also request a copy of this notice to be mailed to you at any time by contacting the HR Business Center at www.hr4uonline.org or 650-723-4748.

REQUEST FOR COPY OF HEALTH INFORMATION

To obtain more information about how to request a copy of your health information, receive an accounting of disclosures, amend or add an addendum to your health information, please contact:

HR Business Center
www.hr4uonline.org
650-723-4748
300 Pasteur Drive
Stanford, CA 94305-5513

Forms are available for making certain requests in the Benefits web site, www.healthysteps4u.org, or contact the HR Business Center at the contact information provided above. You may email the completed forms to the HR Business Center at the contact information provided above.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan by contacting the HR Business Center at www.hr4uonline.org or 650-723-4748, or by mail at Group Health Plan (GHP) Privacy Official, Stanford Hospital & Clinics, 300 Pasteur Drive, Stanford, CA 94305-5513.

You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services by mailing a letter to 200 Independence Avenue, SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint with us or the Director.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We post the current Notice on the Benefits web site, www.healthysteps4u.org. If the Notice is changed, we will post the new Notice on our Web site and provide a copy to you. The Notice contains the effective date on the first page, in the top right-hand corner.

QUESTIONS ABOUT OUR PRIVACY PRACTICES

The Employer values the privacy of your health information as an important part of the care we provide to you. If you have questions about this Notice or the Employer's privacy practices, please contact the Plan through the HR Business Center at www.hr4uonline.org or 650-723-4748, or by mail at Group Health Plan (GHP) Privacy Official, Stanford Hospital & Clinics, 300 Pasteur Drive, Stanford, CA 94305-5513.

IMPORTANT INFORMATION ABOUT YOUR PLAN!

Stanford Health Care Retirement Savings Plan (the "Plan")

NOTICE OF DEFAULT INVESTMENT RULES UNDER THE PLAN

NOTE TO ELIGIBLE EMPLOYEE: UNLESS YOU MAKE AN INVESTMENT ELECTION NO LATER THAN THE DATE CONTRIBUTIONS ARE MADE TO THE PLAN ON YOUR BEHALF ("PLAN CONTRIBUTIONS"), THE PLAN CONTRIBUTIONS WILL BE AUTOMATICALLY INVESTED IN THE DEFAULT INVESTMENT FUNDS DESCRIBED BELOW. YOU WILL CONTINUE TO BE SO INVESTED UNTIL YOU TAKE SPECIFIC ACTION, AS STATED BELOW.

PURPOSE OF THIS NOTICE: This Notice explains your rights and obligations with respect to the following:

Automatic Investment: The automatic and continued investment of your account and ongoing Plan Contributions upon entry to the Plan and, during the Plan Year immediately following the above Notice Date. Your account and ongoing Plan Contributions will be invested in an investment alternative (the "Default Investment Fund") that has been designated by your employer for such investment in the event that you fail to provide an affirmative investment election regarding the investment allocation of your Plan Contributions (and applicable earnings) under the Plan.

Plan Information: For more details about the Plan, please refer to your Summary Plan Description ("SPD") and any Summary of Material Modifications ("SMM") to the SPD. Copies of these documents can be obtained via Transamerica (log onto shclpch.trretire.com). An additional copy of these documents can be obtained from your Plan Administrator by calling **650-723-4748**.

AUTOMATIC INVESTMENT

Your Right to Direct Investments: As a participant under the Plan, you have the right to direct the investment of your individual account balance and contributions under the Plan into one or more of the investment alternatives available under the Plan through Transamerica Retirement Solutions. In order to exercise your right to direct your Plan investments, you must affirmatively make an investment or transfer election.

How to Make an Affirmative Investment or Transfer Election: All enrollments are processed through Transamerica's recordkeeping system. You can make an affirmative investment or transfer election by visiting shclpch.trretire.com or calling Transamerica customer service at **800-755-5801**.

Please note that the above options are the only options available for making an affirmative investment or transfer election. The Plan may not recognize any other form of investment direction or instruction that you might provide.

Default Investment—Failure to Elect: If you fail to affirmatively make an investment election, your Plan Contributions will be invested in the Plan default option with Transamerica, a Vanguard Target Retirement Date Fund. Your date of birth and an assumed retirement age of 65 will be used to determine the fund with the target retirement date closest to the year you might retire.

Description of the Default Investment Funds: The Default Investment Funds, in which your Plan savings and contributions will be invested, if you fail to make affirmative investment election, as described above, are:

The appropriate **Vanguard Target Retirement Date Fund**. This is a "target retirement date" Default Investment Fund designed to provide varying degrees of long-term appreciation and capital preservation through a mix of equity and fixed income exposures based on your age and the target retirement year designated by the fiduciary overseeing the portfolios. This Default Investment Fund changes its asset allocation and associated risk levels over time with the objective of becoming

more conservative (i.e., decreasing risk of losses) with increasing age or as you approach your designated target retirement year. Your designated target retirement year is the year in which you turn age 65. If, based on your particular circumstances, you have in mind a different target retirement year and you are satisfied with using this type of fund as your affirmative investment election, you can elect a different target retirement year by: visiting shclpch.trsretire.com or calling customer service at **800-755-5801** to choose a different retirement date fund. Target date funds are subject to the same risks as the underlying asset classes in which they invest. The fund's asset allocation becomes more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds will increase. The higher the fund's allocation is to stocks, the greater the risk. The principal value of the funds is not guaranteed at any time, including at and after the target date. If you exchange out of any of these funds, you will not be permitted to exchange back into the same fund within 60 calendar days. The following chart provides additional details on the funds as of September 30, 2015:

Fund Name	Year in Which You Turn 65	Risk and Return Characteristics	Fees and Expenses as of 9/30/2015*
Vanguard Target Retirement Income	2012 and earlier	The investment seeks current income and some capital appreciation. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors currently in retirement. At any given time, its asset allocation may be affected by a variety of factors, such as whether the underlying funds are accepting additional investments.	0.16%
Vanguard Target Retirement 2015	2013 to 2017	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund primarily invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the work force in or within a few years of 2015 (the target year). Its asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.	0.16%
Vanguard Target Retirement 2020	2018 to 2022	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund primarily invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the work force in or within a few years of 2020 (the target year). Its asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.	0.16%

Fund Name	Year in Which You Turn 65	Risk and Return Characteristics	Fees and Expenses as of 9/30/2015*
Vanguard Target Retirement 2025	2023 to 2027	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund primarily invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the work force in or within a few years of 2025 (the target year). Its asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.	0.17%
Vanguard Target Retirement 2030	2028 to 2032	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund primarily invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the work force in or within a few years of 2030 (the target year). Its asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.	0.17%
Vanguard Target Retirement 2035	2033 to 2037	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund primarily invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the work force in or within a few years of 2035 (the target year). Its asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.	0.18%
Vanguard Target Retirement 2040	2038 to 2042	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund primarily invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the work force in or within a few years of 2040 (the target year). Its asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.	0.18%

Fund Name	Year in Which You Turn 65	Risk and Return Characteristics	Fees and Expenses as of 9/30/2015*
Vanguard Target Retirement 2045	2043 to 2047	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund primarily invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the work force in or within a few years of 2045 (the target year). Its asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.	0.18%
Vanguard Target Retirement 2050	2048 and later	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund primarily invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the work force in or within a few years of 2050 (the target year). Its asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.	0.18%

**For a mutual fund, the expense ratio is the total annual fund or class operating expenses (before waivers or reimbursements) paid by the fund and stated as a percentage of the fund's total net assets. Keep in mind that fund expense ratios may change during the year.*

Your Right to Transfer Out of the Default Investment Funds Without Penalty: As a participant under the Plan, you have the right to direct that any or all of your assets invested in the Default Investment Funds be transferred to one or more of the Transamerica alternative investments available under the Plan. Until you make an affirmative election to transfer any of your assets from the Default Investment Fund or otherwise make an affirmative investment election as herein provided, you will receive an annual notice to remind you of the Default Investment Fund arrangement and of your right to direct that any or all of your assets invested in a Default Investment Fund be transferred to one or more of the other Transamerica alternative investments under the Plan, without financial penalty.

Qualified Default Investment Alternative (QDIA): The Default Investment Fund with Transamerica (the Vanguard Target Date Funds) is a QDIA established in accordance with the legal requirements under section 404(c)(5) of ERISA and applicable regulations. This means that a plan fiduciary should not be liable for any investment losses that result notwithstanding that you did not affirmatively elect to invest in the Default Alternative. This relief from liability applies whether or not the Plan is intended to be a 404(c) plan.

Where You Can Obtain Investment Information Concerning the Other Investment Alternatives Available Under the Plan: The other investment alternatives available under the Plan are listed in the investment section of your plan materials, including a fund profile containing additional information, investment objectives, risk and return characteristics, as well as fees and other expenses, for each such other investment alternative. For additional information concerning the other investment alternatives available under the Plan, please visit shclpch.trsrretire.com or call customer service at **800-755-5801**.

HOW TO OBTAIN ADDITIONAL INFORMATION: This Notice is intended to provide a brief explanation of certain aspects of the Plan. If there are any discrepancies between the contents of this Notice and the provisions of the Plan document, the terms of the Plan document shall govern. For more information on the Plan aspects covered by this Notice, please contact your Plan Administrator by calling **650-723-4748**.

PROSPECTUS AVAILABILITY

Registered funds are available by prospectus only. Any mutual fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements such as Transamerica Investors Securities Corp. (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528. For more information on any registered fund, please call Transamerica at 800-755-5801 for a free summary prospectus (if available) and/or prospectus. You should consider the objectives, risks, charges, and expenses of an investment carefully before investing. The summary prospectus and prospectus contain this and other information. Read them carefully before you invest. Stanford Health Care or Lucile Packard Children's Hospital Stanford has selected Transamerica as your retirement plan provider, but there are no other affiliations between Stanford Health Care or Lucile Packard Children's Hospital Stanford and Transamerica or its affiliate, TISC.

Please note that certain investment funds may impose trading restrictions and/or redemption fees as a result of frequent trading activity. Please contact Transamerica for more information.

PT-11851 (11/15)