


What's Your Passion?

WE'RE
STEPPING
UP OUR
FOCUS ON
HEALTH



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 taking pride in what you do, both in and out of work, and knowing that you play an integral role in something bigger. We give you the professional freedom. It's up to you how you choose to use it.



You are Stanford Health Care

When you become part of our team, you'll be joining a group of dedicated individuals who truly care about and believe in the work they do. Whatever your area of expertise, you can rest assured that your efforts and dedication are truly appreciated. Your Stanford Health Care 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, your benefits are effective the first day of the month after your date of hire. The Employee Assistance Program (EAP) and Business Travel Accident (BTA) are 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 PPO Plan and Delta Dental PPO Plan. Medical and dental coverage will be effective the first day of the month after your date of hire.

Eligibility

You are eligible to participate in the hospital's health and welfare plans if:

- You work at least 40 hours per pay period, with the following exceptions:
 - Represented employees should consult their collective bargaining agreement for information about Educational Assistance benefits.
 - Temporary agency, contract, or other workers who are not on the hospital's payroll are not eligible for any benefits.

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):
 - 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 a 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).
 - 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 which began before age 19.





Benefits for Health

Your well-being is one of our top priorities. As a Stanford Health Care employee, you have access to superior medical benefits that offer you affordable health care within our own, world-class Stanford Health Care and Stanford Children's Health network of providers and facilities. We also offer a choice of dental plans and a vision plan to help you maintain your best physical health. 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 medical expenses.



Medical Plan Options

You have a choice between three medical plans: the Stanford Health Care Alliance, a PPO Plan with a Health Savings Account (HSA) and the Kaiser Permanente HMO.

Stanford Health Care Alliance

The Stanford Health Care Alliance (SHCA) is a health care plan that puts the best Stanford-affiliated team in place — across Stanford Health Care (includes Stanford Hospital, Stanford Clinics, University Healthcare Alliance and Affinity), Stanford Children's Health (includes Stanford Children's Health and Packard Children's Health Alliance), and Blue Shield's hospital and ancillary network — to provide you with world-class, integrated care that supports your best health.

In the SHCA plan, you must use the physicians and facilities within the SHCA network. Your Primary Care Physician (PCP) will coordinate all of your care throughout the SHCA network. If you do not have a designated PCP in the SHCA plan, a Member Care Specialist will contact you. If you do not provide this information to the SHCA, you will be defaulted into a virtual care option until you select a PCP.

When you see your provider, there are no deductibles or claims to file. If you go to a doctor outside of the SHCA network, and are not referred by your PCP or pre-authorized through SHCA, you pay the full cost for the care you receive, except in the case of an emergency.

Your PCP may refer you to Blue Shield of California (Blue Shield) in-network facilities, and you will pay a plan deductible and coinsurance.* For facility care outside of the SHCA/Blue Shield network, you pay the full cost for the care you receive.

PPO Plan with HSA

The PPO is a flexible high deductible health plan, providing you with the option to see any licensed provider you want, each time you need care.

You do not need to select a Primary Care Provider (PCP) and do not need a referral to see a specialist in or out of the network.

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. Your HSA is also triple-tax protected, meaning you won't pay federal taxes on any money you contribute, earnings from interest or investments, or money you use for eligible expenses.

The money in your account is always 100% yours to keep, even when you leave or retire from the hospital, including any contributions made by the hospital.

Kaiser Permanente HMO

With the Kaiser HMO plan, you can only see providers in the Kaiser HMO network.

You must use Kaiser doctors and facilities to receive benefits for non-emergency care. In most cases, each time you need care, you can see any Kaiser doctor. Under this plan, you do not need to select a Primary Care Physician (PCP).

Comparing Medical Plan Features

	Stanford Health Care Alliance	UMR PPO	Kaiser Permanente HMO
See any provider you'd like, in- or out-of-network		✓	
Must use in-network providers and facilities	✓		✓
Set copays established for services	✓		✓
Health Savings Account (HSA) eligible		✓	
Free preventive care	✓	✓	✓
Wellness incentive funds deposited into Health Incentive Account	✓		✓
Wellness incentive funds deposited into Health Savings Account (HSA)		✓	

Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA)	PPO with HSA		Kaiser Permanente HMO
	SHCA Network	In-Network	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	\$2,500/employee only coverage \$5,000/employee + one or more covered dependents	\$0/per person \$0/family limit
Wellness Incentive	Based on participation in the Healthy <i>Steps to Wellness</i> Program	Based on the completion of the Health Risk Assessment (HRA), you will receive \$100.00 deposited into your Health Savings Account (HSA) or Health Incentive Account (HRA)		
SHC/LPCH Contributions to HSA	N/A	Up to \$400/employee only coverage Up to \$800/employee + one or more covered dependents Quarterly contributions are made in January, April, July and October		N/A
Annual Out-of-Pocket Maximum Includes deductible, copays and pharmacy	\$1,800/per person \$3,600/family	\$2,400/employee only coverage \$4,800/employee + one or more covered dependents	\$4,800/employee only coverage \$9,600/employee + one or more covered dependents	\$1,500/individual \$3,000/family
Maximum Lifetime Benefit	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 Blue Shield Network may be obtained by prior authorization by SHCA	You must use UnitedHealthcare Options PPO network providers for in-network benefits	You may use any licensed provider	You must use Kaiser facilities; all care and covered services must be approved by a Kaiser physician
Claim Forms	No, except for out-of-network emergency services	No, except for out-of-network emergency services	Yes	No, except for non-Kaiser emergency services
Hospital Care Room and Board, Surgeon, Physician Visit and Anesthesiologist	Facility charges: 90% after deductible; No charge at SHC/LPCH hospitals	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	100% after \$250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Office Care				
Physician Visit	\$20/visit	80% after deductible	60% of UCR charges after deductible	\$20/visit
Routine Physical	No charge	No charge	60% of UCR charges after deductible	No charge
Adult Preventive Services	No charge	No charge	60% of UCR charges after deductible	No charge
Child Preventive Services	No charge	No charge	60% of UCR charges after deductible	No charge
Specialist Visit	\$35/visit	80% after deductible	60% of UCR charges after deductible	\$35/visit
Allergy Tests and Injections	\$20/visit	80% after deductible	60% of UCR charges after deductible	\$3/visit/injection; \$20/testing
Immunizations	No charge	No charge	60% of UCR charges after deductible	No charge

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

Services	Stanford Health Care Alliance (SHCA)	PPO with HSA		Kaiser Permanente HMO
	SHCA Network	In-Network	Out-of-Network *	
Lab and X-ray (non-preventive)	Basic: 90% after deductible; \$25/visit at SHC/LPCH hospitals or a SHCA physician's office	80% after deductible	60% of UCR charges after deductible	No charge
	Complex: 90% after deductible; \$100/visit at SHC/LPCH hospitals or a SHCA physician's office			
Outpatient Surgery	Facility charges: 90% after deductible; No charge at SHC/LPCH hospitals	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH hospitals	Facility charges: 60% of UCR charges after deductible	\$100 per procedure
	Professional charges: \$200/visit	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Chiropractic Care	\$35/visit; 30-visit maximum per calendar year	80% after deductible; 30-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible; 30-visit maximum per calendar year (combined in- and out-of-network maximum)	Discounts apply through Kaiser Permanente's Healthyroads program
Acupuncture	\$35/visit; 12-visit maximum per calendar year	80% after deductible; \$30/visit maximum; 12-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible; \$30/visit maximum; 12-visit maximum per calendar year (combined in- and out-of-network maximum)	Discounts apply through Kaiser Permanente's Healthyroads program
Infertility Diagnosis	\$35/visit for counseling and consultation; 50% after deductible of covered expenses for infertility studies and tests	80% after deductible	60% of UCR charges after deductible	\$20/visit
Physical, Speech and Occupational Therapy (Restorative services only)	\$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)	80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy) (combined in- and out-of-network maximum)	60% of UCR charges after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy) (combined in- and out-of-network maximum)	\$20/visit
Emergency and Urgent Care				
Emergency in Area	\$200/visit	80% after deductible		\$50/visit
Emergency Out-of-Network	\$200/visit	80% after deductible		\$50/visit
Urgent Care	\$20/visit	100% after deductible		\$20/visit at Kaiser facilities
Ambulance	No charge	100% after deductible		No charge when medically indicated and authorized by plan physician
Skilled Nursing Facility	90% after deductible; 100-visit maximum per calendar year	80% after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	100% up to 100 days per benefit period (must live within the service area)
Home Health Care	90% after deductible; 100-visit maximum per calendar year	80% after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	100% with Kaiser approval; part-time or intermittent only; 100-visit maximum per calendar year (must live within the service area)

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Services	Stanford Health Care Alliance (SHCA)	PPO with HSA		Kaiser Permanente HMO
	SHCA Network	In-Network	Out-of-Network *	
Vision Screening	Not covered; well child screening 100%	Not covered; well child screening 100%	Not covered	No charge
Hearing Exams	\$35/visit; 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; 80% after deductible	Not covered, except for emergency treatment; 60% of UCR charges after deductible	Not covered
Durable Medical Equipment	90% after deductible; includes hearing aids (limited to one hearing aid per ear every two years)	80% after deductible; includes hearing aids (limited to one hearing aid per ear every three 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 hearing aid per ear every three years)	80% when prescribed by a Kaiser physician (must live within the service area) 50% for external sexual dysfunction devices
Transplant Services	90% after deductible; must be performed at a Center of Excellence facility and subject to utilization review program; No charge at SHC/LPCH hospitals	80% after deductible; must be performed at a Center of Excellence facility and subject to utilization review program	Must use Center of Excellence	For covered transplant services, you pay the same cost sharing as other services not related to a transplant
Mental or Nervous Disorders	Mental health care provided through SHCA	Mental Health Care Provided through Optum	Mental Health Care Provided through Optum	Mental Health Care Provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH hospitals	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	100% after \$250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Outpatient	\$20/visit	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$10/visit
Substance Abuse	Substance abuse care provided through SHCA	Substance abuse care provided through Optum	Substance abuse care provided through Optum	Substance abuse care provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH hospitals	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	100% after \$250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Outpatient	\$20/visit	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$5/visit

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Services	Stanford Health Care Alliance (SHCA)	PPO with HSA		Kaiser Permanente HMO
	SHCA Network	In-Network	Out-of-Network *	
Prescription Drugs	Prescription Drugs provided through Blue Shield	Prescription Drugs provided through Express Scripts	Prescription Drugs provided through Express Scripts	Prescription Drugs provided through Kaiser Permanente
Preventive	Retail 30-day Supply Generic: \$10/prescription Brand Formulary: \$25/prescription Brand Non-Formulary: \$50/prescription Mail Order 90-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription Brand Non-Formulary: \$100/prescription	Retail 30-day Supply Generic and Brand Formulary: 100%, no deductible Brand Non-Formulary: \$50/prescription; no deductible Mail Order 90-day Supply Generic and Brand Formulary: 100%; no deductible Brand Non-Formulary: \$100/prescription; no deductible	Retail 30-day Supply 60% after deductible Mail Order 90-day Supply Not covered	Retail 30-day Supply Generic: \$10/prescription Brand Formulary: \$25/prescription when prescribed by a plan physician Mail-order 100-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription
Non-preventive	Same as Preventive above	80% after deductible	Same as Preventive above	Same as Preventive above
Women's Contraceptives	Provided through Blue Shield	Provided through Express Scripts	Provided through Express Scripts	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)	Retail & Mail-order Generic and Brand Formulary: No charge, no deductible Brand Non-Formulary: \$50/prescription (retail); \$100/prescription (mail-order); no deductible	Retail 30-day Supply: 60% after deductible Mail Order 90-day Supply: Not covered	No charge (see plan for details)
Women's Contraceptives covered under the Medical Plan	Services through Blue Shield	Services through UnitedHealthcare Options PPO Network (UMR)	Services through any licensed provider	Services through Kaiser HMO
Contraceptive injections, and contraceptive devices such as, IUDs, implants, (including the insertion and removal) See medical plan for additional details	No charge	No charge	60% of UCR charges after deductible	No charge

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Dental

You have the option to choose between two dental plans.

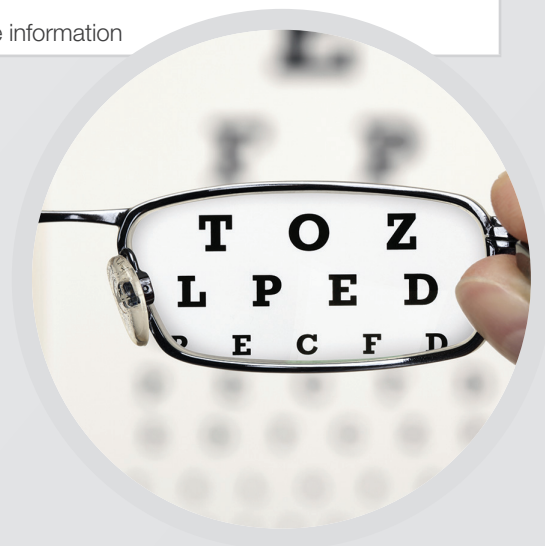
DeltaCare USA DHMO	Delta Dental PPO
<ul style="list-style-type: none"> No employee premiums You can choose a primary care dentist from the DeltaCare network You can select up to three different primary care dentists for your family Most preventive, diagnostic and basic services are covered at 100% You pay a copayment for major and restorative services Must reside in California to enroll in the DeltaCare USA DHMO and you must receive services in California Includes adult orthodontia 	<ul style="list-style-type: none"> Employee premiums required for spouse/eligible domestic partner and family coverage You can visit any dental care provider you wish When you use a provider in the PPO network, you typically pay less because network providers have agreed to provide dental care to members at lower, negotiated rates After you pay an annual deductible, you pay a percentage of the bill, called coinsurance, for most dental services Diagnostic and preventive care are covered at 100% and are not subject to the deductible Includes adult orthodontia, up to age 26 for employees and dependent children only

Services	DeltaCare USA DHMO	Delta Dental PPO
Annual Deductible	No annual deductible	\$50 per person / \$150 per family each calendar year
Annual Benefits Maximum	Please refer to plan documents for more information	\$1,500 per person each calendar year
Choice of Providers	DeltaCare USA network providers	Visit the provider of your choice
Diagnostic & Preventive Services	Most services covered at 100%	100%
Basic Services	Please refer to plan documents for more information	80%
Endodontics		80%
Periodontics		80%
Oral Surgery		80%
Major Services		50%
Orthodontics		50%
Orthodontic Maximum		\$1,000 Lifetime

Vision

When you enroll in a medical plan, you automatically receive vision coverage through Vision Service Plan (VSP). When you use a VSP provider, you receive an eye exam and eyewear with low copayments.

Services	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frames	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% off amount over your allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<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 • Average 35-40% off other lens options 	\$50 \$80 - \$90 \$120 - \$160	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$105 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) 	\$0	Every calendar year
Extra Savings and Discounts	<ul style="list-style-type: none"> • Glasses and sunglasses • Retinal screening • Laser vision correction Discounts vary, visit www.vsp.com for more information		





HealthySteps to Wellness

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

If you are enrolled in the SHCA Plan, you can earn up to \$500 for employee-only coverage or \$1,000 if you cover dependents by participating in the *HealthySteps to Wellness* program. 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 Incentive Account to pay for eligible medical costs.

If you are enrolled in the PPO or Kaiser Plans, by completing the online Well-being Assessment, you will receive \$100 deposited into your Health Savings Account or Health Incentive Account to pay for eligible medical costs

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 ensures access to health education, information, advocacy and coaching when you need it.

Stanford Coordinated Care

When you have a serious illness or ongoing medical condition, Stanford Coordinated Care makes access to the health care system simple, safe and seamless. Committed to placing patients at the center of their own health care, this program helps ensure that you are taking full advantage of your best options when it comes to treatment. Your Coordinated Care Specialist will help manage your medical services, accompany you to visits with specialists, connect you to community resources, and more.

Benefits for Wealth

We want to help you save. To assist you with current and future expenses, we offer several tax-advantaged accounts which allow you to set aside pre-tax dollars for future expenses, even in retirement.

Retirement Savings Plan

It's never too soon to start planning for retirement. To help you prepare, the Stanford Health Care retirement plan offers you the opportunity to save for a financially secure future.

You are 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.

We believe a retirement program is an important part of your financial future, so the Retirement Committee regularly reviews the program to make sure it continues to provide you with the best possible benefits, investment options and services.



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 PPO Plan. Your account is 100% yours, meaning when you leave or retire from the hospital, you take your funds with you, including any contributions from Stanford Health Care.

An HSA can be used to pay for your or your eligible dependents' health care services before the annual deductible has been met or for your share of the cost of services after the deductible has been met. Any balance in the HSA can also be used to pay for eligible health care expenses in the future.

For 2015, IRS regulations allow for HSA savings up to \$3,350 (individual), \$6,650 (family), and an additional \$1,000 catch-up contribution for those who are 55 and older as of December 31, 2015. Any contributions made by the hospital for participation in the *HealthySteps to Wellness* program will count toward this maximum.

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.

The Health Care FSA can be used for eligible expenses including copays, prescription medications and deductibles. The Health Care FSA is offered to Stanford Health Care Alliance or Kaiser HMO participants, or PPO participants who do not qualify for an HSA.

The Dependent Daycare FSA allows you to pay for child or elder care while you are at work. The Dependent Daycare FSA is offered to all employees, regardless of medical plan participation.

2015 Flexible Spending Account Maximum Contribution Limits

Health Care FSA	\$2,500
Dependent Daycare FSA	\$5,000

Benefits for Income and Survivor Protection

Rest assured, as a Stanford Health Care employee, you'll be prepared for the unexpected. 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. We offer all employees hospital-paid basic life insurance, as well as optional, employee-paid supplemental life, dependent life, and employee and dependent accident coverage.

You automatically receive up to \$50,000 Life Insurance coverage for yourself. You can buy additional coverage for yourself, your spouse and your children at competitive group rates — plus, you can take the coverage with you when you leave. Your costs are determined based on your age and the coverage amount you select.

CRONA B Nurses are not eligible for hospital-paid Life Insurance coverage. Coverage may be purchased at full cost to the employee. In order to elect Supplemental coverage, you must enroll in Basic Life Insurance.

Disability

Short-Term Disability (STD) — You can purchase coverage to supplement California SDI, for a maximum benefit of 60% of your base pay, up to \$1,846 per week.

Long-Term Disability (LTD) — You receive hospital-paid LTD coverage that pays a benefit of 50% of your base pay, up to \$8,000 per month. You can buy additional coverage, for a total benefit of 66 2/3% of your base pay, up to \$8,000 per month.

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.

CRONA B Nurses are not eligible for hospital-paid LTD coverage. Coverage may be purchased at full cost to the employee. In order to have Supplemental coverage, you must enroll in Basic LTD Insurance.

Business Travel Accident (BTA) Insurance

BTA provides 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.





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.

Backup Care

We understand how important it is for your loved ones to receive care while you're at work. We provide employees with a backup care benefit that offers up to 80 hours per calendar year of child and/or elder care when your regular provider is unavailable, 24 hours a day, 365 days a year.

Time Off

Our generous time-off benefits, including paid holidays and vacation will ensure you get rest and relaxation when you need it. If you are unable to work because of illness or injury, you're protected by hospital-paid long-term disability* coverage, an Extended Sick Leave benefit and any optional short-term disability and/or supplemental long-term disability coverage you choose to purchase.

*CRONA B Nurses are not eligible for hospital-paid LTD coverage. Coverage may be purchased at full cost to the employee. In order to have Supplemental coverage, you must enroll in Basic LTD Insurance.

Paid Time Off

The Paid Time Off program combines all time off into a single pool that can be accessed by the employee for vacation, holiday, illness, and other excused absences. Your actual PTO accrual will be based on your commitment (FTE). In addition to PTO, you also accrue "A" Time Credit based on your hours worked. The purpose of "A" Time Credit is to compensate you at your base hourly wage rate, including shift differential, when you are absent from work because of excess staffing on a unit.

Years of Service	PTO Time Accrued Per Hour Worked	PTO Days Earned (Based on Full-Time, 8-Hour/Day)
1	.1000	26
2 – 3	.1193	31
4 – 9	.1385	36
10 or more	.1500	39

"A" Time Credit

Accrued Service	Per Hour Worked
1	.0243
2 – 3	.0253
4 – 9	.0265
10 or more	.0273



Extended Sick Leave (ESL)

If you are unable to work due to your own serious health condition, as of the fourth consecutive shift absence, or from the first day if you are hospitalized on that day, you may receive an Extended Sick Leave benefit that is at no additional cost to you. All regular or fixed-term employees begin accumulating ESL hours at the rate of .0116 hours per hour worked (equivalent of 24 hours per year for a full time employee). There is no limit on the accumulation of ESL.

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 personal and professional passions. In addition, Stanford University offers a broad range of courses through its Continuing Studies program, and Continuing Medical Education for nurses, pharmacists, social workers and other professionals.

Employee Assistance Program (EAP)

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

Commuting and Parking

Pay for work transportation expenses through convenient payroll deductions using pre-tax dollars. You can use the parking and transportation program for onsite parking permits, transit passes and vanpool expenses.

If you would rather take public transportation to avoid the headache of traffic, you may be eligible for a free Caltrain Go Pass and/or VTA Eco Pass.

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

For more information about the programs, mass transit and parking at the hospital, visit the Parking and Transportation Services website at <http://transportation.stanford.edu/>.



Employee Discounts

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

Stanford Credit Union

You are 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 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.
- Workplace English for job-related language instruction.



Voluntary Benefits

To further offer you a comprehensive benefits package, as a hospital employee, you can 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 provides 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.

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