House Staff

Benefits Summary 2019

HealthySteps

BUILDING HEALTHY COMMUNITIES

Stanford HEALTH CARE

What's Inside

This is an overview of the comprehensive and competitive benefits package offered by Stanford Health Care. For more detailed information on the benefits plans and programs, visit the benefits website at **www.healthysteps4u.org**. See page 5 for login instructions.

Frequently used ***Key Terms*** *are defined* *on page 25.*

You Are Stanford Health Care

Welcome to Stanford Health Care! We are excited to have you join us in leading the way health care is delivered. We offer a competitive benefits package designed to reward your dedication and commitment with benefits, tools and resources that will keep you and your family healthy and secure.

This guide provides an overview of your 2019 Stanford Health Care benefits.

When Coverage Begins

As a newly hired employee, your health benefits, including medical, vision and dental, are effective on your date of hire.

The Employee Assistance Program (EAP) and Business Travel Accident (BTA) Insurance benefits are effective on your hire date. Life Insurance plans and all other benefits will be effective on the first day of the month after you are hired.

Default Coverage

You must enroll or waive coverage within 31 days of your hire date, or you will be assigned default coverage. This default coverage is still effective on your date of hire.

Default coverage will enroll you in Employee-Only coverage in the Aetna Choice POS II medical plan and Delta Dental Basic PPO dental plan.

You may only change your default coverage during annual Open Enrollment or when you experience a **qualifying life event**.

You will also be automatically enrolled in the Basic Life Insurance Plan and will have access to the following programs: EAP, BTA, Back-Up Care Advantage and Adoption Assistance.

Eligible Dependents

The following family members are eligible for benefits:

- Spouse
- Eligible domestic partner (if opposite-sex and one or both partners are over age 62)
- Eligible children up to age 26

HealthySteps

The **HealthySteps Mobile App** provides you with instant access to plan information, vendor mobile apps, contacts, tools and resources to help you manage your benefits! Download it to your mobile phone or tablet today by visiting **www.hsbenefitsapp.com**.

See page 24 for more information.

You Are Stanford Health Care

Dependent Verification

When adding an eligible dependent to your benefits, you will be asked to provide supporting documentation in the HealthySteps benefits portal. You can also scan or send a photo of your Dependent Verification documentation to **HRbenefits@stanfordhealthcare.org**. You can expect to receive a Dependent Verification (DV) packet in the mail, so ensure your mailing address is up to date in the HR system, Lawson eConnect.

DV DOCUMENTS TO SUBMIT:

Spouse or Partner (two documents required):

Document A

- Government-Issued Marriage Certificate (Document B not required if married in the past 12 months)
- State-Issued Certificate of Domestic Partner Registration

Document B

- Federal Tax Return within the last two years listing your spouse
- Proof of joint ownership issued within the last six months

Child (one document required):

- Government-Issued Birth Certificate

Duplicate Coverage

In most cases, Plan rules do not allow for duplicate coverage. If both you and your spouse/eligible domestic partner work at Stanford Health Care or Lucile Packard Children's Hospital Stanford, you cannot be covered under the employer-sponsored plans both as an employee and as an eligible dependent of a hospital employee at the same time. Your enrollment options are:

- Select coverage individually as an employee. In this case, only one of you can cover your eligible children as dependents; or
- Decline employee coverage for one of you and be covered as a dependent, along with your eligible children.

Note: Dual dental coverage is allowed for your eligible children. If you and your spouse/eligible domestic partner both enroll in dental benefits separately, you can each enroll your eligible children in dental plan coverage.

Duplicate coverage under other plans, such as Life and Accident Insurance, is not allowed.

If you don't receive a Dependent Verification Packet, call the Benefits Service Center at 1.855.278.7157 (Mon-Fri, 5AM-5PM PT).

IS YOUR ADDRESS UP TO DATE?

Don't forget to update your address in Lawson eConnect at **https://infor.stanfordmed.org** (you must be on the SHC network to access).

1. Log into Stanford Health Care's HR system, Lawson eConnect.
2. Log in with your Stanford Health Care SID and password.
3. Click on the Globe icon.
4. Click on Bookmarks > Employee Self-Service > Address Change.

Notes:

- Your address in Lawson eConnect is the address that will be sent to benefit vendors.
- Address updates can only be done from a Hospital computer or while on the Hospital's network.
- Employee updates cannot be made during the week you receive a Stanford Health Care paycheck.
- If you need help accessing Lawson eConnect, call the SHC Help Desk at 1.650.723.3333.

You Are Stanford Health Care

Enrollment

To enroll in benefits, you must access the HealthySteps benefits portal within 31 days of your date of hire.

- Visit **www.healthysteps4u.org**:
  - Click on "**SHC Network**" when accessing the website from a Stanford Health Care network and you will be automatically logged in via a secure single sign-on (SSO), and the Duo security authentication when applicable.
  - Click on "**From Home**" when you are accessing the website from home or a personal device (outside of the SHC network without Duo). Enter your Employee ID or SID to login.
  - Once logged in, click on "**View or Change my Benefits**" from the homepage.
- If you need assistance with Duo, contact SHC IT Service Desk at **HelpDesk3-3333@stanfordhealthcare.org** or 1.650.723.3333. If you are having access issues, send an email to SHC IT Access Management team for assistance at **DL-DS-IAMonCall@stanfordhealthcare.org**.
- If you are unable to access "View or Change my Benefits," visit **https://shclpch.benefitsnow.com**. If you are a first-time user, click on "Are you a new user?" to create your User ID and password for the portal. You can also call the Benefits Service Center at 1.855.278.7157 to complete your benefits enrollment.

SPECIAL ENROLLMENT PERIOD

During your employment at Stanford Health Care, you may update or change your benefits during annual Open Enrollment in the Fall, or during a qualifying life event, such as the birth of a child, marriage, or if a dependent gains or loses coverage.

You have 31 days from the date of your qualifying life event to make benefit changes. Typically, benefits are effective on the first day of the month following the qualifying life event date, except for a birth, in which case medical coverage is effective on date of birth. If you miss the 31-day enrollment window, you will need to wait until the next annual Open Enrollment period to make your elections, and your benefits will be effective January 1 of the following year.

NEED HELP?

If you have benefit questions or need assistance with benefits enrollment, please contact the Stanford Health Care Benefits Service Center, Monday-Friday, 5AM – 5PM PT:

- Phone 1.855.278.7157
- Live chat or email within the HealthySteps benefits portal: View or Change my Benefits

Benefits for Health

Your well-being is one of our top priorities. As a Stanford Health Care employee, you have access to 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 the full premium cost for medical/vision benefits. The medical plans include behavioral health and prescription drug coverage, and are bundled with vision coverage through VSP. For more information about vision benefits, see page 16 of the guide.

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 in the wellness program, you can also earn wellness incentive dollars, which can be used to help you reduce your out-of-pocket medical expenses.

ROUTINE MEDICAL CARE VS. PREVENTIVE CARE?

A routine office visit is a visit during which you discuss your current health concerns, or for ongoing treatment of chronic medical conditions. Your provider may then prescribe medication, order additional tests like lab work or X-rays, refer you to a specialist or discuss treatment options.

A preventive care visit (also known as a physical) includes a thorough review of your general health and well-being. Your provider will perform a complete routine physical exam and make recommendations regarding your general health that usually focus around diet, exercise or disease screenings. Preventive services have been defined by the Patient Protection and Affordable Care Act.

YOUR PERSONAL HEALTH ADVOCATE: CARECOUNSEL

Navigating the complex world of health benefits can be challenging, leaving you with questions about the claims process, finding a compatible doctor, and even making the best health plan choices for you and your family. To get the most from your plan, Stanford Health Care provides a no-cost health care advocacy program called CareCounsel.

A CareCounsel Member Care Specialist (MCS) can help you understand and effectively navigate your health benefits. This benefit ensures access to health education, information, advocacy and coaching when you need it.

To speak to a CareCounsel MCS, call 1.888.227.3334 or send an email to **staff@carecounsel.com**. You can also speak with a CareCounsel MCS by stopping by the GME Lounge. For the onsite schedule, visit the CareCounsel page at **www.healthysteps4u.org**. For additional information, visit **www.carecounsel.com**.

Medical Plan Options

To keep you healthy, you have the option to choose between the **Aetna Choice POS II Plan** and the **Kaiser Permanente HMO Plan**.

AETNA CHOICE POS II PLAN OVERVIEW

	Tier 1: Stanford Health Care, Stanford Children's Health and Stanford Health Care - ValleyCare Network	Tier 2: Aetna Choice POS II Network	Tier 3: Out-of-Network
Annual Deductible	$0/person $0/family	$300/person $750/family	$750/person $1,875/family
Coinsurance/Copay	Available services are generally covered at 100%	Subject to deductible, copays, and coinsurance; services are generally covered at 80%	Subject to deductible, copays, and coinsurance; services are generally covered at 60%
Annual Out-of-Pocket Maximum	$0/person $0/family	$1,300/person $3,250/family	$3,250/person $9,375/family

Note: Additional information can be found in the Medical Plan Comparison Chart on page 11.

AETNA CHOICE POS II PLAN

The Aetna Choice POS II Plan has a three-tier provider network structure, including a tier built around our own world-class Stanford network of providers and facilities.

Medical and behavioral health services are administered by **Aetna** and prescription drug coverage is provided through **CVS/caremark**. You will receive two ID cards; one from Aetna for medical care and one from CVS/caremark for prescriptions.

If you do not receive your Aetna medical card or CVS/caremark prescription card, contact Aetna at 1.888.277.4041 or CVS/caremark at 1.844.214.2607. You can also access your ID cards from the Aetna and CVS/caremark websites or mobile apps.

BEHAVIORAL HEALTH COVERAGE FOR THE AETNA CHOICE POS II PLAN

In-network services are provided by Aetna. You may also see out-of-network providers. Services for you or your dependents are covered at 100%, regardless of provider.

To find an Aetna provider, visit **www.aetna.com** or call 1.888.632.3862.

PRESCRIPTION DRUG COVERAGE FOR THE AETNA CHOICE POS II PLAN

Your prescription drug benefit is administered by CVS/caremark. There are no copays, and you and your covered dependents are not required to meet the plan deductible. You must use a CVS/caremark network pharmacy to fill your prescription. A mail service pharmacy is available for 30- or 90-day supplies for medications you take regularly.

As with any prescription benefit plan, medication coverage is subject to the current CVS/caremark formulary list, and some medications may be subject to prior authorization and/or the need to receive specialty medications through the CVS/caremark specialty pharmacy.

Visit **www.caremark.com** to see if your medication is on the formulary list, or call CVS/caremark customer service at 1.844.214.2607 for more information.

WHERE CAN I FIND AN AETNA CHOICE POS II IN-NETWORK PROVIDER?

The Aetna Choice POS II Plan offers you two tiers of in-network physicians and facilities. To locate in-network physicians and facilities:

First Tier: Stanford Health Care (including Facility Practice), Stanford Children's Health (including Lucile Packard Children's Hospital Stanford, LPCH Facility Practice Organization, Packard Children's Health Alliance), Stanford Health Care — ValleyCare, Stanford Health Care Reference Lab, United HealthCare Alliance (UHA), and Gardner Clinic.

Second Tier: www.aetna.com

- Click on "Find a Doctor" at the top of your screen.
- You can search without logging in by clicking on "Plans from an employer." Keep in mind, you have access to a greater provider search by registering to create an account with Aetna.

If you need assistance finding a provider or facility in the Aetna network, call the Aetna Concierge at **1.888.277.4041**. You can also contact CareCounsel at **1.888.227.3334** for assistance. The Aetna Concierge or a CareCounsel Member Care Specialist can help you learn about the Aetna provider network and identify appropriate in-network providers.

Benefits for Health

KAISER PERMANENTE HMO PLAN

The Kaiser Permanente HMO Plan delivers services through the network of Kaiser Permanente (KP) Northern California providers and facilities. You can only see providers in the KP network. You will receive one ID card to use for medical, behavioral health and prescriptions.

Annual Deductible	Coinsurance/Copay	Annual Out-of-Pocket Maximum
$400/per person $1,000/family limit	Varies based on service	$1,800/individual $3,600/family

Note: Additional information can be found in the Medical Plan Comparison Chart on page 11.

In the Kaiser plan:

- You do not need to select a Primary Care Physician (PCP).
- You are responsible for all medical expenses each year until you reach your annual deductible amount.
- Once you've reached your annual deductible, you will pay coinsurance or copays for covered expenses until you reach your out-of-pocket maximum for the year.
- When you reach your out-of-pocket maximum, you will pay nothing for the rest of the year for covered services.
- You do not have a copayment for prescription drugs. Prescription drugs may only be filled at a KP-affiliated pharmacy.

To locate a KP provider or facility, visit **http://my.kp.org/stanfordmed** or call 1.800.464.4000.

IF I NEED MEDICAL CARE OUTSIDE OF CALIFORNIA?

Aetna Choice POS II: Benefits will be provided for covered services you receive and, depending on the provider, services will be covered under the Tier 2 or Tier 3 benefit levels. This means you may be subject to deductibles and coinsurance depending on the providers you see. Aetna has a vast network of providers outside of CA and you are encouraged to see Aetna providers whenever possible. In an emergency situation, go directly to the nearest hospital.

Kaiser Permanente HMO: Benefits will be provided for covered services you receive in the Kaiser Permanente service areas (**kp.org/kpfacilities**). Urgent and emergency care services will be covered outside the Kaiser Permanente network. For detailed information, visit **http://my.kp.org/stanfordmed/**.

PREVENTIVE CARE 100% COVERED

Both the Aetna Choice POS II and Kaiser Permanente HMO medical plans will provide 100% coverage for preventive care from in-network providers, with no deductibles or copays. This means you and your family can receive the important preventive care services you need to manage your health, such as routine physical exams, screenings and lab tests — all 100% covered, with no out-of-pocket costs. Be sure your provider codes the services as "preventive."

Key Terms

KNOW THE FACTS: KEY TERMS AND HOW THE MEDICAL PLANS WORK

When you need care, it helps to know the medical plan terms so you know how much you will need to pay for coverage. In general, all of the Hospital's medical plans work like this.

When you need care, is it for preventive care, like an annual physical?

YES

Preventive Care is covered at no cost to you when you use in-network providers and facilities.

You can use money in your **Health Care Flexible Spending Account** or **Health Reimbursement Account** to pay for eligible medical expenses, including your deductible and coinsurance.

NO

Annual Deductible: The amount you pay for covered health care expenses each year before the plan begins to pay for your benefits.

Coinsurance: After you meet your annual deductible, the plan pays a percentage of costs for covered health care services, and you pay a share of the costs after your visit. Coinsurance does not include copays.

Out-of-pocket maximum: The limit on what you pay for covered services each plan year. When you meet the out-of-pocket maximum, your plan pays 100% of covered services for the remainder of the plan year.

Other Things to Know:

- ✔ **If you enroll in the Aetna Choice POS II Plan or Kaiser Permanente HMO Plan**, or if you waive your medical plan coverage, you can open a Health Care Flexible Spending Account (FSA) to help pay for your health care expenses during the year. Under this account, you must use all of your funds by the earlier of the end of the calendar year or before your employment with the Hospital terminates. You will have until March 15, 2020, to file claims for expenses incurred during 2019.
- ✔ **If you participate in *HealthySteps to Wellness* program activities**, you will have a Health Reimbursement Account (HRA) opened on your behalf. Incentive dollars earned from your participation in wellness activities will be deposited into this account. Under this account, you must use all of your funds by the earlier of the end of the calendar year or before your employment with the Hospital terminates. You will have until March 15, 2020, to file claims for expenses incurred during 2019.
- ✔ **Compare the benefits under each medical plan**. See pages 11-14 or visit **www.healthysteps4u.org** to view the medical plan comparison chart to see what each plan offers.

2019 Medical Plan Per-Pay-Period Contributions

Your medical and vision plans are offered to you at no cost. SHC pays 100% of the premium cost for you and your eligible dependents.

AETNA CHOICE POS II PLAN

Coverage	Employee Per-Pay-Period Contribution	Stanford Health Care Per-Pay-Period Contribution
Employee	$0	$493.68
Employee + Spouse	$0	$1,081.82
Employee + Child(ren)	$0	$889.16
Employee + Family	$0	$1,477.29

KAISER PERMANENTE HMO PLAN

Coverage	Employee Per-Pay-Period Contribution	Stanford Health Care Per-Pay-Period Contribution
Employee	$0	$324.93
Employee + Spouse	$0	$730.58
Employee + Child(ren)	$0	$552.74
Employee + Family	$0	$958.40

Note: Imputed income will be assessed if you are covering an eligible domestic partner under your health benefits. Visit ***www.healthysteps4u.org*** *for more information.*

Medical Plan Comparison Chart

Plan	Aetna Choice POS II Plan			Kaiser Permanente HMO Plan
Network	**Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network**	**Tier 2 — Aetna Network**	**Tier 3 — Out-of-Network***	**Kaiser Permanente Network**
Annual Deductible Applies to services that require coinsurance; not required before copayments	$0/person $0/family	$300/person $750/family	$750/person $1,875/family	$400/person $1,000/family
Wellness Incentive	Based on participation in the *Healthy Steps to Wellness* Program			
Annual Out-of-Pocket Maximum Includes deductible, copays and pharmacy	$0/person $0/family	$1,300/person $3,250/family	$3,250/person $9,375/family	$1,800/person $3,600/family
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Choice of Physicians	You must use SHC (including Facility Practice), LPCH, LPCH Facility Practice Organization, PCHA, Stanford Health Care – ValleyCare, Stanford Health Care Reference Lab, UHA, and Gardner Clinic	You must use Aetna network providers for in-network benefits	You may use any licensed provider	You must use Kaiser facilities; all care and covered services must be approved by a Kaiser physician
	Not all services are available through Tier 1 providers. If you would like to know if a certain service has Tier 1 providers, please call Aetna Concierge at 888-277-4041 for confirmation.			
Claim Forms	No, except for out-of-network emergency services	No, except for out-of-network emergency services	Yes	No, except for non-Kaiser emergency services
Hospital Care Room and Board, Surgeon, Physician Visit and Anesthesiologist	No charge; precertification required	80% after deductible; precertification required	60% after deductible; precertification required or $300/ admission penalty applies (waived if emergency admission)	90% after deductible
Office Care				
Physician Visit	No charge	$20/visit	60% after deductible	$20/visit
Routine Physical	No charge	No charge	60% after deductible	No charge
Adult Preventive Services	No charge	No charge	60% after deductible	No charge
Child Preventive Services	No charge	No charge	60% after deductible	No charge
Telemedicine	Not available	$20/visit	Not available	$0 to visit with KP physician through the My Health Manager feature; applicable office visit copay if it is an interactive video visit at a KP medical center
Specialist Visit	No charge	$35/visit	60% after deductible	$35/visit
Allergy Tests	No charge	$20/visit for PCP or $35/visit for Specialist	60% after deductible	$35/test
Allergy Injections	No charge	No charge	60% after deductible	$3/visit/injection
Immunizations	No charge	No charge	60% after deductible	No charge

Medical Plan Comparison Chart

Plan	Aetna Choice POS II Plan			Kaiser Permanente HMO Plan
Network	**Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network**	**Tier 2 — Aetna Network**	**Tier 3 — Out-of-Network***	**Kaiser Permanente Network**
Lab and X-ray (non-preventive)	No charge	80% after deductible	60% after deductible	90%; deductible waived
Outpatient Surgery	No charge	80% after deductible	60% after deductible	90% after deductible
Chiropractic Care	Not covered under Tier 1; see Tier 2 for benefit coverage (combined 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 ChooseHealthy program
Acupuncture	No charge; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; $30/ visit benefit maximum; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	60% after deductible; $30/ visit benefit maximum; 12-visit maximum per calendar year (combined Tier 1, Tier 2 and out-of-network maximum)	Discounts apply through Kaiser Permanente's ChooseHealthy program
Infertility Care	Includes assisted reproductive technologies (procedures and medication), counseling and consultation, infertility studies and tests. Payable in accordance with the type of expense incurred and the place where service is provided After member cost share, the plan will pay up to $10,000 for medical expenses and up to $5,000 for pharmacy expenses per lifetime for assisted reproductive technologies	80% after deductible; covered expenses include counseling and consultation, infertility studies and tests only	60% of UCR charges after deductible; covered expenses include counseling and consultation, infertility studies and tests only	50% for all services related to covered infertility treatment. Services related to conception by artificial means (other than artificial insemination) are excluded, including in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT).
Physical, Speech and Occupational Therapy (restorative services only)	No charge; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy for outpatient hospital and office visits) (combined Tier 1, Tier 2 and out-of-network maximum)	$35/visit; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy for outpatient hospital and office visits) (combined Tier 1, Tier 2 and out-of-network maximum)	60% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy for outpatient hospital and office visits) (combined Tier 1, Tier 2 and out-of-network maximum)	$20/visit
Emergency and Urgent Care				
Emergency In Area	No charge	$50/visit	$50/visit	90% after deductible
Emergency Out-of-Network	No charge	$50/visit	$50/visit	90% after deductible
Urgent Care	No charge	$20/visit	$20/visit	$20/visit at Kaiser facilities
Ambulance	No charge	No charge after deductible	No charge after deductible	No charge; plan deductible does not apply

Plan	Aetna Choice POS II Plan			Kaiser Permanente HMO Plan
Network	**Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network**	**Tier 2 — Aetna Network**	**Tier 3 — Out-of-Network***	**Kaiser Permanente Network**
Skilled Nursing Facility	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; 100-day maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% after deductible; 100-day maximum per calendar year (combined Tier 2 and out-of-network maximum)	90% after deductible; up to 100 days per benefit period
Home Health Care	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; 100-visit maximum per calendar year; one visit equals 4 hours or less (combined Tier 2 and out-of-network maximum)	60% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	100% with Kaiser approval; part-time or intermittent only; 100-visit maximum per calendar year (must live within the service area)
Well-Child Vision Screening	No charge	No charge	Not covered	No charge
Hearing Exams	No charge	80% after deductible; well-child screening: No charge	60% after deductible	$20/visit or $35/visit; well-child screening: No charge
Vision Benefits	Vision benefits administered through VSP. See vision plan document for more information	Vision benefits administered through VSP. See vision plan document for more information	Vision benefits administered through VSP. See vision plan document for more information	Vision benefits administered through VSP. Some vision services are available through the Kaiser Permanente plan. See vision plan document for more information
Dental Benefits	Not covered, except for emergency treatment; no charge	Not covered, except for emergency treatment; 80% after deductible	Not covered, except for emergency treatment; 60% after deductible	Not covered
Durable Medical Equipment	Not covered under Tier 1; see Tier 2 for benefit coverage	80% after deductible; includes hearing aids (limited to one pair of hearing aids every two years). Prior authorization may be required	60% 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	No charge	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 Aetna	Mental Health Care Provided through Aetna	Mental Health Care Provided through Aetna	Mental health care provided through Kaiser Permanente
Inpatient	No charge	No charge	No charge	90% after deductible
Outpatient	No charge	No charge	No charge	Individual: $20/visit; Group: $10/visit
Substance Abuse	Substance abuse care provided through Aetna	Substance abuse care provided through Aetna	Substance abuse care provided through Aetna	Substance abuse care provided through Kaiser Permanente
Inpatient	No charge	No charge	No charge	90% after deductible
Outpatient	No charge	No charge	No charge	Individual: $20/visit; Group: $5/visit

Medical Plan Comparison Chart

Plan	Aetna Choice POS II Plan			Kaiser Permanente HMO Plan
Network	**Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network**	**Tier 2 — Aetna Network**	**Tier 3 — Out-of-Network***	**Kaiser Permanente Network**
Prescription Drugs	Prescription Drugs provided through CVS/caremark		Prescription Drugs provided through CVS/caremark	Prescription Drugs provided through Kaiser Permanente
	Retail 30-day Supply No charge **Mail-Order 90-day Supply** No charge		**Retail** 60% after deductible **Mail-Order** Not covered	**Retail & Mail-Order:** 100-day supply **Mail-Order 100-day Supply** Generic: $0/prescription Brand Formulary: $0/prescription
Women's Contraceptives	Provided through CVS/caremark; see Tier 2	Provided through CVS/caremark	Provided through CVS/caremark	Provided through Kaiser Permanente Pharmacy
Contraceptives examples include: oral, patch, emergency For a full list, visit **www.healthysteps4u.org**	Provided through CVS/caremark; see Tier 2	**Retail & Mail-Order Generic and Brand Formulary:** No charge **Brand Non-Formulary:** No charge	**Retail:** 60% after deductible **Mail-Order:** Not covered	No charge (See Kaiser Permanente Evidence of Coverage Booklet for details)
Women's Contraceptives covered under the Medical Plan	Services through Stanford Health Care, Stanford Children's Health Network and Stanford Health Care – ValleyCare	Services through Aetna Network	Services through any licensed provider	Services through Kaiser Permanente
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% after deductible	No charge
Infertility Pharmacy	Provided through CVS/caremark; see Tier 2	Provided through CVS/caremark **Retail 30-day Supply** Generic, Brand and Non-Brand Formulary: No charge **Mail-Order 90-day Supply** Generic, Brand and Non-Brand Formulary: No charge Prior authorization may apply	Provided through CVS/caremark **Retail 30-day Supply** 60% of UCR charges after deductible **Mail-Order** Not covered Prior authorization may apply	Provided through Kaiser Permanente Pharmacy **Retail & Mail-Order Generic and Brand Formulary:** No charge **Retail & Mail-Order:** 100-day supply Drugs on the generic and brand tier prescribed to treat infertility only

** 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.

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

Telemedicine

No matter which medical plan you choose, you have telemedicine available to you in non-emergency situations. All services are available 24 hours a day, seven days a week.

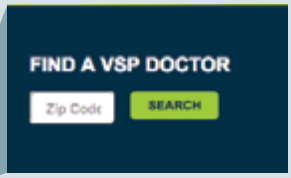
If you enroll in the Aetna Choice POS II Plan, you have…	If you enroll in the Kaiser Permanente HMO Plan, you have…
Access to Teladoc. With Teladoc, you can connect with a doctor in minutes. Here's how: 1. Visit Teladoc by phone, mobile app or **www.teladoc.com/aetna** to request a visit with a doctor. 2. Talk to your paired doctor, who's licensed in your state. Your doctor will stay on the phone with you for as long as you need. 3. If medically necessary, a prescription will be sent to the pharmacy of your choice and you can send your visit results to your primary care doctor. **To speak with a doctor, call 1.855.835.2362.**	Access to the Kaiser Permanente telehealth program. It offers a range of options for how and where members can get care — including by phone, email or video chat. It's not an add-on service, so members have no extra fees when they contact a provider. Also, all telehealth correspondence is tracked in the electronic medical record for coordinated and connected care. **Phone and video appointments are scheduled by calling your doctor's office, or through the Kaiser Permanente mobile app. If you have questions, call Member Services at 1.800.464.4000, or visit https://my.kp.org/stanfordmed/.**

LOOKING FOR SOMEONE TO TALK TO?

The Hospital provides you with the Employee Assistance Program (EAP) to give you access to confidential support in your work and life. Licensed clinicians can provide you with assistance 24 hours a day, seven days a week, on topics like stress management, financial counseling, work/life balance, grief, loss, relationships and much more. Call Beacon Health Options at **1.855.281.1601**, or visit **www.healthysteps4u.org** to learn more.

Vision Plan

When you enroll in either the Aetna Choice POS II plan or the Kaiser Permanente HMO plan, you automatically receive vision coverage through VSP at no additional cost. When you use a VSP provider, you receive eye exams, eyewear and other vision services with low copayments.



USING YOUR VSP BENEFIT IS EASY.

- **Register at www.vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** You choose if you'd like to use a VSP doctor, a participating retail chain, or out-of-network provider. To find a VSP provider, visit **www.vsp.com** or call 1.800.877.7195.
- **When you make your appointment, tell them you have VSP.** At your appointment, there's no ID card necessary. If you'd like a card as a reference, you can print one at **www.vsp.com** or view it from the VSP mobile app.

Services	Description	Copay	Frequency
Wellvision Exam	• Annual eye exam • Retinal screening	$10 $20	Every calendar year
Prescription Glasses		$25	See Frame and Lenses
Frames	• $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 (instead of contacts)	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Anti-reflective coating • Average 35-40% off other lens enhancements	$0 $40 $40 $40	Every calendar year
Contact Lens Exam	• Includes fitting and evaluation	Up to $60	Every calendar year
Contacts (instead of glasses)	• $150 allowance for contacts	$0	Every calendar year
Extra Savings and Discounts	• Glasses and sunglasses • Laser vision correction • To encourage all members to get an annual eye exam who otherwise do not require a lens prescription, the **SunCare Benefit** allows the vision plan's frame allowance to be used to purchase a pair of ready-made, non-prescription sunglasses in lieu of prescription glasses or contacts. Discounts vary, visit **www.vsp.com** for more information.		

Please note that benefits coverage is reduced if you see a provider outside the VSP network. If you use an out-of-network provider, you will be responsible for the full payment at the time of service and for submitting the claim to VSP for reimbursement.

NO ID CARD NECESSARY!

You will not receive an ID card for VSP. To access your plan information and locate VSP provider or facility, visit **www.vsp.com** or call 1.800.877.7195.

Dental Plans

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

All dental plans are administered by Delta Dental. If you enroll in one of the Delta Dental PPO plans, you will not receive an ID card for care. However, you will receive an ID card if you enroll in the DHMO plan.

Delta Dental PPOs: The PPO plans offer the convenience and flexibility of visiting any licensed dentist, anywhere. The plans cover all or a portion of each treatment and you pay the balance. You can see any dentist, but you'll get the most plan value by choosing a Delta Dental PPO network dentist.

DeltaCare USA: Under this closed network plan, you'll have your choice of skilled general dentists from the DeltaCare USA network. Select a general dentist for your primary care and, if necessary, your general dentist will refer you to a specialist. Enjoy a set of copayments and no maximums or deductibles for covered benefits.

Access your plan information and locate a Delta Dental dentist by visiting **www.deltadentalins.com**, or calling 1.800.422.4234.

2019 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	$29.23	$10.60	$28.14	$0.00	$8.09
Employee + Spouse	$14.96	$39.20	$34.62	$37.16	$0.00	$15.20
Employee + Child(ren)	$0.00	$55.80	$20.25	$53.70	$0.00	$14.31
Employee + Family	$14.96	$65.80	$44.27	$62.76	$0.00	$21.82

Note: Imputed income will be assessed if you are covering an eligible domestic partner under your health benefits. Refer to the HealthySteps website, **www.healthysteps4u.org**, for more information.

2019 DENTAL PLAN COMPARISON CHART

Delta Dental Basic PPO Plan	Delta Dental Buy-Up PPO Plan	DeltaCare USA DHMO Plan
• Employee premiums required for Employee + Spouse and Family coverage • You can visit the provider of your choice, but you'll save money when you visit in-network providers • After you pay an annual deductible, you pay a percentage of the bill, called coinsurance, for most dental services, up to the yearly benefits maximum • Diagnostic and preventive care are covered at 100%	• Employee premiums required for all coverage levels • You can visit the provider of your choice, but you'll save money when you visit in-network providers • Choose this plan if you anticipate having higher dental care needs in 2019 — this plan has a lower annual deductible with a higher annual benefits maximum than the Basic PPO Plan • After you pay an annual deductible, you pay a percentage of the bill, called coinsurance, for most dental services, up to the annual benefits maximum • Diagnostic and preventive care are covered at 100%	• No employee premium contributions • You must choose a primary care dentist from the DeltaCare USA network • Most diagnostic and preventive services are covered at 100% • You do not have an annual deductible, but pay a copayment for most services • Network coverage is only in CA

Wellness Program

Any wellness incentive dollars you earn by participating in the *HealthySteps to Wellness* program will be deposited into a Health Reimbursement Account (HRA) that will be set up for you by Stanford Health Care at HealthEquity.

HealthySteps to Wellness

The wellness incentive program is designed to help you take steps to a healthier, happier you. By participating in approved wellness activities, you will be eligible to earn incentive dollars that can help pay for IRS-qualified health care expenses. Depending on your medical plan enrollment, you can earn up to $500 for employee-only coverage, or up to $1,000 for employee with covered dependents coverage. The wellness program typically runs from January 1 through September 30 every calendar year. The incentive is paid out on a quarterly basis. Once incentive dollars are available at HealthEquity, you may start submitting claims for reimbursement to HealthEquity.

For additional tools, resources or information on the wellness program, visit **http:///wellness.healthysteps4u.org**. For questions on the program, send an email to the Wellness team at **healthysteps@stanfordhealthcare.org**.

Note: To earn wellness incentive dollars, you must be enrolled in a Stanford Health Care medical plan and be an active employee at the time the funds are deposited, or funds will be forfeited.

Health Reimbursement Account

A Health Reimbursement Account (HRA) is an employer-sponsored account funded from the incentive funds you earn through the *HealthySteps to Wellness* program. The HRA will be set up for you by Stanford Health Care at HealthEquity.

You are free to use the funds when they become available in your HRA at HealthEquity for IRS-qualified health care expenses incurred during your active employment at Stanford Health Care, **starting on the first day of the month after you are hired**. HRA funds do not roll over at the end of the year — you must use all of your HRA money during your active employment in the current year. You must submit all eligible current year claims for reimbursement to HealthEquity no later than March 15 of the following year.

Submit a claim online at **http://learn.healthequity.com/shclpch** or via the HealthEquity mobile app. If you have questions, call HealthEquity at 1.877.395.6548.

ELIGIBLE HEALTH CARE FSA AND HRA CLAIMS:

Qualified Medical Expenses (QME) are expenses incurred during your active employment at Stanford Health Care, starting on the first day of the month after you are hired.

View a list of QMEs on the HealthEquity site at **http://learn.healthequity.com/shclpch** or on the IRS document, which can be found at: **https://www.irs.gov/pub/irs-pdf/p502.pdf**.

HRA TERMINATION RULE

If you terminate your employment before the end of the calendar year, you must incur expenses by your termination date and submit claims no later than 90 days from your termination date.

Tax-Advantaged Savings Accounts

Flexible Spending Accounts

The Health Care and Dependent Care Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars from your paycheck to pay for IRS-qualified health care and dependent care expenses each year. The accounts are administered by HealthEquity. **During your first year of employment with the Hospital, you can use your Stanford Health Care FSA(s) for expenses incurred starting on the first day of the month after your date of hire.**

The Health Care FSA can be used for IRS-qualified health care expenses including copays, prescription medications and deductibles. Expenses must be incurred on or before the end of the calendar year by you, your spouse, or eligible dependents. (You may use your FSA funds to pay for your eligible domestic partner's expenses only if he/she is considered a tax dependent under IRS qualifications.)

You may be reimbursed for IRS-qualified health care expenses at any time during the plan year, up to the amount you elected for the year, even if you have not yet contributed that amount to the FSA. You must submit all claims incurred for the current calendar year by March 15 of the following year.

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

It can be used to pay for child care up to age 13, or for elder care while you are at work. You may submit claims for reimbursement for IRS-qualified expenses up to the amount of contributions available in your account at the time of submission. The IRS household limit is $5,000. You must submit all claims incurred for the current calendar year by March 15 of the following year.

To view the IRS-qualified dependent care expenses, visit **http://www.irs.gov/pub/irs-pdf/p503.pdf**.

2019 Flexible Spending Account Maximum Contribution Limits	
Health Care FSA	$2,650
Dependent Care FSA	$5,000

Submit a claim online at **http://learn.healthequity.com/shclpch**, or via the HealthEquity mobile app. If you have questions, call HealthEquity at 1.877.395.6548.

ELIGIBLE HEALTH CARE FSA AND HRA CLAIMS:

Qualified Medical Expenses (QMEs) are expenses incurred during your active employment at Stanford Health Care, starting on the first day of the month after you are hired.

View a list of QMEs on the HealthEquity site at **http://learn.healthequity.com/shclpch**, or on the IRS document, which can be found at: **https://www.irs.gov/pub/irs-pdf/p502.pdf**.

FSA TERMINATION RULE

Health Care FSA: If you terminate your employment with Stanford Health Care before the end of the calendar year, you must incur expenses by your termination date and must submit claims no later than 90 days from your termination date.

Dependent Care FSA: If you terminate your employment with Stanford Health Care before the end of the calendar year, you must incur the expenses by your termination date and must submit claims no later than March 15 of the following year.

Don't forget! The money you set aside in Health Care and Dependent Care Flexible Spending Accounts (FSAs) does not roll over from year to year. Any money remaining in your FSA at the end of the calendar year will be forfeited. You must submit all claims incurred for the current calendar year by March 15 of the following year. **During your first year of employment with the Hospital, your Stanford Health Care FSA(s) can only be used for expenses incurred after the first day of the month after your date of hire.**

Benefits for Income and Survivor Protection

As a Stanford Health Care employee, you are provided and offered a variety of benefits to protect you, your family and your income in the event of an illness or injury, including Life and Accidental Death & Dismemberment insurance plans.

Life and Accident Insurance

In the event of the unexpected, it's important to know you have financial security options. The Life and Accidental Death & Dismemberment (AD&D) plans are administered by Liberty Mutual.

You will be covered by **Employee Basic Life Insurance** at no cost to you. This coverage is one times your annual base salary, not exceeding $50,000.

You may elect to increase your coverage levels by purchasing the **Employee Optional Life Insurance** (1x-6x your annual base salary). As a new hire, Evidence of Insurability will not be required for 1x-3x election.

You also have the option to purchase **Dependent Optional Life Insurance** for your spouse and/or child(ren), and **Employee/ Dependent Optional AD&D Insurance**. The premium rates are based on age and coverage level.

For details about this benefit visit **www.thehartford.com** or call 1.877.426.6483.

Long-Term Disability

Long-Term Disability Insurance is provided by the Graduate Medical Education (GME) Department through The Guardian and is administered by George Advisors/HPIS. For additional information, email **ageorge@pacificadvisors.com** or call 1.650.355.4247.

For details about this benefit, see the House Staff Policies & Procedures at **http://med.stanford.edu/gme/policy/**.

Business Travel Accident (BTA) Insurance

BTA Insurance is provided to you at no cost through The Hartford. The plan gives you accident insurance coverage when you are traveling for business. The insurance policy also includes personal travel assistance and ID theft protection services.

For additional information, visit **www.healthysteps4u.org** or **www.accidentlines.com**.

EVIDENCE OF INSURABILITY (EOI)

EOI may be required for some Optional Life Insurance coverage elections. EOI must be submitted within 60 days of election.

To complete required EOI, visit **www.thehartford.com**.

For more information about this process, contact the Hartford at 1.877.426.6483.

Benefits for Retirement, Work and Life

Passion is feeling excited to do all of the things you love doing. 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 is about having energy both in and out of work to focus on what drives you.

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 make voluntary pre-tax contributions and save for your retirement. Fidelity is the plan recordkeeper and administrator.

For additional information, visit **www.netbenefits.com/shclpch** or call Fidelity at 1.800.755.5801.

Employee Assistance Program

The Employee Assistance Program, or EAP, helps you and your covered family members manage work and life challenges by providing resources, referral and support services at no cost to you. Benefits include work-life, legal and financial counseling services, plus an award-winning online resource center. Each covered member can receive up to 10 EAP sessions per issue per year at no charge to you. Counseling sessions are available in person, by telephone, or by video.

Call Beacon Health Options for confidential support or information at any time, day or night, by calling 1.855.281.1601, or visit **www.achievesolutions.net/shclpch**.

Counseling services are also available at Stanford Faculty Staff Help Center. Call 1.650.723.4577 or email **helpcenter@lists.stanford.edu**.

Back-Up Care Advantage Program

We understand how important it is for your loved ones to receive care while you're at work. You will be provided with a back-up care benefit through Bright Horizons. For a small copay, the program offers up to 80 hours per calendar year of child or adult/elder care when your regular caregiver is unavailable ($2/hour for a center-based care and $4/hour for in-home care).

For more information, visit **www.healthysteps4u.org**. To register for the program, visit **www.backup.brighthorizons.com**, download the mobile app, or call 1.877.242.2737.

Employee Discounts and Purchase Program

Enjoy a variety of member-only discounts from BenefitHub, an online marketplace providing you with access to hundreds of brand-name retailers and local merchants. The marketplace includes discounts on clothing, vacations, event tickets and even automobiles. For more information, visit **www.stanfordhospital.benefithub.com** (Referral Code: XMSJWR), or call 1.866.205.7354.

Purchasing Power gives you the option to buy items paid over time via payroll deductions for everyday goods, including computers, electronics, furniture and home appliances. For more information, visit **www.shclpchvoluntarybenefits.com** or call 1.800.689.9314.

Stanford Federal Credit Union

You will be eligible to join this financial collective, which offers competitively-priced loans, credit cards, checking accounts and investment options. For more information, visit **www.sfcu.org/SHC**.

Adoption Assistance

Stanford Health Care reimburses eligible adoption expenses up to $7,500 per adoption and up to two adoptions per family. For more information, visit **www.healthysteps4u.org**.

Voluntary Benefits

We partner with Mercer Voluntary Benefits to offer you discounts to programs and services that help you protect your valuable assets:

LEGAL ASSISTANCE

Access legal services through the Hyatt Legal Plan to assist with wills and estate planning, real estate matters, financial issues, family matters and more. The monthly premium is $15.79 for Employee-Only coverage and $19.99 for Family.

You must enroll in the legal plan within 31 days of your date of hire or wait until the next annual Open Enrollment period.

PET INSURANCE

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

IDENTITY PROTECTION

PrivacyArmor coverage provides comprehensive identity theft safeguards and restoration services, including continuous credit monitoring and fraud restoration.

AUTO AND HOME INSURANCE

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

For more information, or to apply or enroll for any of the Voluntary Benefits, call 1.800.689.9314 (Mon-Fri, 6am-3pm PT) or visit **www.shclpchvoluntarybenefits.com**.

HealthySteps Benefits App

To download the HealthySteps Mobile App, visit **www.hsbenefitsapp.com** and log in using your Stanford Health Care employee ID number.

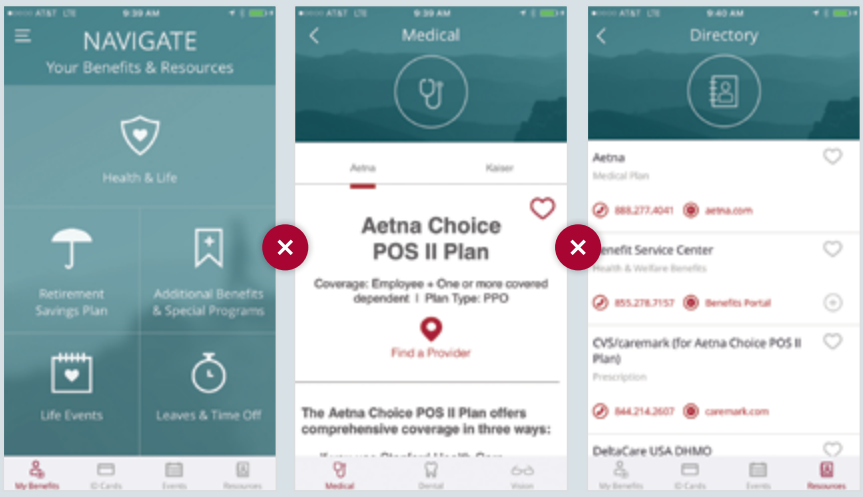
IMPORTANT: DOWNLOAD INSTRUCTIONS

iPhone and iPad users installing the app for the first time: Click "Download," then "Install." After installing, go to Settings and take the following steps: Settings > General > Device Management > Pier 2 Marketing LLC > Trust.

The HealthySteps Mobile App

The HealthySteps mobile app is designed to make accessing your benefits information even easier. Available for download on all smartphones and tablets, the app allows you to:

- Access health and benefit details, provider phone numbers and websites all in one location.
- Save your and your family's medical and prescription ID cards for quick access and easily email an image to your doctor.
- Find out about upcoming health events and save them to your personal calendar.
- "Favorite" regularly used providers to quickly access their information when you need it.
- Get important reminders about your benefits and actions to take through push notifications.



Key Terms

Annual Deductible: The amount you owe for certain health care services before your health insurance or plan begins to pay. For example, if your deductible is $750, your plan won't pay anything until you've met your $750 deductible for covered health care services, subject to the deductible. The deductible may not apply to all services.

Brand Formulary: Medications covered, recommended, and acceptable by the plan based on efficacy, safety and cost.

Brand Non-Formulary: Drugs not recommended based on the preferred formulary due to cost when there is a suitable clinical alternative with a more reasonable cost outcome.

Coinsurance: Your share of the cost for a covered health care service, calculated as a percentage. For example, after you meet the Tier 2 deductible, the plan will pay 80% of your covered expenses and your coinsurance will be 20%.

Copayment: A fixed amount (for example, $20) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME): Any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses. DME consists of items which:

- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness, disability, or injury;
- are ordered or prescribed by a physician;
- are reusable;
- can stand repeated use; and
- are appropriate for use in the home.

Examples of DME include: knee brace, heart monitor, orthro/walking boots, crutches, or CPAP machine.

Emergency Room Care: Emergency services you receive in an emergency room.

Employee Contributions: The portion of your benefit premiums that you pay. House Staff don't pay anything for medical premiums. These are pre-tax deductions from your paycheck. Your employee contributions do not count toward your annual deductible.

Hospital Outpatient Care: Care in a hospital that usually doesn't require an overnight stay.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Network Provider: A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see an out-of-network provider.

Out-of-Pocket Maximum: The most you pay during the calendar year before your health insurance or plan begins to pay 100% of covered expenses. This limit never includes your premium, balance-billed charges or health care your health insurance, or plan doesn't cover.

Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium: The amount that must be paid for your health insurance or plan (includes employee and/or employer contributions).

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not as severe as to require emergency room care.

Frequently Asked Questions

Q: When will I receive new member ID cards for myself and/or family members?

A: You should receive new member ID cards within 7-10 business days from the date you enroll. If you enroll in the Aetna Choice POS II plan, you will receive two ID cards: one from Aetna for medical and behavioral health care and one from CVS/caremark for prescriptions.

If you enroll in Kaiser Permanente HMO plan, you will receive only one ID card.

For the Dental PPO plans and VSP vision plan, you will not receive an ID card.

Q: I didn't receive an ID card for my plan and should have. What should I do?

A: If you did not receive a paper copy of your ID card in the mail, please contact the carrier directly. You may also download a copy from the carrier's website or mobile app.

Q: Is Durable Medical Equipment (DME) covered under the medical plan?

A: Please refer to the Medical Plan Comparison chart on page 13 for details about DME coverage under your plan. Examples of DME include knee braces, heart monitors, orthro/walking boots, crutches and CPAP machines.

Q: Where can I go for questions about my benefits?

A: If you have questions about the benefits available to you, or the benefits you are enrolled in, please contact the HealthySteps Benefits Service Center at 1.855.278.7157, Monday through Friday from 5 AM to 5 PM PT. Access the HealthySteps benefits portal to enroll or make changes to your benefits and live chat with a benefits representative. The portal can be accessed by going to **www.healthysteps4u.org** and clicking on "View or Change my Benefits" from the homepage (see page 5 for additional instructions). You may also contact CareCounsel for help with questions related to your benefits by calling 1.888.227.3334 or sending an email to **staff@carecounsel.com**.

Q: Where can I get detailed information about the services that are covered under my benefit plan coverages?

A: There are a number of resources that can be found on the HealthySteps website: Benefit Summary Guides, Health Plan Booklets for the Aetna POS II and Kaiser plans that provide a detailed list of services that are covered and not covered, Summary of Benefits Coverage (SBC) and the Summary Plan Description Booklets (SPD). To access the Benefits Handbook, visit **www.healthysteps4u.org** and click on the Benefits Handbook under the News and Resources section. If you still have questions, please contact the plan providers directly, or your doctor can contact the plan provider whenever there is a question about the treatment provided and whether or not the plan will cover it.

YOUR BENEFITS ACTION ITEMS

During your first 31 days of employment, there's a few important actions to take related to your Hospital benefits:

- ✔ Review benefits information on **www.healthysteps4u.org** and consult with a CareCounsel Member Care Specialist, if necessary.
- ✔ Drop-in at one of the Benefits presentations at the GME Lounge happening during June and July.
- ✔ Enroll in benefits within 31 days from date of hire, including the Hyatt Legal Plan.
- ✔ Update your address in Lawson eConnect
- ✔ Add your preferred email in the HealthySteps benefits portal by clicking "View or Change my Benefits" on **www.healthysteps4u.org**.
- ✔ Add beneficiaries for your Retirement Savings Plan, Life and AD&D plans.
- ✔ Create an account with your plan carriers' websites.
- ✔ Download the HealthySteps Benefits App.
- ✔ Start your wellness journey once your new hire window is complete. Don't forget to download the CafeWell app to help track your completion.

2019 Benefits Fast Facts

Benefits You May Elect

Medical/Vision

- Aetna Choice POS II Plan
- Kaiser Permanente HMO Plan
- VSP Vision Plan is included with any medical plan enrollment

Dental

- Delta Dental Basic PPO Plan
- Delta Dental Buy-Up PPO Plan
- DeltaCare USA DHMO Plan

Flexible Spending Accounts (FSA)

- Health Care FSA
- Dependent Care FSA

Optional Life Insurance

- Employee Optional Life Insurance
- Dependent Optional Life Insurance

Optional Accidental Death and Dismemberment (AD&D) Insurance

Retirement Savings Plan (403b)

Benefits Automatically Provided by Stanford Health Care

- Basic Life Insurance
- Business Travel Accident Insurance
- Employee Assistance Program (EAP)
- Back-Up Care Advantage Program
- CareCounsel Health Advocacy Services

Additional Programs Offered by Stanford Health Care

- *HealthySteps to Wellness*
- Adoption Assistance
- BenefitHub Discounts & Rewards
- Voluntary Benefits: Hyatt Legal Plan, Pet Insurance, Auto and Home Insurance, Identity Protection, Purchase Program
- Travel Assistance & ID Theft Protection Services

For questions about your benefits, or to get help enrolling, contact the HealthySteps Benefits Service Center at 1.855.278.7157 (Monday-Friday, 5:00 AM-5:00 PM PT). You can also access the online portal at **www.healthysteps4u.org**.

Benefits Contacts

Vendor	Benefit	Contact Information
Aetna	Aetna Choice POS II Medical Plan	1.888.277.4041 **www.aetna.com**
Beacon Health Options	Employee Assistance Program (EAP)	1.855.281.1601 **www.achievesolutions.net/shclpch**
Bright Horizons	Back-Up Care Advantage Program	1.877.242.2737 **www.backup.brighthorizons.com** Login: User Name: SHC Password: backup1
CareCounsel	Health Advocacy	1.888.227.3334 **www.carecounsel.com**
CVS/caremark	Prescription (for Aetna Choice POS II Plan)	1.844.214.2607 **www.caremark.com**
Delta Dental PPO	PPO Dental Plan	1.800.765.6003 **www.deltadentalins.com**
DeltaCare USA DHMO	HMO Dental Plan	1.800.422.4234 **www.deltadentalins.com**
Fidelity	Retirement Savings Plan	1.800.343.0860 **www.netbenefits.com/shclpch**
HealthEquity	(FSA / HRA)	1.877.395.6548 **http://learn.healthequity.com/shclpch**
HealthySteps to Wellness	Wellness	healthysteps@stanfordhealthcare.org **https://wellness.healthysteps4u.org**
Mercer Voluntary Benefits	Voluntary Benefits	800.689.9314 **www.shclpchvoluntarybenefits.com**
Kaiser Permanente	HMO Medical Plan	1.800.464.4000 **http://my.kp.org/stanfordmed/**
Stanford Health Care Human Resources	Human Resources	1.650.723.4748 **http://hr.stanfordmed.org**
Teladoc	Telemedicine services for the Aetna Choice POS II Plan	1.855.835.2362 **www.teladoc.com/aetna**
The Hartford	Business Travel Accident Insurance and Personal Travel Assistance Services	1.800.243.6108 **www.accidentlines.com**
The Hartford	Life and Accident Insurance	1.877.426.6483 **www.thehartford.com**
VSP	Vision Plan	1.800.877.7195 **www.vsp.com**

About this Guide

The information in this guide provides an overview of your Stanford Health Care 2019 benefit plans. More complete descriptions of the plans are contained in your Benefits Handbook (referred to as Summary Plan Descriptions) and other plan documents that govern these plans. If there is a discrepancy between this guide and the plan documents, the plan documents will govern in all cases.

For more information about key provisions for each plan, please refer to the Summary of Benefits and Coverage (SBC) posted on **www.healthysteps4u.org**. You may also request a glossary that includes all key terms described in the SBC.

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