



Stanford
Children's Health

Lucile Packard
Children's Hospital
Stanford

2017 BENEFITS GUIDE - NON-REPRESENTED AND SEIU

Start Your Journey



A career with Stanford Children's Health isn't just about doctors, patients and their families, it's about taking pride in what you do every day. We hope you decide to join us down our path to innovation and healing.



 **Stanford** | MEDICINE

stanfordchildrens.org

► You are Stanford Children's Health

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.

Our benefits package is designed to reward your extraordinary work and commitment with benefits, tools and resources that will keep you and your family healthy and secure.

When Does Coverage Start?

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

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

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



Eligibility

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

In general, your eligible dependents include:

- Spouse (same-sex or opposite-sex)
- Eligible domestic partners (same-sex or opposite-sex if you or your partner are age 62 and older)
- Eligible children up to age 26 (age 23 for dependent life insurance)



Benefits for Health

Your well-being is one of our top priorities. As a Hospital employee, you will have access to competitive medical benefits that offer you affordable health care. We also offer a choice of dental plans and a vision plan to help you maintain your best health and well-being. The Hospital 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.

Medical Plan Options

The Hospital offers medical plan options:

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

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

Stanford Health Care Alliance Plan

The Stanford Health Care Alliance (SHCA) Plan is a plan that is built around our own world-class Stanford Health Care and Stanford Children's Health network of providers and facilities administered by Aetna.

Aetna Choice POS II Plan with HSA

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

The Plan has a three-tier provider network structure, including a tier built around our own world-class Stanford Health Care and Stanford Children's Health network of providers and facilities. These programs are administered by Aetna, Optum and CVS/caremark.

The Health Savings Account (HSA) helps you set aside pre-tax dollars to pay for eligible health care expenses, including your deductible, now or in the future.

Kaiser Permanente HMO Plan

The Kaiser Permanente HMO Plan delivers services through the network of Kaiser Permanente California providers and facilities.



See pages 5-11 for a detailed comparison of the medical plan features.

2017 Medical Plan Monthly Per-Pay-Period Contributions

	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution
Stanford Health Care Alliance Plan — If your hourly rate* is \$32.31 or less:		
Employee	\$0.00	\$642.06
Employee + Spouse	\$0.00	\$1,405.57
Employee + Child(ren)	\$0.00	\$1,155.27
Employee + Family	\$0.00	\$1,918.77
Stanford Health Care Alliance Plan — If your hourly rate* is \$32.32 or more:		
Employee	\$30.00	\$612.06
Employee + Spouse	\$130.24	\$1,275.33
Employee + Child(ren)	\$55.00	\$1,100.27
Employee + Family	\$155.40	\$1,763.37
Aetna Choice POS II Plan — If your hourly rate* is \$32.31 or less:		
Employee	\$0.00	\$421.19
Employee + Spouse	\$0.00	\$922.17
Employee + Child(ren)	\$0.00	\$758.07
Employee + Family	\$0.00	\$1,259.06
Aetna Choice POS II Plan — If your hourly rate* is \$32.32 or more, but less than \$50.00:		
Employee	\$0.00	\$421.19
Employee + Spouse	\$50.14	\$872.03
Employee + Child(ren)	\$0.00	\$758.07
Employee + Family	\$50.14	\$1,208.92
Aetna Choice POS II Plan — If your hourly rate* is \$50.00 or more:		
Employee	\$0.00	\$421.19
Employee + Spouse	\$100.28	\$821.89
Employee + Child(ren)	\$0.00	\$758.07
Employee + Family	\$100.28	\$1,158.78
Kaiser Permanente HMO Plan — If your hourly rate* is \$32.31 or less:		
Employee	\$0.00	\$294.66
Employee + Spouse	\$0.00	\$662.47
Employee + Child(ren)	\$0.00	\$501.25
Employee + Family	\$0.00	\$869.08
Kaiser Permanente HMO Plan — If your hourly rate* is \$32.32 or more:		
Employee	\$38.36	\$256.30
Employee + Spouse	\$138.23	\$524.24
Employee + Child(ren)	\$65.23	\$436.02
Employee + Family	\$164.95	\$704.13

* Your hourly rate as of August 31, 2016.

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

If your hourly rate* is \$32.32 or more, there will be a \$50 monthly Working Spouse/Eligible Domestic Partner Access Fee unless you certify that your spouse/eligible domestic partner is enrolled in their employer-sponsored medical plan or is not eligible for another employer's plan.

2017 Medical Plan Comparison

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

2017 Medical Plan Comparison

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

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		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*	
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	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	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
	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				
Physical, Speech and Occupational Therapy (restorative services only)	\$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)	\$35/visit after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy; combined Tier 1, Tier 2 and out-of-network maximum)	\$20/visit
Emergency and Urgent Care					
Emergency In Area	\$200/visit	No charge after deductible	80% after deductible		90% after deductible
Emergency Out-of-Network	\$200/visit	No charge after deductible	80% after deductible		90% after deductible
Urgent Care	\$20/visit	No charge after deductible	80% after deductible		\$20/visit at Kaiser facilities
Ambulance	No charge	No charge after deductible		No charge after Aetna Choice POS II In-Network deductible (UCR is waived for true emergency)	No charge when medically indicated and authorized by plan physician
Skilled Nursing Facility	90% after deductible; 100-visit maximum per calendar year	Not applicable	80% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	90% up to 100 days per benefit period

2017 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network	Tier 2 — Aetna Choice POS II Network	Tier 3 — Out-of-Network*	
Home Health Care	90% after deductible; 100-visit maximum per calendar year	Not applicable	80% after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined Tier 2 and out-of-network maximum)	No charge with Kaiser approval; part-time or intermittent only; 100-visit maximum per calendar year (must live within the service area)
Well Child Vision Screening	No charge	No charge	No charge	Not covered	No charge
Hearing Exams	\$35/visit; well-child screening 100%	No charge after deductible; well-child screening 100%	80% after deductible; well-child screening 100%	60% of UCR charges after deductible	No charge
Vision Benefits	Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information.	Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information.	Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information.	Vision benefits administered through VSP. You must use an in-network VSP provider. See vision plan document for more information.	Vision benefits administered through VSP. Some vision services are available through the Kaiser Permanente plan. See vision plan document for more information.
Dental Benefits	Not covered, except for emergency treatment; 90% after deductible	Not covered, except for emergency treatment; No charge after deductible	Not covered, except for emergency treatment; 80% after deductible	Not covered, except for emergency treatment; 60% of UCR charges after deductible	Not covered
Durable Medical Equipment	90% after deductible; includes hearing aids (limited to one hearing aid per ear every two years)	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 is required for DME in excess of \$500 for rentals or \$1,500 for purchases.	60% of UCR charges after deductible; includes hearing aids (limited to one pair of hearing aids every two years)	80% when prescribed by a Kaiser physician (must live within the service area) 50% for external sexual dysfunction devices
Transplant Services	90% after deductible; must be performed at an Institute of Excellence facility and subject to utilization review; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	No charge after deductible	80% after deductible; must be performed at an Institute of Excellence facility and subject to utilization review	Must use Institute of Excellence	For covered transplant services, you pay the same cost sharing as other services not related to a transplant

Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		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*	
Mental or Nervous Disorders	Mental health care provided through SHCA	Mental health care provided through Optum	Mental health care provided through Optum	Mental health care provided through Optum	Mental health care provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Outpatient	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$10/visit
Substance Abuse	Substance abuse care provided through SHCA	Substance abuse care provided through Optum	Substance abuse care provided through Optum	Substance abuse care provided through Optum	Substance abuse care provided through Kaiser Permanente
Inpatient	Facility charges: 90% after deductible; No charge at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: No charge after deductible	Facility charges: 80% after deductible	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	Facility charges: 90% after deductible
	Professional charges: No charge	Professional charges: No charge after deductible	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	Professional charges: 90% after deductible
Outpatient	\$20/visit	\$20/visit after deductible	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$5/visit

Stanford Children's Health is a participating employer in the Stanford Health Care employee benefits plan.



2017 Medical Plan Comparison

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

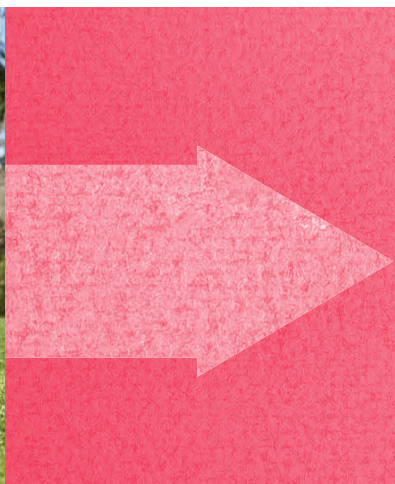
Services	Stanford Health Care Alliance (SHCA) Plan	Aetna Choice POS II Plan with HSA			Kaiser Permanente HMO Plan
		Tier 1 — Stanford Health Care, Stanford Children's Health and Stanford Health Care – ValleyCare Network	Tier 2 — Aetna Choice POS II Network	Tier 3 — Out-of-Network*	
Infertility Pharmacy	Provided through Aetna 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 Prior authorization may apply	Provided through CVS/caremark Not applicable	Provided through CVS/caremark Retail 30-day Supply Generic, Brand and Non-Brand Formulary: 80% after deductible Mail-Order 90-day Supply Generic, Brand and Non-Brand Formulary: 80% after deductible 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 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 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 based on where test is performed.

SHCA Plan Only – An out-of-area plan will be offered to college student dependents of SHCA subscribers who reside outside the SHCA service area. Enrollees in this plan will have access to physicians who are part of Aetna's national network.

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.



Vision Plan

When you enroll in one of the medical plans, you and any family members enrolled in your medical plan will automatically receive vision coverage through VSP at no additional cost.

You may visit any provider, but you will save the most money when you visit VSP network providers. To find a VSP provider near you, visit www.vsp.com.



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

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

Dental Plan

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

To find a Delta Dental provider near you, visit www.deltadentalins.com.

2017 Dental Plan Monthly Per-Pay-Period 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	\$32.62	\$10.60	\$32.62	\$0.00	\$8.09
Employee + Spouse	\$14.96	\$45.48	\$34.62	\$45.48	\$0.00	\$15.20
Employee + Child(ren)	\$0.00	\$62.26	\$20.25	\$62.26	\$0.00	\$14.31
Employee + Family	\$14.96	\$75.15	\$44.27	\$75.16	\$0.00	\$21.82

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

2017 Dental Plan Comparison Chart

Services	Delta Dental Basic PPO Plan	Delta Dental Buy-Up PPO Plan	DeltaCare USA DHMO Plan
Annual Deductible (Individual/Family)	\$50 per person/ \$150 per family each calendar year	\$25 per person/ \$75 per family each calendar year	No annual deductible
Annual Benefits Maximum	\$2,000 per person each calendar year	\$2,500 per person each calendar year	Refer to the plan documents for more information
Choice of Providers	Visit the provider of your choice*	Visit the provider of your choice*	DeltaCare USA network providers
Diagnostic & Preventive Services	100%	100%	Most services covered at 100%
Basic Services	80%	90%	Refer to the plan documents for more information
Major Services	50%	60%	
Orthodontics	50%	50%	
Orthodontic Maximum	\$1,500 per lifetime	\$2,000 per lifetime	
Implants	50%	60%	

* You'll save more when you visit in-network providers.

► Benefits for You

In addition to health benefits, the Hospital offers programs and resources to help you manage your health.

HealthySteps to Wellness

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

By participating in approved wellness activities, you will earn points, which are then converted to incentives based on your achieved wellness level. These contributions will be deposited into your Health Savings Account or Health Incentive Account (depending on the medical plan in which you enroll) to pay for any IRS-qualified health care expenses. You will be able to earn up to \$500 for employee-only coverage and up to \$1,000 for employees who have dependents enrolled in their Hospital-sponsored medical plan.



CareCounsel

Understanding the details of your health plan can be confusing. To help you get the most from your plan, the Hospital provides a no-cost health advocacy benefit called CareCounsel.

Through CareCounsel, employees and their families can receive support from personal health advocates to help navigate the complexities of health care. This benefit will ensure access to health education, information, advocacy and coaching when you need it.



► Benefits for Income and Survivor Protection

We offer a variety of benefits to protect you and your income in the event of an illness or injury, including Supplemental Life Insurance, Accidental Death and Dismemberment, and Short- and Long-Term Disability.

Life and Accident Insurance

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

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

Disability

Short-Term Disability (STD) — You will be able to purchase coverage to supplement California SDI, for a benefit of 60% of your base pay, up to a weekly maximum. There is no pre-existing limitation for pregnancy under the Short-Term Disability Plan.

Long-Term Disability (LTD) — You will receive Hospital-paid LTD coverage that pays a benefit of 50% of your base pay, up to a monthly maximum. You will be able to buy additional coverage, for a total benefit of 66 2/3% of your base pay, up to a monthly maximum.

Important: If you recently relocated to California, you can verify your SDI-eligibility with the State of California Employment Development Department website at www.edd.ca.gov.

Business Travel Accident (BTA) Insurance

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



► Tax-Advantaged Accounts

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

You may choose to enroll in the following tax-advantaged accounts:

- Health Savings Account
- Health Care Flexible Spending Account
- Dependent Daycare Flexible Spending Account

Health Savings Account

A Health Savings Account (HSA) is an employee-owned, tax-advantaged savings and investment account to help you pay for health care expenses both now and into retirement. This account is offered to participants who enroll in the high-deductible health plan, the Aetna Choice POS II Plan. Your account will be 100% yours, meaning when you leave or retire from the Hospital, you take your funds with you, including any contributions from the Hospital. For those who are 55 and older as of December 31, 2017, you can make an additional \$1,000 catch-up contribution per IRS regulations.

Flexible Spending Accounts

The Health Care and Dependent Daycare Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars from your paycheck to pay for eligible health care and dependent daycare expenses each year.

2017 Flexible Spending Account Maximum Contribution Limits

Health Care FSA	\$2,550
Dependent Daycare FSA	\$5,000



Hospital Contributions		You May Contribute	
Employee-only	Up to \$500 (based on participation in the <i>HealthySteps to Wellness</i> program)	Employee-only	Up to \$2,900
Employee + one or more dependents	Up to \$1,000 (based on participation in the <i>HealthySteps to Wellness</i> program)	Employee + one or more covered dependents	Up to \$5,750

► Benefits for Retirement

We help you save for your retirement by offering you a plan that includes both Hospital and voluntary employee contributions and a variety of investment options.

Retirement Savings Plan

You will be eligible to participate in the Retirement Savings Plan (RSP) immediately. The RSP is a 403(b) plan which provides a way for you to contribute pre- and post-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 – 4 years	100% of your contribution, up to 4% of your pay
5 – 10 years*	100% of your contribution, up to 5% of your pay
10+ years*	100% of your contribution, up to 7% of your pay

**SEIU Employees: Please refer to your bargaining agreement for your Retirement Savings Plan Match after five years of service.*

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



Benefits for Work and Life

The Hospital believes in the importance of maintaining good mental and emotional health. Because feeling good is about more than just physical health, it's about having energy both in and out of work to focus on what drives you.

Beyond health and wealth benefits, we offer a variety of benefits to support your work/life balance.

Back-Up Care Advantage Program

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

Time Off

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

Note: The Hospital adheres to all federal and state laws regarding time off.

Extended Sick Leave (ESL)

All regular or fixed-term employees will begin accumulating ESL hours at the rate of .0116 hours per hour worked (equivalent of 24 hours per year for a full-time employee). There is no limit on the accumulation of ESL.

Education

The knowledge and expertise of our employees is what sets the Hospital apart. We are committed to your professional growth.

In addition to offering educational assistance, scholarship programs, and a professional membership reimbursement program, the Hospital also partners with Stanford University to offer employees access to a

broad range of courses through its Continuing Studies program, and Continuing Medical Education for nurses, pharmacists, social workers and other professionals.

Any regular-benefited or fixed-term employee with at least six months of service based on their most recent hire date is eligible for up to \$2,000 of Educational Assistance benefits each fiscal year (certain rules and restrictions apply).

Employee Assistance Program (EAP)

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

Adoption Support

The Hospital assists parents who are adopting a child and provides a benefit of up to \$7,500 per adoption for qualified expenses. These expenses include adoption fees, court costs, attorney fees and approved expenses in connection with the legal adoption of your child.

Commuting and Parking

The Hospital works in conjunction with Stanford University Parking and Transportation Services to support many commuter programs. The Caltrain Go Pass and VTA Eco Pass are offered to eligible Hospital employees at no cost. The Marguerite Shuttle is also available and connects the hospital campus to nearby transit, shopping, dining and entertainment.

Employee Discounts

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

Stanford Credit Union

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

Access to Stanford University Programs

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

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

Paid Time Off

The Paid Time Off program compensates employees earning base wage when they are absent from work for vacation, holiday, illness and other excused absences. Your actual PTO accrual will be based on your commitment (FTE). The maximum PTO accrual is 520 hours.

Exempt Employees

Years of Service	Estimated PTO Days Per Year (Based on Full-Time, 8-Hour/Day)	PTO Time Accrued Per Hour Worked
1-9	36	.1385
10 or more	39	.1500

Non-Exempt Employees

Years of Service	Estimated PTO Days Per Year (Based on Full-Time, 8-Hour/Day)	PTO Time Accrued Per Hour Worked
1	26	.1000
2-4	31	.1193
5-9	36	.1385
10 or more	39	.1500

Note: The projections above are estimates. Actual PTO accrual is based on your full-time employment status.



These benefits are just a highlight of what is available to you as a Hospital employee. To see more information about the benefits offered to you, please visit careers.stanfordchildrens.org.

► Voluntary Benefits

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

Group Legal Plan

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

Pet Insurance

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

Identity Theft Protection

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

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



Auto and Home Insurance

Choose the best auto and home insurance for your situation.

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

This brochure contains benefit highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the plan documents. If there is any conflict between this summary and the plan documents, the plan documents will govern. This summary does not imply a contract of employment. The Hospital reserves the right to review, change or end any benefit for any reason.