

Great Care Starts With You



At Stanford Children's Health, we're leading the way for pediatric and obstetric care. We offer several benefits options that provide choice and affordability so you can decide what will work best for you and your family.

➤ 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 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)

Your well-being is one of our top priorities. We offer competitive medical benefits to help you maintain your best health.

➤ Benefits for Health



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. 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:

- 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. Brown and Toland physicians are also part of the network in San Francisco and northern peninsula cities, as well as Washington Township Medical Foundation physicians in the Fremont/Newark region.

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 two-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 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.

2019 Medical Plan Per-Pay-Period Contributions

	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution
Stanford Health Care Alliance Plan		
Employee	\$50.32	\$555.73
Employee + Spouse	\$181.31	\$1,145.46
Employee + Child(ren)	\$85.53	\$1,004.96
Employee + Family	\$216.34	\$1,594.86
Aetna Choice POS II Plan		
Employee	\$0.00	\$463.17
Employee + Spouse	\$0.00	\$1,014.18
Employee + Child(ren)	\$0.00	\$833.68
Employee + Family	\$0.00	\$1,384.68
Kaiser Permanente HMO Plan		
Employee	\$43.40	\$281.60
Employee + Spouse	\$156.42	\$574.45
Employee + Child(ren)	\$73.78	\$479.00
Employee + Family	\$186.63	\$772.01

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.

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.

Relief B employees are responsible for the total cost of the premium.

2019 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan <small>The core service area includes Alameda, Contra Costa (NEW!), San Francisco, San Mateo and Santa Clara counties.</small>	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Annual Deductible Applies to services that require coinsurance; not required before copayments	\$400/person \$1,000/family	\$1,350/employee-only coverage \$2,700/employee + one or more covered dependents	\$2,500/employee-only coverage \$5,000/employee + one or more covered dependents	\$0/person \$0/family
Wellness Incentive	Based on participation in the <i>HealthySteps to Wellness</i> program	Based on the completion of the Health Risk Assessment (HRA), you will receive \$100.00 deposited into your Health Savings Account (HSA) or Health Reimbursement Account (HRA)		
Employer Contributions to HSA	N/A	Up to \$400/employee-only coverage Up to \$800/employee + one or more covered dependents Quarterly contributions are made in January, April, July and October		N/A
Annual Out-of-Pocket Maximum Includes deductible, copays and pharmacy	\$1,800/person \$3,600/family	\$2,400/employee-only coverage \$4,800/employee + one or more covered dependents	\$4,800/employee-only coverage \$9,600/employee + one or more covered dependents	\$1,500/person \$3,000/family
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Choice of Physicians	You must use SHCA physicians. The SHCA Plan core service area includes Alameda, Contra Costa (NEW!), San Francisco, San Mateo and Santa Clara counties.	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
Claim Forms	No, except for out-of-network emergency services	No, except for out-of-network emergency services	Yes	No, except for non-Kaiser emergency services
Hospital Care Room and Board, Surgeon, Physician Visit and Anesthesiologist	Facility charges: 90% after deductible; No charge at SHC/ LPCH or Stanford Health Care – ValleyCare hospitals (precertification required)	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals (precertification required)	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	100% after \$250 copay/ admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Office Care				
Physician Visit	\$20/visit	80% after deductible	60% of UCR charges after deductible	\$20/visit
Routine Annual Physical	No charge	No charge	60% of UCR charges after deductible	No charge
Adult Preventive Services	No charge	No charge	60% of UCR charges after deductible	No charge
Child Preventive Services	No charge	No charge	60% of UCR charges after deductible	No charge

2019 Medical Plan Comparison

Services	Stanford Health Care Alliance (SHCA) Plan <small>The core service area includes Alameda, Contra Costa (NEW!), San Francisco, San Mateo and Santa Clara counties.</small>	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Specialist Visit	\$35/visit	80% after deductible	60% of UCR charges after deductible	\$35/visit
Allergy Tests	\$20/visit for PCP or \$35/visit for Specialist	80% after deductible	60% of UCR charges after deductible	\$35/test
Allergy Injections	No charge	80% after deductible	60% of UCR charges after deductible	\$3/visit/injection
Immunizations	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	80% after deductible	60% of UCR charges after deductible	No charge
	Complex: 90% after deductible; \$100/visit at SHC/LPCH hospitals, Stanford Health Care – ValleyCare or a SHCA physician's office			
Outpatient Surgery	90% after deductible; \$200 facility charge at SHC/LPCH or Stanford Health Care-Valley Care hospitals. Professional services are no charge, deductible waived	Facility charges: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 60% of UCR charges after deductible	\$100 per procedure
		Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Chiropractic Care	\$35/visit; 30-visit maximum per calendar year	80% after deductible; 30-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; 30-visit maximum per calendar year (combined in- and out-of-network maximum)	Discounts apply through Kaiser Permanente's ChooseHealthy program
Acupuncture	\$35/visit; 12-visit maximum per calendar year	80% after deductible; \$30/visit maximum; 12-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; \$30/visit maximum; 12-visit maximum per calendar year (combined in- and out-of-network maximum)	Discounts apply through Kaiser Permanente's ChooseHealthy program
Infertility Care	\$35/visit for counseling and consultation; for diagnosis and treatment of medical condition only	80% after deductible; for diagnosis and treatment of medical condition only	60% of UCR charges after deductible; for diagnosis and treatment of medical condition only	\$20/visit; 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)	\$35/visit; 60-visit maximum per calendar year (combined with physical, occupational or speech therapy)	80% after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy) (combined in- and out-of-network maximum)	60% of UCR charges after deductible; limited to a 60-visit maximum per calendar year (combined with physical, occupational or speech therapy) (combined in- and out-of-network maximum)	\$20/visit

Services	Stanford Health Care Alliance (SHCA) Plan <small>The core service area includes Alameda, Contra Costa (NEW!), San Francisco, San Mateo and Santa Clara counties.</small>	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Emergency and Urgent Care				
Emergency In Area	\$200/visit	80% after deductible		\$50/visit
Emergency Out-of-Network	\$200/visit	80% after deductible		\$50/visit
Urgent Care	\$20/visit	100% after deductible		\$20/visit at Kaiser facilities
Ambulance	No charge	100% after deductible		No charge
Skilled Nursing Facility	90% after deductible; 100-visit maximum per calendar year	80% after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	100% up to 100 days per benefit period (must live within the service area)
Home Health Care	90% after deductible; 100-visit maximum per calendar year	80% after deductible; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	60% of UCR charges after deductible ; 100-visit maximum per calendar year (combined in- and out-of-network maximum)	100% with Kaiser approval; part-time or intermittent only; 100-visit maximum per calendar year (must live within the service area)
Well-Child Vision Screening	No charge	No charge	Not covered	No charge
Hearing Exams	\$35/visit; well-child screening: No charge	80% after deductible; well-child screening: No charge	60% of UCR charges 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; 90% after deductible	Not covered, except for emergency treatment; 80% after deductible	Not covered, except for emergency treatment; 60% of UCR charges after deductible	Not covered
Durable Medical Equipment	90% after deductible; includes hearing aids (limited to one pair of hearing aids every two years)	80% after deductible; includes hearing aids (limited to one pair of hearing aids every two years). Prior authorization may be required	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 a Institute of Excellence facility and subject to utilization review; No charge at SHC/LPCH or Stanford Health Care` – ValleyCare hospitals	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

2019 Medical Plan Comparison

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		In-Network	Out-of-Network*	
Mental or Nervous Disorders	Mental health care provided through SHCA	Mental Health Care Provided through Aetna	Mental Health Care Provided through Aetna	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: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	100% after \$250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Outpatient	\$20/visit	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$10/visit
Substance Abuse	Substance abuse care provided through SHCA	Substance abuse care provided through Aetna	Substance abuse care provided through Aetna	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: 80% after deductible; No charge after deductible has been met at SHC/LPCH and Stanford Health Care – ValleyCare hospitals	Facility charges: 60% of UCR charges after deductible (precertification required or \$300/admission penalty applies; waived if emergency admission)	100% after \$250 copay/admission
	Professional charges: No charge	Professional charges: 80% after deductible	Professional charges: 60% of UCR charges after deductible	
Outpatient	\$20/visit	80% after deductible	60% of UCR charges after deductible	Individual: \$20/visit; Group: \$5/visit
Prescription Drugs	Prescription Drugs provided through Aetna	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	Retail 30-day Supply Generic, Brand Formulary and Brand Non-Formulary: 100%; no deductible Mail-Order 90-day Supply Generic, Brand Formulary, and Brand Non-Formulary: 100%; no deductible	Retail 30-day Supply 60% after deductible Mail-Order 90-day Supply Not covered	Retail 30-day Supply Generic: \$10/prescription Brand Formulary and Specialty: \$25/prescription when prescribed by a plan physician Mail-Order 100-day Supply Generic: \$20/prescription Brand Formulary: \$50/prescription
Non-Preventive	Same as Preventive above	80% after deductible	Same as Preventive above	Same as Preventive above

Services	Stanford Health Care Alliance (SHCA) Plan <small>The core service area includes Alameda, Contra Costa (NEW!), San Francisco, San Mateo and Santa Clara counties.</small>	Aetna Choice POS II Plan with HSA		Kaiser Permanente HMO Plan
		In-Network	Out-of-Network*	
Women's Contraceptives	Provided through Aetna	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	Retail & Mail-Order Generic and Brand Formulary: No charge Brand Non-Formulary: \$50/prescription (retail); \$100/prescription (mail-order)	Retail & Mail-Order Generic, Brand Formulary and Brand Non-Formulary: No charge, no deductible	Retail 30-day Supply: 60% after deductible Mail-Order 90-day Supply: Not covered	No charge (See Kaiser Permanente Evidence of Coverage Booklet for details)
Women's Contraceptives covered under the Medical Plan	Services through Aetna	Services through Aetna	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% of UCR charges after deductible	No charge

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

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.

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



Vision Plan



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

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

2019 Vision Plan Comparison Chart

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

Dental Plan



You will have the option to choose between two dental plans, the DeltaCare USA DHMO Plan and the PPO Plan.

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

2019 Dental Plan Per-Pay-Period Contributions

Coverage	DeltaCare USA DHMO Plan		Delta Dental PPO Plan	
	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution	Employee Per-Pay-Period Contribution	Hospital Per-Pay-Period Contribution
Employee	\$0.00	\$8.09	\$0.00	\$25.25
Employee + Spouse	\$0.00	\$15.20	\$13.12	\$33.58
Employee + Child(ren)	\$0.00	\$14.31	\$0.00	\$47.96
Employee + Family	\$0.00	\$21.82	\$13.12	\$56.30

* Relief B employees are responsible for the total cost of benefits.

2019 Dental Plan Comparison Chart

Services	DeltaCare USA DHMO Plan	Delta Dental PPO Plan
Annual Deductible	No annual deductible	\$50 per person / \$150 per family each calendar year
Annual Benefits Maximum	For detailed information, please refer to DHMO plan documents at www.healthysteps4u.org	\$1,500 per person each calendar year
Choice of Providers	DeltaCare USA network providers	Visit the provider of your choice*
Diagnostic & Preventive Services	Most services covered at 100%	100%; Two basic cleanings are covered as Preventive Services.
Basic Services	For detailed information, please refer to DHMO plan documents at www.healthysteps4u.org	80%
Endodontics		80%
Periodontics		80%
Oral Surgery		80%
Major Services		50%
Orthodontics		50%
Orthodontic Maximum		\$1,000 per lifetime

* 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

The *HealthySteps to Wellness* program is designed to encourage employees to focus on improving their health and well-being.

By participating in approved wellness activities, you will earn an incentive 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.

If you are enrolled in the Stanford Health Care Alliance Plan 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.

If you choose to enroll in the Aetna Choice POS II Plan or the Kaiser Permanente HMO Plan, and complete the online Health Assessment in the first quarter, you can earn \$100 deposited into your Health Savings Account or Health Incentive Account to pay for eligible medical costs.

CareCounsel

Understanding the details of your health plan can be confusing. To help you get the most from your plan, 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.



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.

➤ 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.

Beyond health and wealth benefits, we offer a variety of benefits to support your sense of security.

Disability

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

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

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

Business Travel Accident (BTA) Insurance

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

➤ Tax-Advantaged Accounts



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

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 Aetna Choice POS II Plan. Your account is 100% yours, meaning when you leave or retire from the hospital, you take your funds with you, including any contributions from the Hospital.

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

For 2019, you may contribute pretax dollars to the HSA, up to the following amounts: \$3,350 (individual), \$6,750 (family), and an additional \$1,000 catch-up contribution for those who are 55 and older as of December 31, 2019. Any contributions made by the hospital for participation in the *HealthySteps to Wellness* program will count toward this maximum.

Flexible Spending Accounts

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

2019 Flexible Spending Account Maximum Contribution Limits

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

A Health Savings Account (HSA) is a savings and investment account to help you pay for health care expenses.

➤ 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
At least 1 year and less than 5 years	100% of your contribution, up to 4% of your pay
At least 5 years and less than 10 years	100% of your contribution, up to 5% of your pay
10 years or more	100% of your contribution, up to 7% of your pay

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



➤ Benefits for Work and Life



Passion is feeling excited to do all of the things you love to do. The Hospital believes in the importance of maintaining good mental and emotional health.

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.

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.



➤ Benefits for Work and Life



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.

Paid Time Off

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

Years of Service	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

“A” Time Credit

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

➤ Voluntary Benefits



To further offer you a comprehensive benefits package, 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.



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