Benefits Guide 2024
Empowering Excellence, Caring for All

FOR HOUSE STAFF

- Benefits Information
- Plan Contributions
- Vendors and Contacts
### Benefits You May Elect

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<thead>
<tr>
<th>#</th>
<th>Benefit</th>
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<th>Contact Info</th>
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<tr>
<td>3</td>
<td>Workday and Enrollment</td>
<td>Benefits Service Center</td>
<td>1.833.935.2167 <a href="http://www.healthysteps4u.org">www.healthysteps4u.org</a></td>
</tr>
<tr>
<td>3</td>
<td>Health Advocacy Services</td>
<td>Care Counsel</td>
<td>1.888.227.3334</td>
</tr>
<tr>
<td>3</td>
<td>Human Resources</td>
<td>SHC</td>
<td>1.650.723.4748 Ask HR</td>
</tr>
<tr>
<td>6</td>
<td>Medical/Vision</td>
<td>Aetna MSA 868021</td>
<td>1.888.277.4041 <a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>7</td>
<td>Aetna Choice POS II Plan</td>
<td>CVS/caremark RX0225/RX0226</td>
<td>1.844.214.2607 <a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>16</td>
<td>Teladoc</td>
<td></td>
<td>1.855.835.2362 <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a></td>
</tr>
<tr>
<td>9</td>
<td>Kaiser Permanente HMO Plan</td>
<td>Kaiser Permanente # 38810</td>
<td>1.800.464.4000 my.kp.org/stanfordmed/</td>
</tr>
<tr>
<td>18</td>
<td>Vision (included with medical)</td>
<td>VSP # 12120458</td>
<td>1.800.877.7195 <a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>19</td>
<td>Dental</td>
<td>Delta Dental # 1640</td>
<td>1.800.765.3504 <a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td>19</td>
<td>Delta Dental Basic PPO Plan</td>
<td>Delta Dental Buy-Up PPO Plan</td>
<td>1.800.422.4234 <a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td>19</td>
<td>DeltaCare USA DHMO Plan</td>
<td>DeltaCare USA # 71843</td>
<td>1.800.343.0860 <a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td>23</td>
<td>Flexible Spending Accounts (FSA)</td>
<td>HealthEquity</td>
<td>1.877.395.6548 learn.healthequity.com/shclpch</td>
</tr>
<tr>
<td>26</td>
<td>Optional Life Insurance Employee or Dependent</td>
<td>The Hartford</td>
<td>1.800.524.8504 <a href="http://www.thehartford.com">www.thehartford.com</a></td>
</tr>
<tr>
<td>30</td>
<td>Retirement Savings Plan (403b)</td>
<td>Fidelity # 87364</td>
<td>1.800.343.0860 netbenefits.com</td>
</tr>
</tbody>
</table>

### Automatic Benefits by Stanford Health Care

<table>
<thead>
<tr>
<th>#</th>
<th>Benefit</th>
<th>Vendor</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Basic Life</td>
<td>The Hartford</td>
<td>1.800.524.8504 <a href="http://www.accidentlines.com">www.accidentlines.com</a></td>
</tr>
<tr>
<td>26</td>
<td>Business Travel Insurance</td>
<td>Chubb</td>
<td>1.855.327.1414 travelassistance.chubb.com</td>
</tr>
<tr>
<td>26</td>
<td>Long Term Disability</td>
<td>HPIS</td>
<td>1.858.404.0782 <a href="mailto:waynew@hpis.biz">waynew@hpis.biz</a> or <a href="mailto:ivory@hpis.biz">ivory@hpis.biz</a> med.stanford.edu/gme/policy/</td>
</tr>
<tr>
<td>27</td>
<td>Employee Assistance Program (EAP)</td>
<td>Carelon Behavioral Health</td>
<td>1.855.281.1601 achievesolutions.net/shctv</td>
</tr>
<tr>
<td>27</td>
<td>Back-Up Care</td>
<td>Bright Horizons</td>
<td>1.877.242.2737 my.brighthorizons.com</td>
</tr>
<tr>
<td>31</td>
<td>Health Advocacy Services</td>
<td>CareCounsel</td>
<td>1.888.227.3334 <a href="http://www.carecounsel.com">www.carecounsel.com</a></td>
</tr>
</tbody>
</table>

### Other Programs from Stanford Health Care

<table>
<thead>
<tr>
<th>#</th>
<th>Benefit</th>
<th>Vendor</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>HealthySteps to Wellness</td>
<td>Wellness Team</td>
<td><a href="mailto:healthysteps@stanfordhealthcare.org">healthysteps@stanfordhealthcare.org</a> wellness.healthysteps4u.org Tech support: 1.888.774.6680</td>
</tr>
<tr>
<td>28</td>
<td>Adoption Assistance</td>
<td></td>
<td>visit <a href="http://www.healthysteps4u.org">www.healthysteps4u.org</a></td>
</tr>
<tr>
<td>28</td>
<td>Commuting and Parking</td>
<td>Stanford Univ. PT&amp;S</td>
<td>stanfordmedicinetransportation.org</td>
</tr>
<tr>
<td>27</td>
<td>Discounts &amp; Rewards</td>
<td>BenefitHub</td>
<td>stanfordhospital.benefithub.com (Referral Code: E1T9BD), or call 1.866.205.7354.</td>
</tr>
<tr>
<td>27</td>
<td>Stanford Federal Credit Union</td>
<td></td>
<td><a href="http://www.sfcu.org/SHC">www.sfcu.org/SHC</a></td>
</tr>
<tr>
<td>31</td>
<td>Voluntary Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Auto/Home Insurance, Pet Insurance, Purchase Program</td>
<td>Corestream</td>
<td>1.650.292.0867 stanfordhealthcare.corestream.com/higher</td>
</tr>
<tr>
<td>31</td>
<td>Legal Plan</td>
<td>MetLife</td>
<td>1.800.821.6400 <a href="http://www.legalplans.com">www.legalplans.com</a></td>
</tr>
<tr>
<td>31</td>
<td>Identity Protection</td>
<td>Allstate</td>
<td>1.800.789.2720, <a href="http://www.myaip.com">www.myaip.com</a></td>
</tr>
</tbody>
</table>
Welcome to Your Benefits from Stanford Health Care

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 2024 Stanford Health Care benefits.

Who Is Eligible for Coverage?
The following family members are eligible for benefits:

- Your spouse
- Your registered domestic partner*
- Your eligible children up to age 26

You may only change your coverage during annual Open Enrollment – or if you experience a qualifying life event such as a marriage, a new child, or a coverage change.

* The IRS counts health benefits for domestic partners as taxable. Therefore, be advised that if you are covering your domestic partner or their children, your tax burden may be higher.

If You Don’t Elect Coverage...
You must enroll or waive coverage within 31 days of your hire date or you will be assigned default coverage. Default coverage takes effect as of your hire date.

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 WILL ALSO BE ENROLLED AUTOMATICALLY IN THESE FULLY-PAID BENEFITS:

- the Basic Life Plan, and
- you will have access to the EAP, BTA, Back-Up Care and Adoption Assistance.

When Does Coverage Begin?
Your health benefits, including medical, vision and dental, are effective as of your date of hire.

The Employee Assistance Program (EAP) and Business Travel Accident (BTA) Insurance benefits are also 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.

* The IRS counts health benefits for domestic partners as taxable. Therefore, be advised that if you are covering your domestic partner or their children, your tax burden may be higher.
Make Sure Your Dependents Are Covered

If you are adding a spouse, domestic partner, or children, you will need to upload proof of eligibility. For example, you will need a marriage certificate when adding your spouse or a birth certificate when adding a child.

DEPENDENT VERIFICATION 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

Upload dependent documents to the Dependent Verification Center (DVS) system or fax to 866.961.6881. Look for instructions in the mail or call 833.935.2167 for assistance.

Dependent Verification documents are mailed to your address on file: review your address in Workday to receive information through the USPS. Do not upload documents to Workday.

Duplicate Coverage

In most cases, Plan rules do not allow for duplicate coverage. If both you and your spouse (or domestic partner) work at Stanford Health Care or Lucile Packard Children's Hospital Stanford, you cannot be covered under our plans both as an employee and as a covered dependent 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 by your partner, along with your eligible children.

**Note:** Dual dental coverage is allowed for your eligible children. If you and your spouse/registered 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 permitted.**
How to Enroll

Enroll in benefits in Workday within 31 days of your date of hire. Start at the HealthySteps benefits portal:

- Visit [www.healthysteps4u.org](http://www.healthysteps4u.org):
  - Click on **SHC Network** when accessing the website from a Stanford Health Care network: you will be logged in automatically via a secure single sign-on (SSO) and the Duo security authentication when applicable.
  - Click on **From Home** when you access the website from home or a personal device (outside of the SHC network, without Duo). Enter your Employee ID or SID to log in. Your SUnet ID will not grant you access.
  - Once logged in, click on **Enroll, View or Change Benefits** from the homepage to go to **Workday** and log in with your **Enterprise ID**.

- 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 off-site or are otherwise unable to access **View or Change my Benefits**, call the Benefits Service Center at 1.833.935.2167 to complete your benefits enrollment.

Need Help?

If you have benefit questions or need assistance with enrollment, contact the Stanford Health Care Benefits Service Center at 833.935.2167, Monday-Friday, 7AM – 4PM PT.

WHEN TO ENROLL

NEW HIRES HAVE 31 DAYS TO ENROLL
You will be required to provide proof of eligibility for dependents at enrollment.

YOU CAN CHANGE YOUR BENEFITS DURING ANNUAL OPEN ENROLLMENT
Open Enrollment, which takes place each Fall, is your once-a-year opportunity to select or update your health benefits.

MAKING OTHER BENEFIT CHANGES
You have 31 days from the date of a 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.

A qualifying life event describes a major change in your life, such as a marriage, the birth of a child, or a dependent gaining or losing coverage. When this happens, you have 31 days to adjust your current benefits or change who you cover.
Medical Plans

At Stanford Health Care we hold ourselves to a high standard when it comes to delivering services to patients – and to our employees. We are committed to providing you and your family with affordable health care and the means to secure savings for retirement. In fact, Stanford Health Care pays the full premium cost for medical and vision benefits.

Choosing a Medical Plan

You can choose from two medical plans, both of which include prescription drug and vision coverage.

<table>
<thead>
<tr>
<th>AETNA CHOICE POS II PLAN</th>
<th>KAISER PERMANENTE HMO PLAN</th>
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</thead>
<tbody>
<tr>
<td><strong>Overview:</strong> The Aetna Choice POS II Plan gives you access to the Aetna three-tier network.</td>
<td></td>
</tr>
<tr>
<td>- Tier 1 is built around our own world-class Stanford providers and facilities</td>
<td></td>
</tr>
<tr>
<td>- Tier 2 includes the nationwide Aetna network</td>
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</tr>
<tr>
<td>- Tier 3 is out-of-network</td>
<td></td>
</tr>
<tr>
<td>We recommend you select an SHCA primary care physician (PCP), who will act as your dedicated personal doctor and refer you to specialists.</td>
<td></td>
</tr>
<tr>
<td><strong>Network:</strong> You can see providers in and out of the Aetna network. You will pay less when you receive care in Tiers 1 (SHC) and 2 (Aetna).</td>
<td></td>
</tr>
<tr>
<td><strong>Premiums:</strong> You pay no contributions for coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Costs:</strong> Most services at SHC (Tier 1) are no cost to you. Most Aetna services are covered 80%, and out-of-network services are covered at 60%. See plan comparisons for details.</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible:</strong> $0 at SHC (Tier 1) $300/person or $750/family at Aetna providers (Tier 2) $750/person or $1,875/family out-of-network.</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum:</strong> $0 at SHC (Tier 1) $1,300/person or $3,250/family at Aetna providers (Tier 2) $3,250/person or $9,375/family out-of-network.</td>
<td></td>
</tr>
<tr>
<td><strong>Network:</strong> You can only see providers in the KP network.</td>
<td></td>
</tr>
<tr>
<td><strong>Premiums:</strong> You pay no contributions for coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Costs:</strong> Many services, including hospital care, are covered at 90% in the KP network; other services may require a copay or receive a discount. See plan comparisons for details.</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible:</strong> $400/person or $1,000/family in the KP network.</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum:</strong> $1,800/person or $3,600/family in the KP network.</td>
<td></td>
</tr>
</tbody>
</table>
Aetna Choice POS II Plan

The Aetna Choice POS II Plan is built around our own world-class Stanford network of providers and facilities, which provide free or low-cost services to plan members.

### PRESCRIPTION DRUG COVERAGE ON 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 don’t need 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.

Drug coverage is subject to the CVS/caremark formulary list. Some drugs require prior authorization, and you may need to get specialty medications from the CVS/caremark specialty pharmacy.

Visit [www.caremark.com](http://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.

### BEHAVIORAL HEALTH COVERAGE ON 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](http://www.aetna.com) or call 1.888.632.3862.

### ID CARDS

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.

### FINDING AN IN-NETWORK PROVIDER

You can visit all Aetna in-network physicians and facilities. What you pay depends on the Tier each provider is in.

Contact CareCounsel at 1.888.227.3334 for help finding a Tier 1 SHC provider:

**Tier 1**: Stanford Health Care (including Faculty Practice), Stanford Children’s Health (including Lucile Packard Children’s Hospital Stanford, LPCH Faculty Practice Organization, Packard Children’s Health Alliance), Stanford Health Care Tri-Valley, Stanford Health Care Reference Lab, University HealthCare Alliance (UHA) and Gardner Clinic.

**Tier 2**: [www.aetna.com](http://www.aetna.com)

- Click on “Find a Doctor” under “Member Support”.
- Search without logging in by clicking on “Plan from an employer.” You can access more features by creating an account with Aetna.

If you need assistance finding an Aetna provider or facility call the [Aetna Concierge at 1.888.277.4041](tel:1.888.277.4041).
CVS Caremark Prescription Drug Plans
The Aetna Choice POS II Plan offers prescription drug coverage through CVS Caremark – with enhanced coverage and services at Stanford Health Care Pharmacies.

PRESCRIPTION DRUG COVERAGE
Your prescription drug benefit is administered by CVS/caremark. You pay no charge for prescription drugs at in-network pharmacies on the Aetna Choice POS II Plan. A mail service pharmacy is available for 30- or 90-day supplies for medications you take regularly.

Drug coverage is subject to the CVS/caremark formulary list. Some drugs require prior authorization, and you may need to get specialty medications from 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.

Visit Stanford pharmacies for convenient access:

• SHC Pharmacy
  875 Blake Wilbur
  Palo Alto, CA 94305

• Lucile Packard Children’s Hospital
  725 Welch Road, 1st Floor
  Palo Alto, CA 94304

FILLING SPECIALTY PRESCRIPTIONS AT STANFORD
Stanford Health Care Specialty Pharmacy
875 Blake Wilbur Drive, CC1102
Palo Alto, CA 94305
Phone: 1.650.736.3800
Toll-free phone: 1.833.608.2651
Business Hours: M-F, 9-5:30pm
stanfordhealthcare.org/medical-clinics/stanford-health-care-pharmacy.html

Stanford Children’s Health Specialty Pharmacy
725 Welch Road
West Building, 1st Floor
(Outpatient Pharmacy)
Palo Alto, CA 94304
Phone: 1.650.725.9600
SCHSPharmacy@stanfordchildrens.org
www.stanfordchildrens.org/en/service/pharmacy-services/specialty-pharmacy
Kaiser Permanente HMO Plan

The Kaiser Permanente HMO Plan delivers services through the network of Kaiser Permanente (KP) 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.

**Kaiser Permanente HMO Plan**

<table>
<thead>
<tr>
<th>Kaiser Permanente HMO Plan</th>
<th>Kaiser Permanente California providers and facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$400/per person $1,000/family limit</td>
</tr>
<tr>
<td>Coinsurance/Copay</td>
<td>Varies based on service. Hospital care and outpatient surgery are covered 90% by the plan.</td>
</tr>
<tr>
<td>Annual Out-of-Pocket</td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>$1,800/individual $3,600/family</td>
</tr>
</tbody>
</table>

**IN THE KAISER PLAN:**

- You may select a Primary Care Physician (PCP), or one will be assigned to you.
- You are responsible for your medical expenses each year until you reach your annual deductible amount.
- Once you’ve reached your **annual deductible**, you will only 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.
- To locate a KP provider or facility, visit [my.kp.org/stanfordmed](http://my.kp.org/stanfordmed) or call 1.800.464.4000.

**GETTING CARE AWAY FROM HOME**

You can receive care normally through the network of Kaiser Permanente (KP) providers and facilities in California.

**Call the Away from Home Travel Line at 951.268.3900 to get care outside of your area.**

**Interregional Care**

If you are temporarily living in another KP region, you can call the Travel Line for a KP member number at your regional address to receive **routine medical care** in that region.

**Traveling Care**

If you need to visit a **non-KP provider or facility**, you will be covered for Urgent or Emergency Care only.

If you visit a **KP provider in another region**, you will need to call the Travel Line to get a KP member number.

Visit [kp.org/travel](http://kp.org/travel) to learn more.
About Your Medical Choices

PREVENTIVE CARE IS 100% COVERED
You and your family can receive the important preventive care services you need for free! Routine physical exams, screenings, lab tests and child well visits are all covered with no out-of-pocket costs. Both the Aetna Choice POS II and Kaiser Permanente HMO medical plans provide 100% coverage for preventive care (from in-network providers) with no deductibles or copays.

THERE IS NO COST TO ENROLL IN MEDICAL COVERAGE
You pay nothing for medical and vision coverage as an eligible SHC employee! Stanford Health Care is committed to the health and wellbeing of our employees, and we cover the full cost of whichever plan you choose. This coverage is a valuable part of your compensation package, so be sure to take advantage of it.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>You Pay:</th>
<th>SHC Pays (Per Pay Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>for Aetna Plan for Kaiser Plan</td>
</tr>
<tr>
<td>Employee</td>
<td>$0</td>
<td>$720.69 $421.47</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$0</td>
<td>$1,579.38 $947.82</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$0</td>
<td>$1,298.07 $716.85</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$0</td>
<td>$2,156.77 $1,243.20</td>
</tr>
</tbody>
</table>

NEED MEDICAL CARE OUTSIDE OF CALIFORNIA?
Both medical plans offer enhanced coverage in California, but you’re still covered outside of this area:

**Aetna Choice POS II**
You are covered even outside of California, thanks to the Aetna network. Depending on the provider you choose, services will be covered under Tier 2 or Tier 3.

This means you may pay deductibles and coinsurance, depending on the provider. Aetna has a vast network of doctors outside of CA, and you should see Aetna providers whenever possible! In an emergency, however, go directly to the nearest hospital.

**Kaiser Permanente HMO**
Benefits are provided for covered services you receive in the Kaiser Permanente service areas: [kp.org/kpfacilities](http://kp.org/kpfacilities).

Urgent and emergency care services are covered outside the Kaiser Permanente network. For detailed information, visit: [my.kp.org/stanfordmed](http://my.kp.org/stanfordmed).
# Medical Plan Comparison

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Aetna Choice POS II Plan</th>
<th>Tier 2: Aetna Network</th>
<th>Tier 3: Out-of-Network*</th>
<th>Kaiser Permanente HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong>&lt;br&gt;Applies to services that require coinsurance; not required before copayments</td>
<td>$0/person&lt;br&gt;$0/family</td>
<td>$300/person&lt;br&gt;$750/family</td>
<td>$750/person&lt;br&gt;$1,875/family</td>
<td>$400/person&lt;br&gt;$1,000/family</td>
</tr>
<tr>
<td><strong>Wellness Incentive</strong>&lt;br&gt;Based on participation in the HealthySteps to Wellness Program, earn up to $500/employee only or $1,000/employee+ covered dependents</td>
<td></td>
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</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong>&lt;br&gt;Includes deductible, copayments and pharmacy</td>
<td>$0/person&lt;br&gt;$0/family</td>
<td>$1,300/person&lt;br&gt;$3,250/family</td>
<td>$3,250/person&lt;br&gt;$9,375/family</td>
<td>$1,800/person&lt;br&gt;$3,600/family</td>
</tr>
<tr>
<td><strong>Maximum Lifetime Benefit</strong>&lt;br&gt;Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Choice of Physicians</strong>&lt;br&gt;You must use SHC (including Faculty Practice), LPCH, LPCH Faculty Practice Organization, PCHA, Stanford Health Care Tri-Valley, Stanford Health Care Reference Lab, UHA and Gardner Clinic</td>
<td>You must use Aetna network providers for in-network benefits</td>
<td>You may use any licensed provider</td>
<td>You must use Kaiser facilities; all care and covered services must be approved by a Kaiser physician</td>
<td></td>
</tr>
<tr>
<td><strong>Claim Forms</strong>&lt;br&gt;No, except for out-of-network emergency services</td>
<td>Yes</td>
<td>No, except for non-Kaiser emergency services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Care</strong>&lt;br&gt;No charge; precertification required</td>
<td>80% after deductible; precertification required</td>
<td>60% after deductible; precertification required or $300/admission penalty applies (waived if emergency admission)</td>
<td>90% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Office Care</strong>&lt;br&gt;No charge</td>
<td>$20/visit&lt;br&gt;No charge</td>
<td>60% after deductible&lt;br&gt;No charge</td>
<td>$20/visit</td>
<td></td>
</tr>
<tr>
<td><strong>Physician Visit</strong>&lt;br&gt;No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td></td>
</tr>
<tr>
<td><strong>Routine Physical</strong>&lt;br&gt;No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td></td>
</tr>
<tr>
<td><strong>Adult Preventive Services</strong>&lt;br&gt;No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td></td>
</tr>
<tr>
<td><strong>Child Preventive Services</strong>&lt;br&gt;No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td></td>
</tr>
</tbody>
</table>

*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.

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.
## Medical Plan Comparison continued

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine</td>
<td>$0 for Video Visits with Stanford Primary Care (p.16)</td>
<td>Stanford Primary Care not available</td>
<td>Not available</td>
<td>$0 to visit with KP physician through kp.org member portal. Office copay applies for interactive visit at a KP medical center</td>
</tr>
<tr>
<td></td>
<td>Teladoc: not available</td>
<td>Teladoc: $20 consult fee for PCP and $0 consult fee for Mental Health visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>No charge</td>
<td>$35/visit</td>
<td>60% after deductible</td>
<td>$35/visit</td>
</tr>
<tr>
<td>Allergy Tests</td>
<td>No charge</td>
<td>$20/PCP visit or $35/Specialist visit</td>
<td>60% after deductible</td>
<td>$35/test</td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>No charge</td>
<td>No charge</td>
<td>60% after deductible</td>
<td>$3/visit/injection</td>
</tr>
<tr>
<td>Immunizations</td>
<td>No charge</td>
<td>No charge</td>
<td>60% after deductible</td>
<td>No charge</td>
</tr>
<tr>
<td>Lab and X-ray, non-preventive</td>
<td>No charge</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
<td>90%; deductible waived</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>No charge</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Not covered under Tier 1; see Tier 2 for benefit coverage</td>
<td>80% after deductible</td>
<td>60% of UCR charges after deductible</td>
<td>25% off contracted standard fees for all members; no referral needed. See ashlink.com/ash/kp for network providers.</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>No charge</td>
<td>80% after deductible; $30/visit benefit max.</td>
<td>60% after deductible; $30/visit benefit max.</td>
<td>Discounts apply through Kaiser Permanente’s ChooseHealthy program: kp.org/choosehealthy</td>
</tr>
</tbody>
</table>

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Copay is determined on where test is performed.
### Medical Plan Comparison continued

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Aetna Choice POS II Plan</th>
<th>Tier 2:</th>
<th>Tier 3: Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infertility Care</strong>, all eligible members who meet criteria</td>
<td>Plan pays up to $10,000 for medical expenses and up to $5,000 for pharmacy expenses per lifetime. Includes assisted procedures and medication, counseling and consultation, infertility studies and tests.</td>
<td>Limited to diagnosis &amp; treatment of underlying medical condition. Charges apply based on the setting where services are performed.</td>
<td>Limited to diagnosis &amp; treatment of underlying medical condition. Charges apply based on the setting where services are performed.</td>
</tr>
<tr>
<td><strong>Infertility services</strong> including egg or sperm preservation, oocyte preservation, use of donor eggs or donor sperm, and cryopreservation of fertilized embryos</td>
<td>Inpatient: no charge</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td></td>
<td>Outpatient: no charge</td>
<td>Limited to diagnosis &amp; treatment of underlying medical condition. Charges apply based on the setting where services are performed.</td>
<td>Limited to diagnosis &amp; treatment of underlying medical condition. Charges apply based on the setting where services are performed.</td>
</tr>
<tr>
<td></td>
<td>Office visit: no charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender Affirmation Services</strong>, eligible members diagnosed with gender dysphoria who meet criteria</td>
<td>Inpatient: no charge</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td></td>
<td>Outpatient: no charge</td>
<td>Refer to plan documents for Aetna’s clinical policy for gender reassignment surgery. Charges apply based on the setting where services are performed.</td>
<td>Refer to plan documents for Aetna’s clinical policy for gender reassignment surgery. Charges apply based on the setting where services are performed.</td>
</tr>
<tr>
<td></td>
<td>Office visit: no charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender Affirmation Reconstructive and Complementary Procedures (Includes mastopexy)</strong>, eligible members diagnosed with gender dysphoria who meet criteria</td>
<td>Inpatient: no charge</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td></td>
<td>Outpatient: no charge</td>
<td>Refer to plan documents for Aetna’s clinical policy for gender reassignment surgery. Charges apply based on the setting where services are performed.</td>
<td>Refer to plan documents for Aetna’s clinical policy for gender reassignment surgery. Charges apply based on the setting where services are performed.</td>
</tr>
<tr>
<td></td>
<td>Office visit: no charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical, Speech and Occupational Therapy</strong> restorative services only</td>
<td>No charge</td>
<td>60-visit maximum per calendar year, including all physical, occupational or speech therapy for outpatient hospital and office visits and including all Tier 1, Tier 2 and out-of-network visits</td>
<td>$20/visit</td>
</tr>
<tr>
<td></td>
<td>$35/visit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.
## Medical Plan Comparison continued

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency and Urgent Care</strong></td>
<td>No charge</td>
<td>$50/visit</td>
<td>$50/visit</td>
<td>90% after deductible</td>
</tr>
<tr>
<td><strong>Emergency In Area</strong></td>
<td>No charge</td>
<td>$50/visit</td>
<td>$50/visit</td>
<td>90% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Out-of-Network</strong></td>
<td>No charge</td>
<td>$50/visit</td>
<td>$50/visit</td>
<td>$20/visit at Kaiser facilities</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>No charge</td>
<td>$20/visit</td>
<td>$20/visit</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>No charge</td>
<td>No charge after deductible</td>
<td>No charge after deductible</td>
<td></td>
</tr>
</tbody>
</table>

| **Skilled Nursing Facility**      | Not covered under Tier 1; see Tier 2 for benefit coverage                                     | 80% after deductible  | 60% after deductible   | 90% after deductible; up to 100 days per benefit period |

**Home Health Care**

| **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 with audiologist; $35/visit with physician |

**Vision Benefits**

Vision benefits administered through VSP. See vision plan for more information. (Kaiser members may also receive routine eye exams for no charge with Kaiser in-network optometrist)

**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
60% after deductible; includes hearing aids
80% when prescribed by a Kaiser physician (must live within the service area)

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# Medical Plan Comparison continued

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Aetna Choice POS II Plan</th>
<th>Tier 2: Aetna Network</th>
<th>Tier 3: Out-of-Network*</th>
<th>Kaiser Permanente HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant Services</td>
<td>No charge</td>
<td>80% after deductible</td>
<td>Must use Institute of Excellence</td>
<td>For covered transplant services, you pay the same cost sharing as other services not related to a transplant</td>
</tr>
<tr>
<td>Mental or Nervous Disorders</td>
<td>through Aetna</td>
<td>through Aetna</td>
<td>through Aetna</td>
<td>through Kaiser Permanente</td>
</tr>
<tr>
<td>Inpatient</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>Indiv.: $20/visit; Group: $10/visit</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>through Aetna</td>
<td>through Aetna</td>
<td>through Aetna</td>
<td>through Kaiser Permanente</td>
</tr>
<tr>
<td>Inpatient</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
<td>Indiv.: $20/visit; Group: $5/visit</td>
</tr>
<tr>
<td>Womens Contraceptives</td>
<td>Covered under Medical Plan</td>
<td>Services through Stanford Health Care, Stanford Children’s Health Network and Stanford Health Care Tri-Valley</td>
<td>Services through any licensed provider</td>
<td>No charge</td>
</tr>
<tr>
<td>Covered under Prescription Drug Plan</td>
<td>Provided through CVS/caremark; see Tier 2</td>
<td>Provided through CVS/caremark</td>
<td>Provided through Kaiser Permanente Pharmacy</td>
<td>No charge</td>
</tr>
<tr>
<td>Examples include:</td>
<td>Oral</td>
<td>Retail: Not covered</td>
<td>Retail: Not covered</td>
<td>Retail: 100-day supply</td>
</tr>
<tr>
<td></td>
<td>Patch</td>
<td>Mail-Order: Not covered</td>
<td>Mail-Order: Not covered</td>
<td>Mail-Order 100-day Supply:</td>
</tr>
<tr>
<td></td>
<td>Emergency</td>
<td>Prescription Drugs provided through CVS/caremark</td>
<td>Prescription Drugs provided through Kaiser Permanente Pharmacy</td>
<td>Generic: $0</td>
</tr>
</tbody>
</table>

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Copay is determined on where test is performed.

For a full list, visit http://healthysteps4u.org

1.833.935.2167 www.healthysteps4u.org
See a Doctor Online, Any Time

No matter which medical plan you choose, for a non-emergency illness or injury, visiting a doctor online is a safe and convenient way to get the care you need. Telemedicine connects you and your eligible dependents with U.S. board-certified physicians 24/7/365 through phone or video consults.

If you enroll in the **Aetna Choice POS II Plan**, you have access to Teladoc.

1. Visit Teladoc by phone, mobile app or [www.teladoc.com/aetna](http://www.teladoc.com/aetna) to request a visit with a doctor.
2. 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**.

If you enroll in the **Kaiser Permanente HMO Plan**, you have access to the Kaiser Permanente Telehealth Program.

Get care when you need it, by phone, email or video.

There are no extra fees when you contact a provider. All telehealth correspondence is tracked in the electronic medical record for coordinated and connected care.

To schedule a phone or video appointment, call your doctor’s office, or use the Kaiser Permanente mobile app.

Questions? Call Member Services at **1.800.464.4000**, or visit [my.kp.org/stanfordmed/](http://my.kp.org/stanfordmed/).

See page 12 for telemedicine costs.

[1.833.935.2167](tel:1.833.935.2167)  [www.healthysteps4u.org](http://www.healthysteps4u.org)

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**LOOKING FOR SOMEONE TO TALK TO?**

Life can pull you in many directions. SHC’s Employee Assistance Program (EAP) provides a safe harbor where you can address personal, family, or work-related issues and regain perspective and productivity. The program is strictly confidential and available to you and your eligible dependents at no cost.

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 Carelon Behavioral Health at **1.855.281.1601**, or visit [www.healthysteps4u.org](http://www.healthysteps4u.org) for more information.

Support is also available through the [Stanford University Faculty Staff Help Center](https://www.stanford.edu). You can contact the Help Center directly at **650.723.4577** to schedule services.
On the Aetna Aetna Choice POS II Plan? You can see your Stanford physician without stepping into the Health Center by using the Stanford Health Care myHealth app.

Concerned about possible flu, allergies, rash, or general medical concerns? Schedule a video visit through the Stanford MyHealth App, or call 1.650.498.9000.

Before you visit, make sure you have the latest version of the app for your device. Search your app store for Stanford Health Care. With the app, you can:

- Schedule in-person or video visits, and eCheck-in
- Communicate with your care team directly
- View test results and manage medications
- Review and pay bills
- Get up-to-date health information during a stay at the hospital
- Share your vitals with your doctor via device integration
VSP 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. Visit a VSP provider to 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/eye-doctor or call 1.800.877.7195
- When you make your appointment, tell them you have VSP. 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.

VSP Vision Plan Overview

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
<th>Copay</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellvision Exam</td>
<td>Annual eye exam</td>
<td>$10</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>Retinal screening</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td></td>
<td>$25</td>
<td>See Frames and Lenses</td>
</tr>
<tr>
<td>Frames</td>
<td>$150 allowance for wide selection of frames ($80 at Costco) $170 allowance for featured frame brands 20% off amount over your allowance Included under Glasses</td>
<td>Every other calendar year</td>
<td></td>
</tr>
<tr>
<td>Lenses (instead of contacts)</td>
<td>Single vision, lined bifocal and lined trifocal lenses; polycarbonate lenses for dependent children Included under Glasses Every calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>Standard progressive lenses</td>
<td>$0</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>Premium progressive lenses</td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Custom progressive lenses</td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-reflective coating</td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td>Contact Lens Exam</td>
<td>Includes fitting and evaluation</td>
<td>Up to $60</td>
<td>Every calendar year</td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>$150 allowance for contacts $0</td>
<td>Every calendar year</td>
<td></td>
</tr>
</tbody>
</table>

Extra Savings and Discounts
Receive discounts on glasses, sunglasses and laser vision correction. The SunCare Benefit lets you use your frame allowance 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.
Dental Plans

Choose from three dental plans administered by Delta Dental:

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

**DELTA DENTAL PPO PLANS**

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.

**DELTA CARE USA DHMO PLAN**

Under this closed network plan, you 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.

**ID CARDS**

If you enroll in one of the Delta Dental PPO plans, you will not receive an ID card for care. You will receive an ID card if you enroll in the DHMO plan.

### 2024 PER-PAY-PERIOD DENTAL CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Delta Dental Basic PPO Plan</th>
<th>Delta Dental Buy-Up PPO Plan</th>
<th>DeltaCare USA DHMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Pay</td>
<td>SHC Pays</td>
<td>You Pay</td>
</tr>
<tr>
<td>Employee</td>
<td>$0</td>
<td>$28.96</td>
<td>$10.94</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$15.44</td>
<td>$38.21</td>
<td>$35.73</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$0</td>
<td>$55.27</td>
<td>$20.90</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$15.44</td>
<td>$64.55</td>
<td>$45.69</td>
</tr>
</tbody>
</table>

Note: Imputed income will be assessed if you are covering a registered domestic partner under your health benefits. Refer to the HealthySteps website, www.healthysteps4u.org, for more information.
Dental Plan Comparison

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Delta Dental Basic PPO Plan*</th>
<th>Delta Dental Buy-Up PPO Plan*</th>
<th>DeltaCare USA DHMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$50 per person / $150 per family each calendar year</td>
<td>$25 per person / $75 per family each calendar year</td>
<td>None</td>
</tr>
<tr>
<td>Maximums</td>
<td>$2,000 per person each calendar year</td>
<td>$2,500 per person each calendar year</td>
<td>None</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive Services (D&amp;P)</td>
<td>100%</td>
<td>100%</td>
<td>Usually No Cost, see Description of Benefits</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80 %</td>
<td>80 %</td>
<td>Copay, see Description of Benefits</td>
</tr>
<tr>
<td>Major Services</td>
<td>50 %</td>
<td>50 %</td>
<td>Copay, see Description of Benefits</td>
</tr>
<tr>
<td>Orthodontic Benefits</td>
<td>50 %</td>
<td>50 %</td>
<td>Copay, see Description of Benefits</td>
</tr>
<tr>
<td>Orthodontic Maximums</td>
<td>$1,500 Lifetime</td>
<td>$1,500 Lifetime</td>
<td>$2,000 Lifetime</td>
</tr>
<tr>
<td>Other Plan Features</td>
<td>Employee premiums required for Employee + Spouse and Family coverage</td>
<td>Employee premiums required for all coverage levels</td>
<td>No employee premium contributions</td>
</tr>
<tr>
<td></td>
<td>You can visit the provider of your choice, but you’ll save money when you visit in-network providers</td>
<td>You can visit the provider of your choice, but you’ll save money when you visit in-network providers</td>
<td>You must choose a primary care dentist from the DeltaCare USA network</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>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</td>
<td>You do not have an annual deductible, but pay a copayment for most services</td>
</tr>
<tr>
<td></td>
<td>Diagnostic and preventive care are covered at 100%</td>
<td>Diagnostic and preventive care are covered at 100%</td>
<td>Network coverage is only in CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Most diagnostic and preventive services are covered at 100%</td>
</tr>
</tbody>
</table>

Who Is Eligible
Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

* Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist’s submitted fees. PPO Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Access your plan information and locate a Delta Dental dentist by visiting: www.deltadentalins.com, or calling: PPO: 1.877.530.3504 DeltaCare: 1.800.422.4234
Wellness Programs

Work towards your health goals, build habits and earn wellness incentive dollars by participating in HealthySteps to Wellness and other programs.

HealthySteps to Wellness

Whether you are trying to eat better, quit smoking, stick to a fitness program, manage a chronic health condition, or reduce stress, SHC’s HealthySteps to Wellness program can help you successfully manage your goals.

By participating in approved wellness activities you can earn incentive dollars that help you pay for qualified health care expenses.

Depending on your medical plan, you can earn up to $500 for employee-only coverage, or up to $1,000 for employee and covered dependents.

The wellness program typically runs from January 1 through September 30 every calendar year. You receive your incentive on a quarterly basis: funds are deposited in a Health Reimbursement Account for you.

For additional tools, resources or information on the wellness program, visit: wellness.healthysteps4u.org.

For questions on the program, send an email to the Wellness team at healthysteps@stanfordhealthcare.org.

Shift Your Mindset, Change Your Health with Omada

Go further in managing your health, diabetes, or blood pressure and make long term improvements to your health. Only available to employees.

- **A plan built around you:** Find the diet, activity, stress and sleep routines that work best for you – with a dedicated health coach.

- **Lower your blood pressure:** Lower your blood pressure outside of medication with dedicated support.

- **A new way to manage diabetes:** Stay on top of diabetes with the personal support of a Certified Diabetes Care and Education Specialist, as well as free smart health devices

To get started, visit: omadahealth.com/healthysteps.

**HEALTH REIMBURSEMENT ACCOUNT**

A Health Reimbursement Account (HRA) will be set up for you automatically by Stanford Health Care at HealthEquity. The HRA is funded from incentives you earn through the HealthySteps to Wellness program.

Spend funds on eligible health care expenses incurred during your active employment at Stanford Health Care (starting the first day of the month after you are hired). You can use funds once they appear in your HRA each quarter.

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

**HRA funds do not roll over at the end of the year!** Use available HRA dollars in the current year during your active employment. Each year, you must submit current year claims to HealthEquity for reimbursement no later than March 31 of the following year.

**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.
Resilience and Mental Health

Take care of yourself. Stanford offers resources and programs to help each of us rally our own inner strength – and to get the support we need, when we need it. The resources on this page are completely confidential, and are free unless otherwise noted.

Meru Health

Meru Health is an online healthcare provider that uses a mind/body approach to guide you towards long-lasting health. For employees and dependents 18 or older.

**Aetna Choice POS II only.**

Their **12-week Treatment Program** is clinically proven to reduce anxiety, stress, depression, and burnout long-term. Access it from your smartphone and work with directly with a licensed therapist.

Their **Health Coaching Program** combines chat-based coach and peer support to reduce stress and increase resilience.

More information and sign up: www.meruhealth.com/sign-up/shc/.

Brightline

(FOR AETNA PLAN MEMBERS)

 Feeling like your child is stressed, depressed, anxious or having to navigate tough transitions? Brightline provides confidential video visits with licensed clinicians, coaching programs to help tackle everyday challenges, and on-the-go access to content, resources and chat with a coach. Deductibles and copays apply. For adolescents up to age 18. Sign up at hellobrightline.com/shc

Questions?
Get in touch with Brightline Member Support by phone, 1.888.224.7332, or email care@hellobrightline.com.

Mindfulness Library

Guided imagery is a form of meditation that uses the mind to focus on positive images and thoughts, changing thinking patterns in order to promote well-being and relaxation.

Access this benefit at wellconnect@stanford.edu or 650.724.1395 (available 24/7).
## Types of Spending Accounts

Spending accounts help you save on taxes each year. You can put pre-tax dollars aside each paycheck, and use those funds to pay for eligible expenses throughout the year.

<table>
<thead>
<tr>
<th>Health Care FSA</th>
<th>Dependent Care FSA</th>
<th>Health Reimbursement Account (HRA) Wellness Program only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How is my account funded?</strong></td>
<td>You set aside a predetermined amount to be deducted from your paycheck, which is deposited into your Flexible Spending Account (FSA).</td>
<td>The HRA is funded from the incentives that you earn through the HealthySteps Wellness program.</td>
</tr>
<tr>
<td><strong>What expenses can it pay for?</strong></td>
<td>Health care expenses for you and your eligible dependents not otherwise paid for by medical, prescription drug, dental and vision coverage.</td>
<td>Health care expenses for you and your eligible dependents not otherwise paid for by medical, prescription drug, dental and vision coverage.</td>
</tr>
<tr>
<td><strong>What about over-the-counter (OTC) medications?</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>How much can I contribute each year?</strong></td>
<td>Up to $3,050*</td>
<td>Up to $5,000*</td>
</tr>
<tr>
<td><strong>When can I access funds?</strong></td>
<td>You can be reimbursed at any time during the plan year, up to your total annual election amount</td>
<td>You can only be reimbursed up to your current account balance</td>
</tr>
<tr>
<td><strong>Can I enroll if I’m not on a Stanford Health Care Medical Plan?</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>When must I submit claims?</strong></td>
<td>Each year, you can incur claims from January 1 through December 31. You can submit these claims for reimbursement any time before March 31 of the following year (so all 2024 claims must be submitted by March 31, 2025).</td>
<td></td>
</tr>
<tr>
<td><strong>Do funds roll over?</strong></td>
<td>No, funds not used by March 31 are forfeited.</td>
<td></td>
</tr>
</tbody>
</table>

*Contribution limits are announced by the IRS each year. Starred amounts are the 2023 limits.*
Using Spending Accounts

Flexible Spending Accounts (FSAs)

Keep more of the money you earn by enrolling in a Flexible Spending Account. You can contribute to either the Health Care FSA, Dependent Care FSA, or both. The accounts are administered by HealthEquity.

HERE’S HOW IT WORKS

You set aside pre-tax money to be deducted from each paycheck, which is then deposited into an FSA. Dollars are deposited before federal, state and Social Security taxes are deducted. The dollars you set aside to pay for eligible healthcare or dependent care expenses are tax-free, saving you money each year.

The Health Care FSA

You may contribute up to $3,050 annually to pay for eligible expenses for you and your dependents, such as deductibles, coinsurance, copays, eye glasses, orthodontia services, flu shots and prescription drugs. You will receive a debit card in the mail to access funds in your account.

Expenses must be incurred on or before December 31 by you, your spouse or eligible dependents. (You may use your FSA funds to pay for your registered domestic partner’s expenses only if they are 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 31 of the following year.

WHAT CLAIMS ARE REIMBURSABLE FROM THE HEALTH CARE FSA AND THE HRA?

Qualified Medical Expenses (QME) are eligible 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 learn.healthequity.com/shclpch or on the IRS document, which can be found at: www.irs.gov/pub/irs-pdf/p502.pdf.
**The Dependent Care FSA**

**The Dependent Care FSA is offered to all employees, regardless of medical plan participation.** You may contribute up to $5,000 annually for expenses such as child care, before and after school programs, nursery school or preschool and even dependent adult day care. Funds can pay for child care up to age 13, or for elder care, while you are at work. You must have funds in your account before you submit for reimbursement, unlike with the Health Care FSA.

**You must submit all claims for the current calendar year by March 31 of the following year.** To view the qualified dependent care expenses, visit: [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

**Submitting a Claim:** Submit a claim online at [learn2.healthequity.com/shclpch](http://learn2.healthequity.com/shclpch), or via the HealthEquity mobile app. If you have questions, call HealthEquity at 1.877.395.6548.

Please note, dependent care benefits over $5,000 are taxable by the IRS. If the total of your Bright Horizon’s back-up care benefit plus your dependent care FSA contribution exceeds this limit, the amount over $5,000 is treated as imputed (taxable) income.

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**FSA TERMINATION RULE**

**Health Care FSA:** If you terminate your employment with Stanford Health Care before the end of the calendar year, you can only be reimbursed for expenses before your termination date, and must submit claims no later than 90 days after your termination date.

**Dependent Care FSA:** If you terminate your employment with Stanford Health Care before the end of the calendar year, you can only be reimbursed for expenses before your termination date, and must submit claims no later than 90 days after your termination date.

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**USE IT OR LOSE IT!**

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 31 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.
Protecting Your Income

As a Stanford Health Care employee, you receive a variety of benefits to protect you, your family and your income in the event of an illness or injury—and you can purchase additional protection.

Life and Accident Insurance

In the event of the unexpected, it’s important to know you have financial security. The life plan, administered by The Hartford, offers your family protection.

You are covered by Employee Basic Life Insurance at no cost to you. This coverage is 1x your annual base salary, not exceeding $50,000.

You may elect to increase your coverage level by purchasing Employee Optional Life Insurance at 1x-6x your annual base salary. For new hires, Evidence of Insurability is not required for coverage of 1x-3x your salary.

You can also purchase Dependent Optional Life Insurance for your spouse and/or child(ren), as well as 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 1.800.524.8504.

Long-Term Disability

Long-Term Disability Insurance is provided by Stanford Health Care through Standard Insurance Company and is administered by Health Professionals Insurance Services. The benefit amount is 65% of your salary up to $4,500 per month after a period of disability of 90 days.

For information, email Wayne Washkowiak waynew@hpis.biz or Ivory Opana ivory@hpis.biz, or call 1.858.404.0782. For more details, see the House Staff Policies & Procedures at: med.stanford.edu/gme/policy/.

Business Travel Accident (BTA) Insurance

BTA Insurance is provided to you at no cost through Chubb. 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.

For additional information, visit www.healthysteps4u.org.

EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability (EOI) is proof of good health: a medical history questionnaire that must be submitted to The Hartford for approval of your election. EOI may be required for some Optional Life Insurance coverage elections, in which case it must be submitted within 60 days of election.

To complete any required EOI, visit www.thehartford.com. For more information about this process, contact the Hartford at 1.800.524.8504.

DESIGNATING A BENEFICIARY

A beneficiary is the person or entity you designate to receive your life insurance benefit in the event of your death. You may name more than one beneficiary.

Go to Workday to change or update your beneficiaries.
Additional Benefits

Stanford Health Care offers an array of additional benefits designed to meet the needs of your ever-changing lifestyle—from saving for the future to earning discounts today.

Bright Horizons Back-Up Care

It’s critical your loved ones receive care while you’re at work. Luckily, there is back-up care through Bright Horizons. For a small copay, get up to 80 hours per calendar year of child or adult 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, download the mobile app, visit my.brighthorizons.com, or call 1.877.242.2737.

If you are utilizing Bright Horizon’s back-up care and the dependent care FSA, you may be subject to imputed income (additional taxable income) if your benefits exceed $5,000 annually. If the benefits paid exceed $5,000 at the end of the year, you will see this amount added to your W2.

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 Carelon Behavioral Health for confidential support or information at any time, day or night. One live video or audio counseling appointment is considered one EAP session; so is one week of unlimited text messages to your Talkspace counselor. Call 1.855.281.1601 or visit www.achievesolutions.net/shctv.

Carelon also offers free access to Talkspace, an app-based platform for counseling and other resources for emotional health. To register, visit www.talkspace.com/carelonwellbeing and enter your organization name: Stanford Health Care.

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

Employee Discounts

Enjoy a variety of member-only discounts from BenefitHub, an online marketplace providing discounts on local merchants, clothing, vacations, event tickets and even automobiles. For more information, visit: www.stanfordhospital.benefithub.com (Referral Code: E1T9BD) or call 1.866.205.7354.
Additional Benefits, continued

**Stanford Federal Credit Union**
You will be eligible to join this financial collective, which offers competitive loans, credit cards, checking accounts and investment options. For more information, visit: [www.sfcu.org/SHC](http://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](http://www.healthysteps4u.org).

**Athletic Facilities**
Stanford University Athletic facilities are available to House Staff. Find out more at: [rec.stanford.edu/belong/membership](http://rec.stanford.edu/belong/membership).

**On-Site Early Childhood Education Programs**
Stanford has six on-site early childhood education programs that serve children from infants to five years old. All offer the highest level of care, supervision, and education. Learn more at: [cardinalatwork.stanford.edu/benefits-rewards/worklife/children-family/on-site-child-care](http://cardinalatwork.stanford.edu/benefits-rewards/worklife/children-family/on-site-child-care).
Commuting and Parking

Stanford Medicine Transportation Services provides a wide array of commuter programs for employees and staff including:

FREE TRANSIT PASSES (CALTRAIN, VTA AND AC TRANSIT)
Did you know that Stanford Medicine provides eligible employees with a Clipper card pre-loaded with a Caltrain Go Pass and VTA SmartPass? Eligible employees living in the East Bay may also qualify for a free AC Transit EasyPass! These passes are good for unlimited travel anytime on Caltrain, VTA, and AC Transit.

FREE STAFF COMMUTER BUSSES FROM THE SOUTH & EAST BAY
Commuting from the South or East Bay (Union City and Fremont, Campbell and Santa Clara) to the Stanford Medicine Palo Alto hospital campus? Enjoy free parking and a comfortable ride to work with Stanford Medicine’s Santa Clara, Campbell, or Ardenwood Park & Ride lot, which are available for all Stanford Health Care and Lucile Packard Children’s Hospital Staff.

For more information, visit: www.stanfordmedicinetransportation.org

FREE AND DISCOUNTED PARKING WITH THE PASTEUR STAFF GARAGE CARPOOL PROGRAM
The Pasteur Staff Garage (PSG) carpool program is available for all Stanford Health Care staff and will allow you to get free or discounted parking at the Pasteur Staff Garage at the Stanford Medicine Palo Alto Hospital Campus! Discounts are based on vehicle occupancy:

- Single Occupancy: 0% discount ($12)
- Two-Person Occupancy: 50% discount ($6)
- Three or More Occupancy: 100% discount ($0)

PRE-TAX COMMUTER BENEFITS FOR PARKING AND TRANSIT SERVICES
Is your commute costing you? If you are spending money on commuting expenses such as public transit passes (Bay Area Rapid Transit/BART) or paying for parking at a transit station (Caltrain), you could save money with pre-tax commuter benefits!

Visit www.stanfordmedicinetransportation.org for information on pre-tax benefits for both transit and parking.

Visit www.commuterbenefits.com/employees for more information about pre-tax benefits, including a calculator to find out how much you could save.

DITCH THE PARKING PERMIT AND EARN $25/MONTH
Are you a full-time benefits-eligible Stanford Health Care & Lucile Packard Children’s Hospital employee who works day shift onsite at the Stanford Medicine Palo Alto campus? If you choose not to purchase a parking permit at this campus and you meet the eligibility requirements, you can participate in the Clean Air Cash trial and receive $25/month.

For more information about this program, visit www.stanfordmedicinetransportation.org/clean-air-cash

Stanford Medicine Transportation Services is here to help if you have any questions. Visit www.stanfordmedicinetransportation.org, reach out via email at TransportationServices@stanfordhealthcare.org, or call/text at 650.736.8000.

1.833.935.2167  www.healthysteps4u.org
Retirement Savings Plan

Stanford Health Care recognizes the importance of building savings to meet your long-term financial goals and provides employees with a 403(b) retirement plan. Fidelity Investments is the record keeper.

Retirement Savings Plan (RSP)

PUT MONEY AWAY EACH PAYCHECK

All Stanford Health Care employees (full time, part time, and per diem status) are eligible to contribute to a 403(b) plan, starting with the first pay period after you are hired.

You can elect a specific amount or percentage of your salary to come out of your check to be put into your 403(b) retirement account (up to 75% of your eligible pay or the IRS allowed maximum per year). You can start, stop, or change this at any time.

VESTING

- You are always 100% vested in the Plan. You can keep your funds if you leave Stanford Health Care at any time.

COMPANY MATCH

Your Basic and Match employer contributions will be applied following the completion of 12 months of continuous service and 1,000 hours of service:

- SHC will provide an automatic “basic contribution” each pay period of 2% of your eligible pay
- SHC will match your own contributions up to 2% of your eligible pay
- You may contribute after-tax dollars up to 15% deferral rate

LEARN MORE

For more information, or to schedule a call with a Fidelity Retirement Planner, please visit www.netbenefits.com.

You can also call 800.343.0860 to make changes to your account and ask questions.

403(b) Plan Highlights are located on the Benefits 2023 page on the intranet, or at www.healthysteps4u.org under Retirement.
Voluntary Benefits

You have access to optional, employee-paid benefits to fit your needs.

PET INSURANCE
Pet insurance coverage from Nationwide is available for pet accidents and illnesses.

AUTO AND HOME INSURANCE
Find the best coverage for your needs and budget with convenient payment options. Compare quotes from top-rated companies with a wide variety of coverage options, including home, auto, renter, boat and more.

PURCHASING POWER
Purchasing Power allows you to get the products you need now and pay for them over time, directly from your paycheck. Shop thousands of brand name electronics, computers, furniture, appliances, and more. You’ll always know the total product cost upfront - no credit checks, down payments or hidden fees.

FOR MORE INFORMATION
Learn more about the programs above or apply at stanfordhealthcare.corestream.com/home. Have questions? Call 1.650.292.0867 (Mon-Fri, 8:30am-8:00pm ET) or email stanfordhealthcaresupport@corestream.com.

LEGAL ASSISTANCE
Access legal services through the MetLife 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.

To learn more, visit www.legalplans.com or call 1.800.821.6400

IDENTITY PROTECTION
Allstate Identity Protection coverage provides comprehensive identity theft safeguards and restoration services, including continuous credit monitoring and fraud restoration. The monthly premium is $9.95 per person and $17.95 per family.

To learn more, visit www.myaip.com or call 1.800.789.2720

You must enroll in the identity protection and legal plans within 31 days of your date of hire or wait until the next annual Open Enrollment period.
FAQ

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 medical 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 14 for details about DME coverage under your plan. Examples of DME include knee braces, heart monitors, ortho/walking boots, crutches and CPAP machines.

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

A: Assistance with what type of benefit plans to enroll in should be directed to CareCounsel at 888.227.3334.

Assistance with navigating Workday for your benefits enrollment or any benefit changes should be directed to the Benefits Service Center at 833.935.2167.

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 FIRST 31 DAYS

During your first 31 days of employment or eligibility, there are a few important actions to take related to your SHC benefits:

- Review your benefits on www.healthysteps4u.org and consult with a CareCounsel Member Care Specialist, if necessary.
- Look out for benefits presentations online several times per year.
- Enroll in benefits in Workday within 31 days.
- Review your confirmation statement in Workday after you make elections.
- Update your address in Workday.
- Add beneficiaries for your Retirement Savings Plan and Life plans.
- Create an account with your plan carriers’ websites.
- Get started on your wellness journey at wellness.healthysteps4u.org.
Glossary

Annual Deductible:
The amount you pay for covered health care expenses each year before the plan begins to pay for your benefits. For example, if your deductible is $750, your plan won’t pay anything until you’ve paid $750 for covered health care services. The deductible may not apply to all services.

Brand Formulary:
A list of medications that are covered by the plan – based on efficacy, safety and cost.

Brand Non-Formulary:
Medications not recommended – and therefore costing more – when there is a suitable clinical alternative at a lower price.

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

Copayment:
A fixed amount (for example, $20) you pay for a covered health care service when you receive the service. The amount varies by the type of covered health care service. You usually pay a copay at the office when you receive care, instead of getting a bill.

Durable Medical Equipment (DME):
Any equipment that provides therapeutic benefits to a patient for medical conditions or illnesses. DME:
- 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; and
- are appropriate for use in the home.

Examples of DME include: knee brace, heart monitor, ortho/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 contributions. 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 doesn’t require an overnight stay.

Preauthorization:
(Also: prior authorization, prior approval or precertification). Your health plan may require preauthorization for certain services before you receive them, except in an emergency. This is a ruling by your health plan that a health care service, drug, or piece of medical equipment is medically necessary. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

Premium:
The amount paid for your health insurance or plan – including both employee and employer contributions.

Out-of-Network Provider:
A provider who doesn’t have a contract with your health plan. You’ll pay more to see out-of-network providers.

Out-of-Pocket Maximum:
The maximum you will pay for covered services each plan year. Once you meet the out-of-pocket maximum, your plan pays 100% of covered services for the remainder of the plan year. This limit never includes your premium, balance-billed charges, or health care your plan doesn’t cover.

Urgent Care:
Care for an illness or injury serious enough that a reasonable person would seek care right away, but that does not require emergency room care.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Vendor</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children/Elder Care and Work &amp; Life Resources</td>
<td>Stanford University WorkLife</td>
<td>1.650.723.2660 cardinalatwork.stanford.edu/benefits-rewards/worklife/offerings-me/hospital-staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[email protected]</td>
</tr>
<tr>
<td>COBRA administration</td>
<td>VitaCOBRA</td>
<td>1.650.810.1480 <a href="mailto:cobraadmin@vitamail.com">cobraadmin@vitamail.com</a></td>
</tr>
<tr>
<td>Employment &amp; Income Verification</td>
<td>The Work Number</td>
<td>1.800.367.2884 <a href="http://www.theworknumber.com">www.theworknumber.com</a> Employer Code: 12967</td>
</tr>
<tr>
<td>Financial and Banking Services, Stanford Federal Credit Union</td>
<td>SFCU</td>
<td>1.888.723.7328 <a href="http://www.sfcu.org/SHC">www.sfcu.org/SHC</a></td>
</tr>
<tr>
<td>Parking Permit, Shuttle Lines, Free Transit</td>
<td>Stanford University Parking &amp; Transportation Services</td>
<td>1.650.723.9362 <a href="http://www.stanfordmedicine.transportation.org">www.stanfordmedicine.transportation.org</a></td>
</tr>
<tr>
<td>Report compliance or privacy concerns</td>
<td>Stanford Compliance Department &amp; Privacy Office</td>
<td>1.650.724.2572, 24-hr Hotline: 800.216.1784 <a href="mailto:ComplianceOfficer@stanfordhealthcare.org">ComplianceOfficer@stanfordhealthcare.org</a> or <a href="mailto:PrivacyOfficer@stanfordhealthcare.org">PrivacyOfficer@stanfordhealthcare.org</a></td>
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<tr>
<td>Request 1095 tax form, SHC 1095 Form Support Center</td>
<td>Health e(fx)</td>
<td>1.855.676.4373</td>
</tr>
<tr>
<td>Social Security Administration Services</td>
<td>Social Security Administration</td>
<td>1.800.772.1213 <a href="http://www.ssa.gov">www.ssa.gov</a></td>
</tr>
<tr>
<td>Stanford Recreational Facility Membership</td>
<td>Stanford University Recreation</td>
<td>shc.healthysteps4u.org</td>
</tr>
<tr>
<td>Stanford University Faculty Staff Help Center</td>
<td></td>
<td>650.723.4577 cardinalatwork.stanford.edu/faculty-staff-help-center</td>
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ABOUT THIS GUIDE

The information in this guide provides an overview of your Stanford Health Care 2024 benefit plans. More complete descriptions of the plans are contained in each of the plans’ 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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