

2020

Employee Benefits Overview



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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices posted on the Benefits Center for more details.

KNOW YOUR BENEFITS



At The William and Flora Hewlett Foundation, we value your contributions to our shared success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you're single, married, raising a family, or thinking ahead to retirement. We're committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview. Refer to your plan benefit booklets or summary plan descriptions (SPDs) for a more detailed description of all benefit provisions. The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective:

January 1, 2020 - December 31, 2020

Eligibility & Enrollment

WHO'S ELIGIBLE?

In general, full-time employees working at least 24 hours per week are eligible for the benefits outlined in this overview. In order to comply with the Affordable Care Act (ACA), The William and Flora Hewlett Foundation determines your eligibility for medical coverage using the Monthly Measurement Method. Refer to the Monthly Measurement Method section of this guide for additional.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you're legally married to under state law, including a same-sex spouse.)
- Your same or opposite sex domestic partner. The Cost of Coverage section explains the tax treatment of domestic partner coverage.
- Your children (including your domestic partner's children):
 - Under age 26. They don't have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they're incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO'S NOT ELIGIBLE?

Family members who aren't eligible for coverage include (but aren't limited to):

- Parents, grandparents, and siblings.
- Any dependent who's a covered employee of The William and Flora Hewlett Foundation.
- Employees who work less than 24 hours per week, temporary employees, contract employees, or employees residing outside the United States.

ENROLLMENT PERIODS

Coverage for new eligible employees begins on your date of hire. New employees who don't make an election within 30 days of becoming eligible will automatically be enrolled for single coverage in the Anthem High Deductible Health Plan (HDHP).

After that, Open Enrollment is the one time each year that you can make changes to your benefit elections without a qualifying life event.

Notify Human Resources within 31 days if you have a qualifying life event and need to add your dependents outside of Open Enrollment. Life events include (but aren't limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce



Medical

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

Please note that if you don't choose a plan or waive coverage, you'll automatically be enrolled in the Anthem High Deductible Health Plan (HDHP). Below is an overview.

Anthem HDHP

	In-Network	Out-Of-Network
Hewlett's Annual Contribution to Your HSA	\$1,750 if you elect Single coverage \$3,500 if you elect Family coverage	
Annual Deductible	\$1,400 single \$2,800 per individual, up to \$3,000 per family ¹	\$4,200 single \$4,200 per individual, up to \$8,400 per family ¹
Annual Out-of-Pocket Max	\$3,000 single \$3,000 per individual, up to \$6,000 per family ¹	\$9,000 single \$9,000 per individual, up to \$18,000 per family ¹
Lifetime Max	Unlimited	Unlimited
Office Visit Primary Provider	You pay 10% after deductible	You pay 30% after deductible
Specialist	You pay 10% after deductible	You pay 30% after deductible
Preventive Services	No charge (deductible waived)	You pay 30% after deductible
Chiropractic Care (Limited to 30 visits per calendar year)	You pay 10% after deductible (combined with out-of-network)	You pay 30% after deductible (combined with in-network)
Acupuncture (Limited to 20 visits per calendar year)	You pay 10% after deductible (combined with out-of-network)	You pay 30% after deductible (combined with in-network)
Lab and X-ray (Diagnostic & Advanced Imaging)	You pay 10% after deductible	You pay 30% after deductible ²
Inpatient Hospitalization	You pay 10% after deductible	You pay 30% after deductible (coverage limited to \$1,000 per day)
Outpatient Surgery	You pay 10% after deductible	You pay 30% after deductible (coverage limited to \$350 per day)
Urgent Care	You pay 10% after deductible	You pay 30% after deductible
Emergency Room	You pay 10% after deductible	You pay 10% after deductible

1. No one family member will pay more than the individual deductible and individual out-of-pocket maximum.

2. Daily maximums apply for out-of-network providers.

Medical, continued

Below is an overview of our HMO medical plans.

	Anthem HMO	Kaiser HMO
	In-Network Only	In-Network Only
Annual Deductible	None	None
Annual Out-of-Pocket Max	\$1,500 per individual, up to \$3,000 per family	\$1,500 per individual, up to \$3,000 per family
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	\$10 copay	\$15 copay
Specialist	\$10 copay	\$15 copay
Preventive Services	No charge	No charge
Chiropractic Care	Self-Referred: \$10 copay (coverage limited to 30 visits per calendar year combined with Acupuncture); Physician-Referred: \$10 copay (coverage limited to 60 days per calendar year combined with physical, occupational and speech therapy)	\$15 copay (coverage limited to 20 visits per calendar year combined with acupuncture)
Acupuncture	Self-Referred: \$10 copay (coverage limited to 30 visits per calendar year combined with Chiropractic); Physician-Referred: \$10 copay	\$15 copay (coverage limited to 20 visits per calendar year combined with chiropractic)
Lab and X-ray	Diagnostic: No charge Advanced Imaging: \$100 copay per test	Diagnostic: No charge Advanced Imaging: No charge
Inpatient Hospitalization	No charge	\$250 copay per admission
Outpatient Surgery	No charge	\$15 copay per procedure
Urgent Care	\$10 copay (waived if admitted)	\$15 copay (waived if admitted)
Emergency Room	\$100 copay per visit (waived if admitted)	\$50 copay (waived if admitted)

Prescription Drugs



Prescription drug coverage provides a benefit that's important to your overall health. Whether you need a prescription for a short-term health issue or an ongoing condition, you'll automatically receive prescription drug benefits if you enroll in medical coverage. Here are the prescription drug benefits that are included with our medical plans.

	Anthem HDHP		Anthem HMO	
	In-Network	Out-Of-Network	In-Network Only	In-Network Only
Annual Prescription Drug Deductible	Combined with medical	Combined with medical	None	None
Annual Out-of-Pocket Limit	Combined with medical	Combined with medical	Combined with medical	Combined with medical
Pharmacy				
Generic	Tier 1a: \$5 copay Tier 1b: \$15 copay	Tier 1a, Tier 1b: 30% coinsurance up to \$250	Tier 1a: \$5 copay Tier 1b: \$15 copay	\$15 copay
Preferred Brand	\$40 copay after deductible	30% coinsurance up to \$250	\$25 copay	\$30 copay
Non-preferred Brand	\$60 copay after deductible	30% coinsurance up to \$250	\$45 copay	\$30 copay (when approved through exception process)
Supply Limit	30 days	30 days	30 days	Up to 100 days
Mail Order				
Generic	Tier 1a: \$12.50 copay Tier 1b: \$37.50 copay	Not covered	Tier 1a: \$12.50 copay Tier 1b: \$37.50 copay	\$15 copay
Preferred Brand	\$120 copay after deductible	Not covered	\$75 copay	\$30 copay
Non-preferred Brand	\$180 copay after deductible	Not covered	\$135 copay	\$30 copay (when approved through exception process)
Supply Limit	90 days	N/A	90 days	Up to 100 days

Telemedicine

Speak to or video chat with a licensed Anthem Blue Cross or Kaiser physician using your smartphone or tablet. Virtual doctor visits are a modern convenience for anyone who wants or needs on-demand medical advice from any location, at any time of the day or night. Through these virtual visits, physicians can treat a host of common illnesses quickly and effectively using a real-time video visit and even send prescription orders to your local pharmacy for pickup.

Anthem Blue Cross: LiveHealth Online

Telamedicine visits through the LiveHealth Online are as little as \$49 per visit before your deductible is met. To get started register at livehealthonline.com or download the mobile app and sign up.

Kaiser: VIDEO VISITS

Kaiser's video visits available to members with no charge. To get started visit kp.org/mydoctor/videovisits or download the My Doctor Online app.

Dental



Regular visits to your dentist can protect your health. For example, recent studies have linked gum disease to damage elsewhere in the body. Dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

The foundation provides you with comprehensive coverage through Delta Dental.

Delta Dental DPO

	In-Network	Out-Of-Network
Calendar Year Deductible	\$40 per individual, up to \$120 per family ¹	\$50 per individual, up to \$150 per family ¹
Annual Plan Maximum	\$2,000 per individual ¹	\$2,000 per individual ¹
Diagnostic and Preventive	No charge, deductible waived (coverage limited to twice per calendar year)	No charge, deductible waived (coverage limited to twice per calendar year)
Basic Services		
Fillings	You pay 20% after deductible	You pay 20% after deductible
Root Canals	You pay 20% after deductible	You pay 20% after deductible
Periodontics	You pay 20% after deductible (coverage limited to every 2 years)	You pay 20% after deductible (coverage limited to every 2 years)
Major Services	You pay 50% after deductible (coverage limited to once every 5 years; same tooth only)	You pay 50% after deductible (coverage limited to once every 5 years; same tooth only)
Orthodontic Services		
Orthodontia	You pay 50%, deductible waived	You pay 50%, deductible waived
Lifetime Maximum	\$1,500 per individual ²	\$1,500 per individual ²
Covered Members	Child & Adult	Child & Adult

1. Deductible and annual or lifetime plan maximums cross-apply in- and out-of-network.
2. Orthodontic lifetime plan maximum cross-applies in- and out-of-network.

Vision



Routine vision exams can not only correct vision, but also detect more serious health conditions. The foundation offers vision coverage through Vision Service Plan (VSP).

VSP Vision

	In-Network	Out-Of-Network
Examination		
Benefit	\$10 copay	\$10 copay (reimbursed up to \$50)
Frequency	Once every calendar year	Once every calendar year
Materials	\$25 copay	\$25 copay (reimbursed up to plan allowance)
Eyeglass Lenses		
Single Vision Lens	No charge after applicable copay	Reimbursed up to \$50
Bifocal Lens	No charge after applicable copay	Reimbursed up to \$75
Trifocal Lens	No charge after applicable copay	Reimbursed up to \$100
Frequency	Once every calendar year	Once every calendar year
Frames		
Benefit	Covered up to \$130 + 20% discount off amount over allowance	Reimbursed up to \$70
Frequency	Once every other calendar year	Once every other calendar year
Contacts (Elective)		
Benefit	Covered up to \$130	Reimbursed up to \$105
Frequency	Once every calendar year	Once every calendar year
	Additional Benefit	
Computer Vision Care	This employee-only service provides supplemental vision analysis addressing the specific visual needs of computer use. The analysis is available once every 12 months.	
Examination	\$10 copay	\$10 copay
Frames	Covered up to \$90	Reimbursed up to \$70

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged, portable (you own it!) savings account that can help you save money on taxes. The foundation offers an HSA through Bank of America. You need to be enrolled in the Anthem High Deductible Health Plan (HDHP) in order to contribute to the HSA, and you can't be covered by any other non-HDHP savings account, like the health care flexible savings account (FSA).

The foundation and you (if you choose to) may contribute pre-tax to your HSA to save for out-of-pocket healthcare expenses. Any money that you don't spend grows year after year and can be used in the future, even after you retire. You may access your Bank of America HSA by calling **(800) 718-6710** or online at myhealth.bankofamerica.com.

ACCOUNT CONTRIBUTIONS

	Single HDHP Coverage	Family HDHP Coverage
Hewlett Contributes ¹	\$1,750	\$3,500
You Can Contribute (up to...)	+ \$1,800	\$3,600
Maximum Annual IRS Limit	= \$3,550	\$7,100
Catch Up Contributions ²	An additional \$1,000 per year at age 55+	

1. Hewlett contributions: 50% of the foundation's contribution to your HSA is made in the 2nd payroll in January if you remain employed and are enrolled in the plan as of January 15th. The other 50% is pro-rated over the remaining eleven (11) months, if you remain employed. HSA contributions for mid-year enrollees are prorated.

2. IRS contribution limits: Limits are set by the IRS and assume full calendar-year participation.

USING YOUR MONEY

You can use your account to pay for qualified healthcare expenses that aren't paid for by your high deductible health plan (HDHP). In general, your HSA can be used for the following expenses:

- Medically necessary expenses that aren't covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications prescribed by your doctor
- Certain medical equipment

When possible, use your HSA debit card to pay for expenses. If you've paid out-of-pocket for a healthcare expense and need reimbursement, you can submit a request from the Bank of America HSA portal or take your HSA debit card to any bank and request a cash advance. Make sure that you keep records of your receipts and any OTC prescriptions in case the IRS requests them.

ELIGIBILITY

You aren't eligible to open or contribute to an HSA if you're:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare, Medicaid or Tricare
- Someone else's tax dependent

SETTING UP YOUR HSA

Your HSA will be automatically established with Bank of America when you first enroll in the HDHP. Please notify HR immediately if you are not eligible to open an HSA.

Non-Qualified Expenses

If you use HSA funds for non-qualified expenses before you are age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only.

Flexible Spending Account (FSA)



A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. **You must re-enroll in this program each year.** Navia Benefit Solutions administers this program.

IMPORTANT CONSIDERATIONS

- There's no "crossover" spending allowed between the healthcare and dependent care accounts.
- **Healthcare FSA Expenses** must be incurred between 1/1/2020 and 3/15/2021 and submitted for reimbursement no later than 3/31/2021.
- **Dependent care FSA Expenses** must be incurred between 1/1/2020 and 3/15/2021 and submitted for reimbursement no later than 3/31/2021.
- Elections can't be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- If you're enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA) you can't participate in the FSA.
- Unused amounts will be lost at the end of the plan year, so it's very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can't obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts as proof that your expenses were eligible for IRS purposes.

TAX-FREE HEALTHCARE FSA

Eligible expenses include medical, dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You can set aside up to \$2,750 for 2020 (may be indexed annually per the IRS), and the entire annual amount you elect is immediately available from the first day of the plan year.

TAX-FREE DEPENDENT CARE FSA

Eligible expenses may include daycare centers, in-home child care, summer day camp, and before or after school care for your dependent children under age 13. Other individuals may qualify if they're your tax dependent and are incapable of self-care. It's important to note that you can only access funds as you contribute to the account through payroll deductions.

All caregivers must have a tax ID or Social Security number. This information needs to be included on your federal tax return. If you use the dependent care reimbursement account, the IRS won't allow you to claim a dependent care credit for reimbursed expenses. Check with your tax advisor to determine whether you should enroll in this plan. You can set aside up to \$5,000 per household for eligible dependent care expenses for the calendar year.

Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the foundation.

Coverage is provided by Cigna.

Basic Life Amount	3 x base salary up to a maximum of \$600,000
Basic AD&D Amount	3 x base salary up to a maximum of \$600,000

Beneficiary Reminder: Make sure that you've named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Taxes: A life insurance benefit of \$50,000 or more is a taxable benefit. You'll see the value of the benefit included in your taxable income on your paycheck and W-2.

VOLUNTARY LIFE AND AD&D

Voluntary Life and AD&D Insurance allows you to purchase additional coverage to protect your family's financial security.

Coverage is provided by Cigna.

Employee Voluntary Life and AD&D Amount	Any multiple of \$10,000 up to the lesser of 500% of base salary or \$500,000
Spouse Voluntary Life and AD&D Amount	Any multiple of \$5,000 up to \$500,000 (not to exceed 100% of employee voluntary life amount)
Child(ren) Voluntary Life and AD&D Amount	Any multiple of \$2,000 up to \$10,000

Evidence of Insurability: If you select a coverage amount above a certain limit or enroll after your hire period, you'll need to submit an Evidence of Insurability form with additional information about your health in order for the insurance company to approve your coverage.

Disability Insurance



If you become disabled and can't work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. Coverage is provided by Cigna.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources, such as State Disability Insurance. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition.

Weekly Benefit Amount	Plan pays 66.67% of weekly salary
Maximum Weekly Benefit	\$2,300
Benefits Begin After:	
Accident	7 days of disability
Sickness	7 days of disability
Maximum Payment Period*	25 weeks

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions for an extended period of time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

Monthly Benefit Amount	Plan pays 66.67% of monthly salary
Maximum Monthly Benefit	\$10,000
Benefits Begin After:	
Accident	180 days of disability
Sickness	180 days of disability
Maximum Payment Period*	At the Social Security Normal Retirement Age (SSNRA)

*The age at which the disability begins may affect the duration of the benefits.

International Business Travel Program

Travel can bring unpredictable circumstances for you and your family. Our business travel program is available to help you before you leave and to help if something comes up while you are away.

TRAVEL ASSISTANCE

Our travel assistance benefits are fully covered by the foundation for eligible employees who travel for business 100 miles or more from home.

This program, in partnership with International SOS, provides medical and security advice and assistance before, during, and after traveling abroad. It offers pre-trip assistance and information on things like passport/visa requirements, location-specific security and health status, foreign currency and weather.

International SOS should always be the first point of contact for assistance during your travels. They'll coordinate with the Cigna Medical Benefits for injuries and illnesses that may occur while traveling on an international business trip.

International SOS is available 24 hours a day, seven days a week. For travel information and advice, access the International SOS website at internationalsos.com or call the US Call Assistance Center at 1(215) 942-8226.

BUSINESS TRAVEL ACCIDENT INSURANCE

Business Travel Accident Insurance provides a variety of benefits to assist you while traveling on business for the foundation. Coverage includes emergency medical and evacuation assistance, rehabilitation services, and accidental death benefits.

Coverage is provided by Chubb/ACE.

Travel Accident Life Amount	2 x annual base salary up to \$750,000
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MEDICAL ASSISTANCE

Medical Benefits Abroad is a program designed to cover you while representing the foundation on a business trip or business sojourn when outside your home country. Cigna provides members with convenient, cashless access to a carefully selected international physician communities, translation databases for brand name medications, medical terms, and phrases, as well as health and security reports for international destinations.

Coverage is provided by Cigna.

Medical Maximum	\$250,000
Deductible	None
Doctor Visits	No charge
Hospitalization	No charge (coverage limited to \$1,000 per day)
Outpatient Surgery	No charge
Outpatient Prescription Drugs	No charge when medically necessary and for replacement of lost prescriptions that are medically necessary during an international business trip
Dental	\$1,000 calendar year maximum, includes dental accident and alleviate of sudden unexpected dental pain

Retirement Savings Plan

Our 403(b) Retirement Savings Plan through Fidelity Investments helps you save for retirement and provides tax benefits either now or later. Elective deferral contributions can be made on a pre-tax basis, lowering your current taxable income or on an after-tax basis through a Roth election.

Both accounts allow you to withdraw your money without penalty after age 59 ½. Earnings from your pre-tax account are deferred until you withdraw your money, while earnings from your Roth account are tax-free at the end of the 5-year taxable period from which the deferral is first deposited into the Roth 403(b) account.

Maximum Annual Contributions*	Up to \$19,500 or \$26,000 if you're 50+
Employer Match	Basic: 7% of your base salary for that month, plus Matching: 2 times your voluntary contribution for that month up to a maximum of 8%

*Annual limit may be indexed by the IRS.

All regular employees are eligible to join the 403(b) plan. You are automatically enrolled on your date of hire at 4% of your annual salary, unless you decline in writing. There is a 6-month waiting period before you become eligible for foundation contributions.

You can access your account at fidelity.com to review investments and manage your account and contributions. You can also contact Fidelity Investments customer service at **(800) 343-0860**.

Please refer to the Summary Plan Description for further details



Commuter Benefits



CALTRAIN GOPASS

The foundation provides a Caltrain GoPass to all employees. The GoPass is an annual pass that provides free access on all Caltrain routes 7 days a week to all benefits eligible employees. These passes are non-transferable.

COMMUTER TRANSPORTATION SAVINGS ACCOUNT

To help you pay for additional commuting costs, you can enroll in the Transportation Savings Account (also known as a Section 132 plan). Navia Benefit Solutions administers this program.

A Transportation Savings Account lets you set aside money—before it's taxed—through payroll deductions. Monies in this account can be used in future months or plan years, but if you leave the foundation, any unused account balance will be lost.

Here are the maximum amounts of money you can set aside pre-tax*:

Parking Expense Account	Up to \$270 per month ¹
Transportation Expense Account	Up to \$270 per month ¹

1. These amounts are evaluated annually by the IRS and are subject to change.

Enrollment and election for both the Parking and Transportation Expense Accounts (funds are held separately) will be managed directly on the Navia Benefit website. You can start, stop, or change your deductions at any time. Changes must be made in advance, by the 10th of the month, for benefits the following month. For example, if you enroll by March 10th, you will receive your April transit pass(es) at the end of March.

Any contributions in excess of the monthly IRS pre-tax limits will be deducted on a post-tax basis.

Register on the Navia website at naviabenefits.com to begin participating in this benefit. Once you make an election, Navia will notify us to start your payroll deduction.

Other Programs

Here are some other valuable programs that you are eligible to participate in:

HEALTHCARE ADVOCACY

Healthcare can be complicated. CareCounsel, the foundation's health advocate benefit provider, connects you with a Member Care Specialist who can help you understand and effectively navigate your health benefits. CareCounsel provides support for healthcare and insurance-related issues, including:

- Answer benefit and Open Enrollment questions
- Find in network doctors and hospitals
- Seek second opinions
- Obtain pre-authorizations and cost estimates for procedures
- Assist with filing insurance claims and appeals
- Obtain access to the Stanford Health Library
- Get assistance with Medicare questions and the Medicare enrollment process

This benefit is available at no cost to all employees and their eligible dependents enrolled in one of the foundations health (medical, dental or vision) plans.

Phone: **(888) 227-3334** (normal business hours are M – F 6:30 am to 5:00 pm PST)

Email: staff@carecounsel.com

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Claremont Insurance Services can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Help is available 24/7, 365 days a year by telephone at **(800) 834-3773**. Other resources are available online at claremonteap.com.

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to 6 per incident per year. Additional benefits are available through your medical plan. Review your medical benefit summary for more information.

CONCIERGE LIFE

For employees interested in purchasing additional life insurance, Concierge Life provides access to life insurance providers and consultants to help you determine the appropriate level of coverage to protect yourself and your family. Once you've determined the amount of insurance you'd like to purchase, Concierge Life will assist with obtaining the best coverage at the lowest premium. This coverage is purchased as an individual policy and continues beyond your employment with The William and Flora Hewlett Foundation (assuming you continue to pay the premiums). This resource is available to employees and their family members.

To get help from Concierge Life, contact Brian Maguire by phone at **(888) 466-4446** or email brian.maguire@summitalliance.net and indicate you are a foundation employee.

Other Programs, continued

BACK-UP DEPENDENT CARE

The Hewlett Foundation has partnered with Bright Horizons to offer the Care Advantage Program. The program provides subsidized “back-up” care, as well as access to discounted self-pay resources and tools for everyday care needs that benefit your entire family. All benefit eligible employees may participate in this program.

Foundation Subsidized Benefits

Back-Up Child* and Adult/Elder Care: Back-up care allows you to focus on work when normal care arrangements break down, or your adult/elder relative or child is mildly ill or needs temporary assistance. Care is available within a Bright Horizons center or in your own home. This program is intended to supplement, rather than replace, regular child care/adult care arrangements.

Visit clients.brighthorizons.com/hewlett or call **(877) BH-CARES (877-242-2737)** to access care.

Username: **Hewlett**

Password: **care4you**

Center-Based Care	You pay \$15 per child per day, up to a maximum of \$25 per family per day ¹
In-Home Care	\$6 per hour; 4-hour minimum ²
Usage Limits	10 per employee per calendar year

1. Bright Horizons accommodates children from 3 months up to their 13th birthday.

2. All co-payments will be collected by Bright Horizons. If you cancel **after 5 p.m. of the prior day** you will be charged the full cost of the reservation.

Additional Benefits and Resources

Nannies, Elder Care, Pet Care, and More: Self-pay services that benefit the entire family. You now have access to a comprehensive database of sitters and nannies; elder care resources and planning; pet sitters; and homework help. Discounts and preferred enrollment access for regular center-based child care, tutoring, and test prep services are available.

FERTILITY HRA & ADOPTION REIMBURSEMENT

The foundation offers a generous lifetime benefit for qualified fertility and adoption related services administered through Navia Benefit Solutions.

Account funds can only be used while you are an eligible employee of The Hewlett Foundation. If you leave the organization, you will no longer have access to these benefits.

Refer to the separate Fertility HRA and Adoption Reimbursement plan documents for details.

Other Programs, continued

EDUCATIONAL ASSISTANCE

The foundation provides educational assistance up to \$5,000 per year for qualified expenses. You become eligible for this program after 6 months of employment.

MATCHING GIFTS

The Matching Gifts Program supports and encourages personal philanthropy and community involvement. Your gifts to certain non-profit organizations are matched on a 2:1 basis up to a maximum gift amount of \$10,000 per calendar year. You become eligible for this program after 6 months of employment.

TICKETSATWORK

TicketsatWork is a corporate benefits program that provides employees with access to discounted packages (not always available to the general public). You can find events with discounts from 20% – 60% for travel and entertainment -- preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, hotels and more. To access discounts, sign-up at: ticketsatwork.com/tickets/account.php?sub=enroll. Use company code: “WFHF2017”

PET INSURANCE

Voluntary Pet Insurance, offered by Nationwide Insurance, reimburses participants for routine pet care, accidents, and injuries. Coverage is available for dogs, cats, avian and exotic pets. Please note, pre-existing conditions for pets are not covered. This coverage may be elected or cancelled at any time during the year. If you elect this coverage, premiums will be billed to your home or you may set up ACH payments directly with Nationwide. You will be responsible for the full cost of this benefit, but will receive discounted pricing if enrolling through Hewlett.

Enroll online at petinsurance.com/the-william-and-flora-hewlett-foundation

Customer support for Nationwide is available at PetsNationwide.com (enter company name: The William and Flora Hewlett Foundation) or by calling (877) 738-7874.

Time Off

FLEX LEAVE

The William and Flora Hewlett Foundation provides combined paid leave for vacation or sick leave based upon your work schedule and tenure at the foundation. Accrual rates follow this schedule:

- Year One: 160 hours
- Year Two through Eight: 200 hours
- Year Nine on: 240 hours

The maximum accrual is 320 hours. You will stop earning the monthly Flex Leave accrual upon reaching this maximum. Unused Flex Leave balances will roll over to the next year up to the maximum allowed.

PAID HOLIDAYS

The foundation provides 10 paid holidays per year for all full-time, benefits-eligible employees. Additional holidays may be designated at the discretion of the foundation.

New Year's Day	January 1
Martin Luther King, Jr. Day	January 20
President's Day	February 17
Memorial Day	May 25
Independence Day	July 3
Labor Day	September 7
Thanksgiving	November 26
Day after Thanksgiving	November 27
Day Before Christmas Day	December 24
Christmas Day	December 25

YEAR-END CLOSURE

The William and Flora Hewlett Foundation provides paid year-end closure the last week of December.

Cost of Coverage



The William and Flora Hewlett Foundation pays for the full cost of coverage for basic Life, AD&D, STD, and LTD coverage. You share in the cost of coverage for other plans and coverage levels.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify HR if your domestic partner is your tax dependent.

	Earnings Under \$75,000	Earnings Between \$75,000 - \$150,000	Earnings Between \$150,000 - \$225,000	Earnings Greater Than \$225,000
Anthem	10%	12%	14%	16%
Kaiser	12%	14%	16%	18%
Delta Dental	15%	15%	15%	15%
VSP Vision	15%	15%	15%	15%

Important Plan Notices and Documents

MONTHLY MEASUREMENT METHOD

You and your dependents are eligible for the plan if you are a full-time employee. A full-time employee is generally an employee who works on average 130 hours per month, as defined by the Affordable Care Act (ACA). Hours that count toward full-time status include each hour for which an employee is paid or entitled to payment for the performance of duties for the employer, and each hour for which an employee is paid or entitled to payment for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence.

ACA full-time status can affect or determine major medical benefits eligibility but is not a guarantee of benefits eligibility. The William and Flora Hewlett Foundation uses the monthly measurement method to determine whether an employee meets this eligibility threshold

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are posted on the Benefits Center and include:

- **Medicare Part D Notice**
Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act**
Describes benefits available to those that will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act**
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- **HIPAA Notice of Special Enrollment Rights**
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- **HIPAA Notice of Privacy Practices**
Describes how health information about you may be used and disclosed.
- **Notice of Choice of Providers**
Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).

- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**
Describes availability of premium assistance for Medicaid eligible dependents.
- **Nondiscrimination and Accessibility Requirements Notice**
Describes an organization's compliance with Federal non-discrimination laws along with communication and language assistance services.

Summary Plan Descriptions

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan description is available on the Benefits Center:

- **The William and Flora Hewlett Foundation Employee Health and Welfare Benefit Plan**

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available the Benefits Center.

- **Anthem HDHP**
- **Anthem HMO**
- **Kaiser HMO**

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact HR at **(650) 234-4716**.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.



Rev. 11/5/2019

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to The William and Flora Hewlett Foundation Employee Health and Welfare Benefit Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.