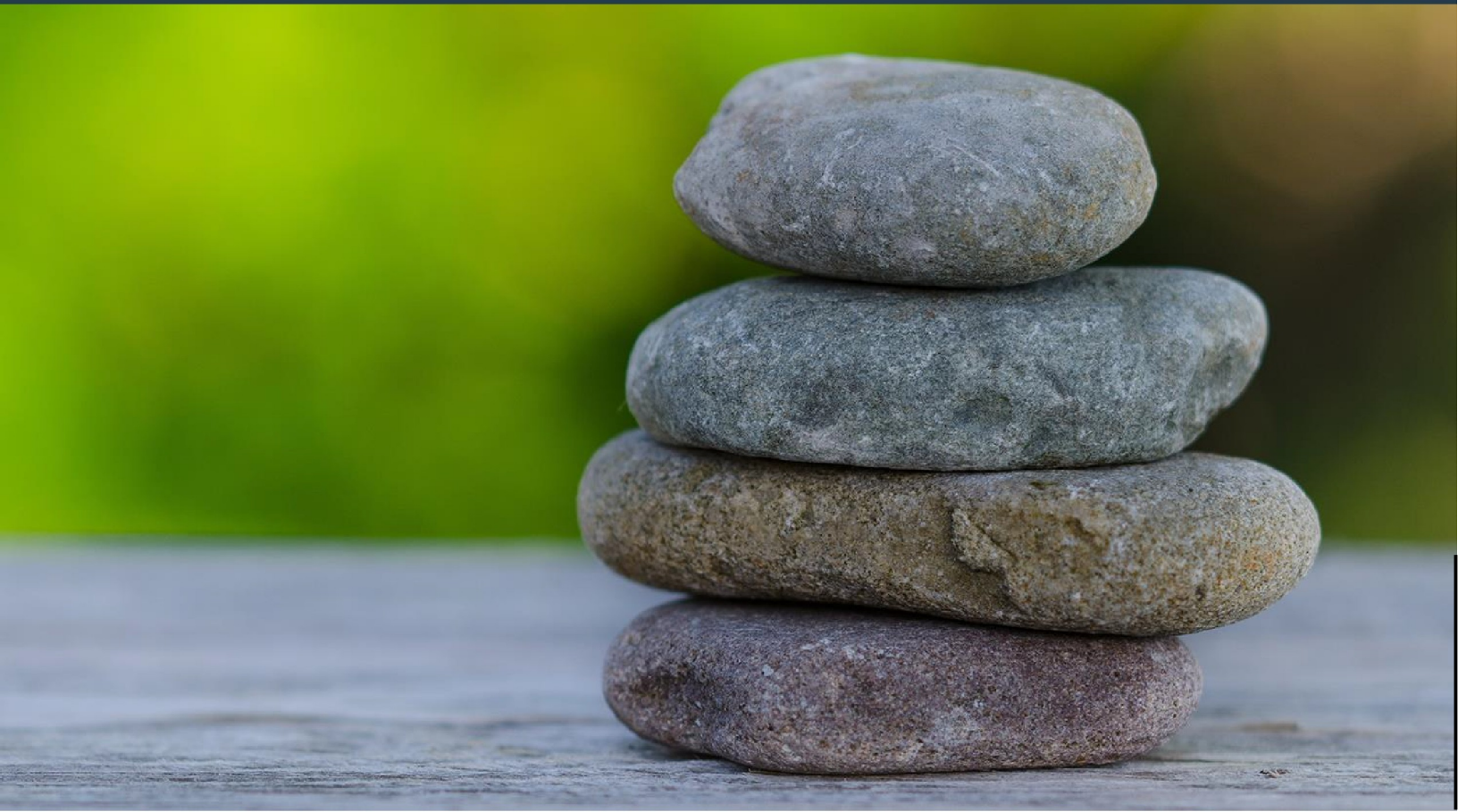


# 2021 Employee Benefits Overview



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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.

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## FOR YOUR BENEFIT



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, 2021 - December 31, 2021**

# 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):
  - o 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.
  - o Over age 26 ONLY if they're incapacitated due to a disability and primarily dependent on you for support.
  - o 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 Coverage

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

1. If you use out-of-network providers, you will be responsible for "balance billing" which is the difference between what the plan will reimburse and the amount billed by the provider.
2. No one family member will pay more than the individual deductible and individual out-of-pocket maximum.
3. Daily maximums apply for out-of-network providers.

# Medical Coverage, continued

Below is an overview of our HMO medical plans.

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



# Prescription Drug Coverage

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	Kaiser HMO
	In-Network	Out-Of-Network	In-Network Only	In-Network Only
<b>Annual Prescription Drug Deductible</b>	Combined with medical	Combined with medical	None	None
<b>Annual Out-of-Pocket Limit</b>	Combined with medical	Combined with medical	Combined with medical	Combined with medical
<b>Pharmacy</b>				
Generic (Tier 1)	Tier 1a: \$5 copay Tier 1b: \$15 copay	Tier 1a, Tier 1 b: 30% coinsurance up to \$250	Tier 1a: \$5 copay Tier 1b: \$15 copay	\$15 copay
Preferred Brand (Tier 2)	\$40 copay after deductible	30% coinsurance up to \$250	\$30 copay	\$30 copay
Non-preferred Brand (Tier 3)	\$60 copay after deductible	30% coinsurance up to \$250	\$50 copay	\$30 copay (when approved through exception process)
Specialty (Tier 4)	You pay 30% after deductible (up to \$250 per prescription)	You pay 30% after deductible (up to \$250 per prescription)	You pay 30% (up to \$250 per prescription)	\$30 copay (when approved through exception process)
Supply Limit	30 days	30 days	30 days	Up to 100 days
<b>Mail Order</b>				
Generic (Tier 1)	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 (Tier 2)	\$120 copay after deductible	Not covered	\$90 copay	\$30 copay
Non-preferred Brand (Tier 3)	\$180 copay after deductible	Not covered	\$150 copay	\$30 copay (when approved through exception process)
Specialty (Tier 4)	You pay 30% after deductible (up to \$250 per prescription)	Not covered	You pay 30% (up to \$250 per prescription)	\$30 copay (when approved through exception process)
Supply Limit	90 days (30 days for specialty)	N/A	90 days (30 days for specialty)	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

Telemedicine visits through the LiveHealth Online are as little as \$49 per visit before your deductible is met. To get started register at [livehealthonline.com](https://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](https://kp.org/mydoctor/videovisits) or download the My Doctor Online app.



# Dental Coverage



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 <sup>1</sup>
<b>Calendar Year Deductible</b>	\$40 per individual, up to \$120 per family <sup>2</sup>	\$50 per individual, up to \$150 per family <sup>2</sup>
<b>Annual Plan Maximum</b>	\$2,000 per individual <sup>2</sup>	\$2,000 per individual <sup>2</sup>
<b>Diagnostic and Preventive</b>	No charge, deductible waived (coverage limited to twice per calendar year)	No charge, deductible waived (coverage limited to twice per calendar year)
<b>Basic Services</b>		
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)
<b>Major Services</b>	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)
<b>Orthodontic Services</b>		
Orthodontia	You pay 50%, deductible waived	You pay 50%, deductible waived
Lifetime Maximum	\$1,500 per individual <sup>3</sup>	\$1,500 per individual <sup>3</sup>
Covered Members	Child & Adult	Child & Adult

1. Reimbursement is based on PPO contracted fees for PPO dentists, and program allowance for non-Delta Dental dentists.
2. Deductible and annual or lifetime plan maximums cross-apply in- and out-of-network.
3. Orthodontic lifetime plan maximum cross-applies in- and out-of-network.

# Vision Coverage



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
<b>Examination</b>			
<b>Benefit</b>		\$10 copay	\$10 copay (reimbursed up to \$50)
<b>Frequency</b>		Once every calendar year	Once every calendar year
<b>Materials</b>			
		\$25 copay	\$25 copay (reimbursed up to plan allowance)
<b>Eyeglass Lenses</b>			
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
<b>Frames</b>			
<b>Benefit</b>		Covered up to \$130 + 20% discount off amount over allowance	Reimbursed up to \$70
<b>Frequency</b>		Once every other calendar year	Once every other calendar year
<b>Contacts (Elective)</b>			
<b>Benefit</b>		Covered up to \$130	Reimbursed up to \$105
<b>Frequency</b>		Once every calendar year	Once every calendar year

## Additional Benefit

<b>Computer Vision Care</b>	This employee-only service provides supplemental vision analysis addressing the specific visual needs of computer use. The analysis is available once every 12 months.	
<b>Examination</b>	\$10 copay	\$10 copay
<b>Frames</b>	Covered up to \$90	Reimbursed up to \$70

# Mental Wellbeing Support

Supporting your mental and emotional wellbeing is one of our top priorities. These services are confidential and free to all benefit eligible employees and covered dependents.

## CLAREMONT EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP through Claremont can continue to help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's completely confidential, free and available to any member of your immediate household.

- **Unlimited** free phone access 24/7.
- **Up to 6 counseling sessions** per incident per family member per year
- **Unlimited access** to helpful articles, resources, and self-assessment tools.

Contact the EAP  
24/7/365

Phone: **(800) 834-3773**  
Web: [claremonteap.com](http://claremonteap.com)

## SPRING HEALTH MENTAL HEALTH SERVICES

Spring Health is a mental health benefit that provides you with a range of resources to meet nearly any need, and help you figure out what might work best for you.

Through our partnership with Spring Health, you will receive:

- **Up to 8 therapy sessions**, at no-cost to the employee.
- **Unlimited, confidential wellness assessments.** Spring offers a sophisticated, online questionnaire that accurately and efficiently screens for common mental health conditions. The assessment takes under 5 minutes and your results are not accessible by HR.
- **Care navigation** from a licensed therapist to review your assessment results and answer any questions you might have about mental health, or treatment options moving forward.
- **Provider matching where available.** Spring can help you get connected to a therapist or physician in less than a week, with appointments available in the evenings and on weekends. Spring's has a diverse network of providers with different backgrounds in training, language, gender, race, and sexual orientation. Spring's approach to diversity encompasses not only who the care provider is, but also what they do best.

We encourage everyone to take advantage of this new partnership, particularly by completing your confidential wellness assessment at the following website: [care.springhealth.com](http://care.springhealth.com).

Spring Health crisis support is available 24/7. Please contact the CareTeam via phone at **(240) 558-5796** or via email at [careteam@springhealth.com](mailto:careteam@springhealth.com).

# 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](http://myhealth.bankofamerica.com).

## ACCOUNT CONTRIBUTIONS

		Single HDHP Coverage	Family HDHP Coverage
Hewlett Contributes <sup>1</sup>		\$1,750	\$3,500
You Can Contribute (up to...)	+	\$1,850	\$3,700
Maximum Annual IRS Limit	=	\$3,600	\$7,200
Catch Up Contributions <sup>2</sup>		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 2<sup>nd</sup> payroll in January if you remain employed and are enrolled in the plan as of January 15<sup>th</sup>. 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. You can also 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 1/1/2021 and 3/15/2022 and submitted for reimbursement no later than 3/31/2022.
- Dependent care FSA Expenses must be incurred between 1/1/2021 and 3/15/2022 and submitted for reimbursement no later than 3/31/2022.
- 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 2021 (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.

*\* If you use the dependent care FSA, the IRS will not allow you to claim a dependent care tax credit. Consult your tax advisor if you have questions about the federal tax credit.*

# Life and AD&D 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.

<b>Basic Life Amount</b>	3 x base salary up to a maximum of \$600,000
<b>Basic AD&amp;D Amount</b>	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.

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

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

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

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



# Individual Life Insurance & Long-Term Care Resources

## CONCIERGE LIFE

If you're interested in purchasing additional life insurance or Long-Term Care coverage, Concierge Life can help provide the right coverage for you and your family.

## INDIVIDUAL 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.

## LONG-TERM CARE

Concierge Life also specializes in Long-Term Care planning to help you preserve your assets from wealth eroding factors which includes custodial care events (in-home care, nursing facilities, memory care facilities, and assisted living). Concierge Life can help employees of the foundation analyze current needs, assess what options you have to address Long-Term Care concerns, and customize individual policies unique to your household situation.

To get help from Concierge Life, contact Brian Maguire and indicate you are a foundation employee.

Phone: (888) 466-4446

Email: [brian.maguire@summitalliance.net](mailto:brian.maguire@summitalliance.net)

Web: [maguireinsurance.com](http://maguireinsurance.com)

# Family Support Programs

## BACK-UP DEPENDENT CARE

The Hewlett Foundation partners 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](https://clients.brighthorizons.com/hewlett) or call (877) BH-CARES (877-242-2737) to access care.

Username: **Hewlett**

Password: **care4you**

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

1. Bright Horizons accommodates children from 3 months up to their 13<sup>th</sup> 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.

# 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](http://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.

<b>Travel Accident Life Amount</b>	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.

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

# 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\*:

<b>Parking Expense Account</b>	Up to \$270 per month <sup>1</sup>
<b>Transportation Expense Account</b>	Up to \$270 per month <sup>1</sup>

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](http://naviabenefits.com) to begin participating in this benefit. Once you make an election, Navia will notify us to start your payroll deduction.

# 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.

<b>Maximum Annual Contributions</b>	Up to \$19,500 or \$26,000 if you are 50+ <sup>1</sup>
<b>Employer Match</b>	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%

1. Annual limits are evaluated annually by the IRS and are subject to change.

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

You can access your account at [fidelity.com](https://www.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.



# Additional Programs

## 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](mailto:staff@carecounsel.com)

## 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](http://petinsurance.com/the-william-and-flora-hewlett-foundation)

Contact Nationwide at [PetsNationwide.com](http://PetsNationwide.com) (enter company name: The William and Flora Hewlett Foundation) or by calling **(877) 738-7874**.

## 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](http://ticketsatwork.com/tickets/account.php?sub=enroll).

Use company code: **"WFHF2017"**

# Additional 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

All eligible active foundation employees with six months or more of service are eligible to participate in the Matching Gift Program. Gifts are matched at 4:1 as designated by the participant. The minimum gift that qualifies for a match is \$25. The maximum donation per calendar year is \$10,000.

Participating organizations must be recognized by the Internal Revenue Service as tax-exempt under Section 501(c)(3) of the IRS Code and further designated as a public charity or as an instrument of a federal, state or local government as defined by Section 170(c)(1) of the Code.

## FIDELITY CHARITABLE DONOR ADVISED FUND

If you are interested in establishing a donor-advised fund at Fidelity Charitable, you can meet the initial funding amount of \$5,000 to open an account. This can be done by combining your funds with the foundation's matching gifts benefit. Visit [fidelitycharitable.org](https://fidelitycharitable.org) to establish a Giving Account. For example if you contribute \$1,000, the Matching Gift Program will match 4:1, \$4,000 to meet the \$5,000 initial charitable minimum.



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

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New Year's Day	January 1
Martin Luther King, Jr. Day	January 18
President's Day	February 15
Memorial Day	May 31
Juneteenth	June 18
Independence Day	July 5
Labor Day	September 6
Thanksgiving	November 25
Day after Thanksgiving	November 26
Day Before Christmas Day	December 24
Christmas Day	December 27

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## YEAR-END CLOSURE

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

# Your 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 & 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.

#### 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.