2025 Employee Benefits Guide

KNOW YOUR BENEFITS

WILLIAM + FLORA Hewlett Foundation

January 1, 2025 – December 31, 2025

No matter where you are in your career, The William and Flora Hewlett Foundation supports you with benefit programs and resources to help you thrive today and prepare for tomorrow. This guide provides an overview of your healthcare coverage, as well as life, disability, retirement, and more. Take a look at what's available to make the most of your benefits package offerings.

Inside this guide

Eligibility & Enrollment Information

Benefits Eligibility

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 details.

Dependent Eligibility

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 for Benefits?

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 31 days of becoming eligible will automatically be enrolled for single coverage in the Blue Shield 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 event.

Notify Human Resources within 30 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 of adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce

Know Where to Go

ER or urgent care?

The emergency room shouldn't be your first choice unless there's a true emergency.

Consider urgent care for...	Go to the emergency room for...
Symptoms, pain or conditions that require quick medical attention but do not require hospital care, such as: ▪ Earache ▪ Sore throat ▪ Rashes ▪ Sprains ▪ Broken fingers or toes ▪ Flu ▪ Fever up to 104 degrees	Serious or life-threatening conditions that require immediate treatment that you can get only at a hospital, such as: ▪ Chest pain or severe abdominal pain ▪ Trouble breathing ▪ Loss of consciousness ▪ Severe bleeding that can't be stopped ▪ Large broken bones ▪ Major injuries from a car crash, fall or other accident

Can't get to the doctor's office? Have your visit online!

Plan / Web	Member Cost Share
Blue Shield HDHP blueshieldca.com	**PCP and Mental Health & Substance Use:** No charge after deductible **Specialist:** 10% coinsurance after deductible
Blue Shield HMO blueshieldca.com	**PCP and Mental Health & Substance Use:** No charge **Specialist:** $30 copay (self-referred); $15 copay (referred by PCP)
Kaiser HMO kp.org/mydoctor/videovisits	No charge

Other non-emergency care options

Our medical plans offer plenty of options when you need care or advice, but it's not an emergency:

Plan /Phone (24/7 Nurseline)	Find doctor/urgent care
Blue Shield HDHP **(877) 304-0504**	Log into your **Blue Shield member portal** **CA plan/network:** Full PPO Network **Outside CA plan/network:** Full PPO Network
Blue Shield HMO **(877) 304-0504**	Log into your **Blue Shield member portal** **CA plan/network:** Access+ HMO Network
Kaiser HMO **(866) 454-8855**	Log into your **Kp.org** account or **click here**

Prescription Drug Savings

A little research before you go to the pharmacy could result in huge savings. This is especially important in a high deductible health plan because you pay the full cost of prescription drugs until you meet your deductible.

Insider tip	Rx expert!
▪ Your medical plans include prescription drug coverage. You pay a different amount depending on the plan you elect and the "tier" or class of drug.	▪ GENERIC drugs are always the least expensive. Get in the habit of asking your doctor or pharmacist if there's a generic alternative
▪ A FORMULARY is a list of drugs that are preferred by the plan. Plans use formularies to encourage the most cost-effective drugs.	▪ If a generic drug is not available, ask your doctor whether there is an effective brand name medication that is on the plan's preferred drug list.
▪ A PARTICIPATING PHARMACY (one that contracts with your medical plan) will usually offer the best price. You can find a participating (in-network) pharmacy on your plan's website or by calling member services.	▪ SHOP AROUND! Even within the same drugstore chain, you may find a better price at a different location. Your medical plan may have an online tool or app to compare prices.
▪ SPECIAL HANDLING REQUIRED? Your plan may require preauthorization (plan approval) or step therapy (trying certain drugs before others). Specialty drugs such as injectables may need to be purchased from a certain provider.	▪ Talk with your doctor about your course of treatment and confirm whether your plan requires any special procedures. Before filling your prescription, verify that the pharmacy is in-network.
▪ You can get medicines that you take routinely by MAIL ORDER. Your doctor will need to authorize a 90-day supply. You can submit refills through a website or app, or by phone.	▪ Compare your plan's mail-order copay and shipping costs against your local pharmacy price and/or other discount programs. If it's less expensive locally, ask if your doctor can write a 90-day prescription rather than a 30-day one.

To see if your medication is covered on the Blue Shield or Kaiser formularies go to:

Blue Shield HDHP and HMO

1. Go to: blueshieldca.com/pharmacy
2. Scroll down to "Large Groups (101+ employees)
3. Choose **2025 "Plus" drug formulary search**
4. Enter the drug name in the top left corner

Kaiser HMO

1. Go to: kp.org/formulary
2. Choose **California – Northern** from the drop-down menu
3. Then **choose Search our Formulary online**
4. Enter the drug name in the search field to see if it is covered under the Commercial listing

Medical Benefits – HDHP

	Blue Shield HDHP	
BENEFIT	**In-Network**	**Out-of- Network[1]**
Hewlett Annual HSA Contribution	$1,750 if you elect Single coverage; $3,500 if you elect Family coverage	
Annual deductible[2]		
Self-only coverage	$1,650 per individual	
Family coverage	$3,300 per family member, up to $3,300 per family	
Annual out-of-pocket		
Self-only coverage	$3,000 per individual	$5,000 per individual
Family coverage	$3,500 per family member, up to $6,000 per family	$5,000 per family member, up to $10,000 per family
Coinsurance	You pay 10%	You pay 30%
Preventive care	No charge	Not covered
Office visits		
Primary care/Specialist visit	10% after deductible	30% after deductible
Chiropractic Care (limited to 20 visits per year)	10% after deductible	30% after deductible
Acupuncture (limited to 20 visits per year)	10% after deductible	30% after deductible
Diagnostic lab, X-ray, and complex imaging	Radiology Center: 10% after deductible Hospital: $100 copay + 10% after deductible	Radiology Center: 30% after deductible Hospital: 30% after deductible (coverage limited to $350 per day)
Urgent Care	10% after deductible	30% after deductible
Emergency Room	$150 copay + 10% after deductible	$150 copay + 10% after deductible
Inpatient Hospitalization	10% after deductible	30% after deductible (coverage limited to $600 per day)
Outpatient surgery	Ambulatory: 5% after deductible Hospital: 15% after deductible	30% after deductible (coverage limited to $350 per day)
PRESCRIPTION DRUGS		
Retail (30-Day Supply)		
Generic (Tier 1)	$10 copay	$10 copay + 25% after deductible
Preferred brand (Tier 2)	$25 copay after deductible	$25 copay + 25% after deductible
Non-preferred (Tier 3)	$40 copay after deductible	$40 copay + 25% after deductible
Specialty Drugs (Tier 4)	30% after deductible ($250 max)	30% ($250 max) + 25% of purchase price
Mail Order (90-Day Supply)		
Generic (Tier 1)	$20 copay	Not Covered
Preferred brand (Tier 2)	$50 copay after deductible	Not Covered
Non-preferred (Tier 3)	$80 copay after deductible	Not Covered
Specialty Drugs (Tier 4)	30% after deductible ($500 max)	Not Covered

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.

Medical Benefits – HMO

	Blue Shield HMO	Kaiser HMO
BENEFIT	**In-Network Only**	**In- Network Only**
Annual deductible	None	None
Annual out-of-pocket	$1,500 per individual up to $3,000 per family	$1,500 per individual up to $3,000 per family
Preventive care	No charge	No charge
Office visits		
Primary care	$15 copay (PCP referred)	$15 copay
Specialist	$30 copay (self referred)	$15 copay
Chiropractic Care	$10 copay (combined with acupuncture, limited to 30 visits per year)	$15 copay (combined with acupuncture, limited to 20 visits per year)
Acupuncture	$10 copay (combined with chiropractic, limited to 30 visits per year)	$15 copay (combined with chiropractic, limited to 20 visits per year)
Diagnostic lab, X-ray, and complex imaging	No charge	No charge
Urgent Care	$15 copay	$15 copay (copay waived if admitted)
Emergency Room	$100 copay (copay waived if admitted)	$50 copay (copay waived if admitted)
Inpatient Hospitalization	No charge	$250 copay per admission
Outpatient surgery	No charge	$15 copay per procedure
PRESCRIPTION DRUGS		
Retail (30-Day Supply)		
Generic (Tier 1)	$15 copay	$15 copay
Preferred brand (Tier 2)	$30 copay	$30 copay
Non-preferred (Tier 3)	$45 copay	$30 copay (when approved through exception process)
Specialty Drugs (Tier 4)	You pay 20% after deductible (up to $250 per prescription)	$30 copay (when approved through exception process)
Mail Order (90-Day Supply)		
Generic (Tier 1)	$30 copay	$15 copay
Preferred brand (Tier 2)	$60 copay	$30 copay
Non-preferred (Tier 3)	$90 copay	$30 copay (when approved through exception process)
Specialty Drugs (Tier 4)	You pay 20% after deductible for a 30-day supply (up to $500 per prescription)	$30 copay for a 30-day supply (when approved through exception process)

Dental Benefits

The foundation provides you with comprehensive coverage through MetLife Dental. Please visit **metlife.com** or call MetLife at **(800) 638-5433** for more information on your plan or to locate an in-network provider.

	METLIFE DENTAL PPO	
BENEFIT	**In-Network**	**Out-of-Network**
How Coverage & Reimbursement Works	Coverage based contracted fees. In-network contracted providers cannot charge you more than your cost share of the negotiated fees.	Reimbursement based on program allowance for Non-MetLife Dental providers. You are responsible for any difference between the provider's charges and MetLife's allowed amount.
Annual deductible (Individual/Family)	$40 per individual, up to $120 per family [2]	$50 per individual, up to $150 per family [2]
Annual benefit maximum	$2,500 per individual [2]	$2,500 per individual [2]
Diagnostic and preventive [1] (coverage limited to twice per calendar year)	No charge, deductible waived	Reimbursed at the 90th percentile of Usual, Customary and Reasonable (UCR), deductible waived [4]
Basic services		
Fillings	You pay 20% after deductible [3]	You pay 20% after deductible [4]
Root canals	You pay 20% after deductible [3]	You pay 20% after deductible [4]
Periodontics (coverage limited to every 2 years)	You pay 20% after deductible [3]	You pay 20% after deductible [4]
Major services	You pay 50% after deductible [3]	You pay 50% after deductible [4]
Orthodontia services		
Orthodontia	You pay 50%, deductible waived [3]	You pay 50%, deductible waived [4]
Dependent children	Covered	Covered
Adults	Covered	Covered
Lifetime maximum	$2,500 per individual [5]	$2,500 per individual [5]

1. Diagnostic & Preventive services do not count towards the annual plan maximum.
2. Deductible and annual or lifetime plan maximums cross-apply in- and out-of-network.
3. Member cost share based on contracted fees for MetLife In-Network PPO dentists.
4. Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary Charge is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
5. Orthodontic lifetime plan maximum cross-applies in- and out-of-network.

Important Notes: Remember that coverage through an in-network provider means that you pay a discounted rate for covered services, and the dentist cannot charge you more than your share of costs based on that rate.

Out-of-network providers are not bound by contractual fee agreements and may charge you more than your plan pays. If you choose to see an out-of-network provider, it may cost you more.

Vision Benefits

The foundation offers vision coverage through Vision Service Plan (VSP) which covers eye exams, lenses, frames, and contacts. You'll even find discounts on services like LASIK and PRK, rebates on contact lenses, and other related services. Please visit **vsp.com** or call VSP at **(800) 877-7195** for more information on your plan and to find a provider.

	Vision Service Plan Signature PPO	
BENEFIT	**In-Network**	**Out-of-Network**
Frequency		
Exam	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Frames	Once every other calendar year	Once every other calendar year
Contacts (elective in lieu of lenses and frames)	Once every calendar year	Once every calendar year
Copay	Exam: $10 copay Materials: $25 copay	Exam: $10 copay (reimbursed up to $50) Materials: $25 copay
Lenses		
	Single: No charge after materials copay **Bifocal**: No charge after materials copay **Trifocal**: No charge after materials copay	**Single**: Reimbursed up to $50 after materials copay **Bifocal**: Reimbursed up to $75 after materials copay **Trifocal**: Reimbursed up to $100 after materials copay
Frames	Covered up to $200 + 20% discount off amount over allowance Covered up to $220 for Enhanced Featured Frame Brands	Reimbursed up to $70 after materials copay
Contacts (necessary)	No charge	Reimbursed up to $210
Contacts (elective)	Covered up to $150	Reimbursed up to $105
	Additional Benefit This employee-only service provides supplemental vision analysis addressing the specific visual needs of computer use. The analysis is available once every 12 months.	
Copay	**Exam & Materials:** $10 copay	**Exam & Materials:** $10 copay
Frames	Covered up to $90	Reimbursed up to $70 after materials copay

Mental Wellbeing Support

The foundation offers two mental wellbeing programs to all employees and family members living in their home.

Spring Health Mental Wellbeing

Spring Health 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:

- **Therapy & Coaching. Up to 8 therapy and 8 coaching sessions** per year, at no-cost to you or your covered dependents. After your foundation provided sessions have been used, you may continue care through Spring Health but will be billed directly for each additional session.
  - ✓ **Therapy (available to ages 6+).** Book therapy sessions with trusted providers. Additional Therapy sessions are billed to you starting at $210 per session.
  - ✓ **Coaching (available to ages 18+)**. Motivational coaches can help you set and meet goals around managing stress, relationships, parenting, personal development and more. Additional Coaching sessions are billed to you at $105 per session.
- **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 confidential.
- **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.
- **Wellness exercises.** Use Moments, an on-demand library of self-guided exercises for mental wellbeing, covering topics like anxiety, burnout, better sleep, and more.
- **Provider matching where available.** Spring Health can help you get connected to a therapist in less than a week, with appointments available in the evenings and on weekends. Spring Health 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 who needs support to take advantage of this program by completing your confidential wellness assessment at the following website: **care.springhealth.com**.

Spring Health crisis support is available 24/7. Contact the CareTeam via phone at **(240) 558-5796, opt 2** or via email at **careteam@springhealth.com**.

Claremont Employee Assistance Program (EAP)

The EAP through Claremont provides multiple behavioral health solutions to enhance your well-being. EAP can 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 and available to any member of your immediate household.

- Unlimited free phone access 24/7
- Up to **6 short-term counseling sessions** per incident per family member per year
- Up to **10 virtual support sessions** per year including recovery groups lead by certified specialists to address a range of issues such as addiction, depression and anxiety.
- Unlimited access to helpful articles, resources, and self-assessment tools.

Contact the EAP via phone at **(800) 834-3773** or visit their site at **claremonteap.com**.

Mental Wellbeing Support, continued

Blue Shield Members

Blue Shield members have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc medical doctors are available 24/7 by phone or video. You can also speak to licensed therapists, psychiatrists, and mental health professionals who can help you manage addiction, depression, stress or anxiety, domestic abuse, grief, and more. Mental health appointments are available from 7 a.m. to 9 p.m. local time, seven days a week. Blue Shield also offers members access to:

Wellvolution offers lifestyle-based tools and support to lose weight, treat diabetes, support mental health, and more. With Wellvolution, you have access to Headspace, the leading meditation app helping people reduce stress, increase resilience, and sleep better. Employees who enroll through Wellvolution will receive access to Headspace premium benefits at no cost.

Ginger provides easy access to care - no matter where you are, or what you're going through. Ginger offers on-demand, confidential mental healthcare through coaching and self-guided activities.
Additional services include:

- Live text-based behavioral health coaching
- Self-guided learning activities
- Video-based therapy and psychiatry sessions for those needing more hands-on care (Available for a copay as stated in your health plan coverage)

Kaiser Members

Kaiser members' access to mental health care and addiction services aren't limited to one department or specialty. You'll find mental health care and addiction services throughout Kaiser Permanente, including primary care, emergency care, and even specialty areas like cardiology and oncology. And in addition to clinical care and support, Kaiser offers self-care tools and resources you can access anytime, at no cost. You can seek individual therapy, psychiatry, group therapy, health classes and self-care resources at **kp.org** or on the app. Kaiser also offers a number of additional mental wellbeing resources, including:

Ginger app offers immediate 1-on-1 support for coping with many common challenges — from stress and low mood to issues with work and relationships, and more. Ginger's highly trained emotional support coaches are ready to help 24/7. Adult Kaiser Permanente members can use Ginger for 90 consecutive days at no cost.

MyStrength is an app dedicated to helping you improve and maintain your health and well-being. It empowers you with personalized pathways across multiple programs to help manage and overcome challenges.

Calm app has tools that will help you improve your sleep, boost confidence, and reduce stress and anxiety – helping you achieve a higher level of wellbeing each day.

To download MyStrength and Calm apps, visit **kp.org/selfcareapps**.

Free wellness coaching by phone at no cost. A wellness coach can help you create a personalized program help you manage your health. Visit **kp.org/wellnesscoach** to learn more.

You also have access to online fitness classes with ClassPass. Visit **kp.org/exercise** to get started.

Compare Pre-Tax Health Accounts

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)
Medical plan enrollment	HDHP. You may not have other non-HDHP coverage	Any non HDHP
Eligible dependents	Spouse and tax dependents. Adult children must be tax dependents. Domestic partner may open a separate HSA and contribute post-tax.	Spouse, children under age 27, and tax dependents. Domestic partner must be tax dependent.
Annual Contribution from Hewlett Foundation	Single coverage: $1,750 Family coverage: $3,500	$0
Annual contribution limit **Includes company contribution*	$4,300 single or $8,550 family, including Hewlett funds. Extra $1,000 allowed after age 55.	$3,300
Federal and state tax	No federal tax. CA and NJ do not exclude HSA contributions from income.	None
Funds are available	After deposit	Day 1 of plan year
Account balance earns interest	Yes, plus investment options after account balance reaches $1,000.	No
Allows rollover to next plan year	Yes, unlimited	No, unused balance is forfeited after the grace period.
Grace Period	N/A	2.5 months after end of plan year to spend prior year balance.
If you leave Hewlett Foundation	Your account goes with you for future eligible healthcare expenses, tax-free.	You can spend your balance if you elect COBRA continuation coverage.
Administered by	Bank of America	Navia

Health Savings Account (HSA)

If you enroll in the Blue Shield HDHP, you'll have access to an HSA. An HSA is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future. 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. Access your HSA with Bank of America 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…)	$2,550	$5,050
Maximum Annual IRS Limit [2]	$4,300	$8,550
Catch Up Contributions [2]	Additional $1,000 per year age 55+	Additional $1,000 per year 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 pro-rated.
2. IRS contribution limits are set by the IRS and assume full calendar-year participation. Refer to **IRS Publication 969** for details.

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
- Can be claimed as someone else's tax dependent

Important Note: Dependents are eligible to enroll in the medical plan up to age 26 but are not eligible for HSA reimbursement unless they qualify as your legal tax dependent (generally up to age 19 or to age 23 if a full-time student).

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.

Using Your Money

You can use your account to pay for qualified healthcare expenses that aren't paid for by your HDHP. When possible, use your HSA debit card to pay for expenses. If you've paid out-of-pocket, you can submit a request for reimbursement from the Bank of America HSA portal. Make sure that you keep records of your receipts and any over-the-counter (OTC) prescriptions in case the IRS requests them.

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
- OTC medications prescribed by your doctor
- Certain medical equipment

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 Accounts (FSA)

Contributions	Healthcare FSA	Dependent Care FSA
Maximum Annual IRS Limit	$3,300	$5,000 ($2,500 if married and filing separate tax returns)
Examples of Covered Expenses	Medical deductible or copays, dental and vision expenses, orthodontia, over-the-counter medications	Work-related childcare expenses for dependents under age 13, and elder care in certain situations

How the Healthcare FSA Works

Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount. You may access your entire annual election from the first day of the plan year. During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents.

Using the Dependent Care FSA

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children younger than 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

NOTE: All caregivers must have a tax ID or Social Security number. If you use the Dependent Care FSA, the IRS will not allow you to claim a dependent care tax credit for reimbursed expenses. Consult a tax advisor to determine which is more advantageous for your situation.

IMPORTANT CONSIDERATIONS

- There's no "crossover" spending allowed between the healthcare and dependent care accounts.
- **Healthcare FSA Expenses** must be incurred between 1/1/2025 and 3/15/2026.
- **Dependent care FSA Expenses** must be incurred between 1/1/2025 and 3/15/2026. You have until **3/31/2026** to submit 2025 plan year claims for reimbursement. Grace Period. Healthcare and Dependent care FSAs include a grace period which allows additional time after the plan year ends to submit claims for reimbursement. All 2025 claims incurred must be summited by the grace period, 3/31/2026. Unused FSA funds will be forfeited after the grace period ends.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- 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.
- Elections cannot 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 is very important that you plan carefully before making your election.
- You cannot 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.

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. Hewlett's life insurance programs are offered through New York Life.

Basic Term Life and Accidental Death & Dismemberment (AD&D)

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by the foundation. New York Life provides coverage.

Employee Basic Life [1, 2]	3 x base salary up to a maximum of $600,000
Employee Basic AD&D [1, 2]	3 x base salary up to a maximum of $600,000

1. **Taxes:** A life insurance benefit of $50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.
2. **Benefit Reduction:** Begins at age 65, refer to the plan document for details.

Voluntary Life and AD&D

You may also choose to purchase Voluntary Life Insurance coverage in addition to the coverage provided by Hewlett. You pay the total cost of this benefit through convenient payroll deduction. New York Life provides coverage.

Employee Supplemental Life and AD&D Amount [3]	$10,000 increments up the lesser of 5x annual earnings or $500,000. Guarantee Issue if newly eligible: $100,000.
Spouse/Domestic Partner Supplemental Life and AD&D Amount [3]	$5,000 increments up to a maximum of $500,000 (not to exceed 100% of employee voluntary life amount). Guarantee Issue if newly eligible: $20K.
Child(ren) Supplemental Life and AD&D Amount (14 days to age 26)	$2,000 increments up to a maximum of $10,000 or 100% of employee voluntary life amount $500 (birth to 6 months). Guarantee Issue on all amount if newly eligible.

3. If you select a coverage amount above the "guarantee coverage" or enroll after 31 days after you become eligible, 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.

Beneficiary Reminder!
Make sure that you have 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.

Disability Insurance

Most people underestimate their likelihood of being disabled at some point in their life. Disability insurance provides financial support by replacing a portion of your pay when you're unable to work to help cover your living expenses.

The foundation provides short-term disability (STD) and long-term disability (LTD) coverage at no cost to eligible employees. New York Life provides coverage.

Short-term disability	Long-term disability
Limited duration issues such as: ▪ Pregnancy issues and childbirth recovery ▪ Prolonged illness or injury ▪ Surgery and recovery time	Longer term issues such as: ▪ Debilitating illness (cancer, heart disease, etc.) ▪ Serious injuries (accident, etc.) ▪ Heart attack, stroke ▪ Mental disorders

Short-term disability

Short-term disability (STD) coverage through New York Life pays a benefit if you temporarily can't work because of an injury, illness, or pregnancy. Payments may be reduced if you receive other benefits, such as sick pay, workers' compensation, Social Security, or state disability.

Weekly benefit amount	Plan pays 66.67% of covered weekly salary up to a maximum of $2,300 per week
Benefits begin	After 7 days of disability due to accident or 7 days due to sickness
Maximum payment period [1]	25 weeks (based on the first day you are disabled, not when benefits begin)

Long-term disability

If you're unable to work for a longer time, long-term disability (LTD) coverage through New York Life replaces part of your monthly income. If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled.

Monthly benefit amount	Plan pays 66.67% of covered monthly salary up to a maximum of $10,000 per month
Benefits begin	After 180 days of disability
Maximum payment period [1]	Social Security normal retirement age (the age at which disability begins may affect duration of benefits.)

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

Life with Long Term Care

Chubb Lifetime Benefit Term (LTBT) with Long Term Care

Chubb's LTBT product is term insurance designed to last a lifetime. It includes premiums that are guaranteed to never increase and a death benefit that is 100% guaranteed to age 70. After that, the death benefit is guaranteed to be at least 50% of the original death benefit. The Long-Term Care rider is designed to accelerate the death benefit at 4% per month for up to 25 months to pay for long-term care in an assisted living or long-term care facility, or home healthcare and/or adult day care.

PLAN DETAILS

Chubb	Employee (to age 70)	Spouse (to age 70)
Death Benefit (Simplified Issue) *	$250,000	$125,000
Guarantee Issue *	$100,000	N/A
Modified Guarantee Issue *	N/A	$50,000
Monthly LTC Benefit	4% of total benefit	
Total LTC Benefit	100% of Death Benefit election	
Length of LTC Benefit	25 months	
Benefit Reduction **	Death and LTC Benefit reduces no more than 1/2 of original face amount at age 70 depending on interest rate	

YOUR BENEFIT COSTS

Example: Monthly Costs of $50,000 Benefit

Speak to a counselor or login to the self-service site to see a full list of rates.

Age	Non-Tobacco	Tobacco
35	$33.00	$44.16
40	$42.62	$56.91
45	$54.91	$76.16
50	$76.04	$104.54
55	$100.66	$142.62
60	$145.74	$203.37

** **Simplified Issue:** 5 medical questions;*
***Modified Guarantee Issues:** 2 medical questions;*
***Guarantee issue:** no medical questions required to obtain coverage.*
***Reduced benefits and underwriting available for employees aged 71-80.*

New Enrollments Contact BCG:

For New Hires and during Open Enrollment please contact the BCG call center to ask questions and/or enroll in coverage:

BCG Enrollment Call Center: **(888) 259-0908**
Hours: Monday – Friday, 6:00am – 3:00pm PST

A self-service site is also available for enrollment:
chubb.benselect.com/enroll/Login

- **Username:** *Work email*
- **Pin:** *Work phone number + 24 (example: 650234472024)*
- Bank name, account number,and routing number required at time of enrollment

Existing Policy Holders Contact Chubb:

Coverage is insured through Chubb. Existing policy holders should contact Chubb directly for policy questions, mid-year changes or cancellation of coverage:

Chubb Phone: **(855) 241-9891**
Hours: Monday – Friday
5:30am – 4:00pm PST

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.

Individual Long-Term Care Insurance

Concierge Life also specializes in Long-Term Care planning to help you preserve your assets from wealth eroding factors that 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**
Web: **maguireinsurance.com**

Family Support Programs

Back up Care & Additional Services

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 Childcare 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 childcare/adult care arrangements.

Visit **clients.brighthorizons.com/hewlett** or call **(877) BH-CARES (877-242-2737)** to access care.
First Time Users: Click Join Now and follow on-screen instructions
Returning Users: Click Log In and enter your credentials

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 back-up days 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. Bright Horizons requires **2 business days advance cancellation** notice, or you will be charged the full cost of the reservation.

Eldercare Resources

Receive support on complex and time-consuming guidance on a broad spectrum of eldercare assistance including online tools to assist in managing appointments and medicine, communication with a Care Coach, caregiver search, and more.

Additional Family Support

Get free access to a comprehensive database of self-pay services, including caregivers, homework help, pet care, and housekeeping services. Discounts and preferred enrollment access for regular center-based childcare, tutoring, and test prep services are available. Also includes tutoring for adults learners 18+ in over 3,000 subjects, including professional certifications.

Pet Care

Bright Horizons offers pet care services in partnership with Rover.com. Services include dog walking, dog sitting, pet boarding, drop-in visits and house sitting. You can exchange up to 10 back-up Childcare or Adult/Eldercare uses for pet care vouchers.

Family Support Programs, Continued

Health Reimbursement Account (HRA): Family Building

The foundation offers a generous lifetime benefit for qualified fertility, adoption and surrogacy related services. 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 plan documents for details.

MilkStork Breast Milk Shipping

The foundation is partnering with MilkStork to further enhance our family building benefit and provide support when traveling for business. MilkStork is a service designed to support breastfeeding mothers who travel for work. They offer the following services:

- **Breast Milk Shipping:** ship breast milk home while you're traveling for work (domestic & international)
- **Dedicated Customer Support Team:** access to knowledgeable support team, available to answer your questions Monday through Friday 8am – 5 pm PST and Saturdays 8am – 2 pm PST

To begin using MilkStork:

1. Request a payment voucher from HR
2. Go to the **Milk Stork** website
3. Create an account
4. Order your Milk Stork kit
5. Enter the delivery address for your order
6. Choose a requested delivery date
7. Enter your shipment address
8. Enter the voucher information provided by HR at checkout

Learn more by visiting: **milkstork.com**
For customer support, call **(510) 356-0221** or emailing **info@milkstork.com**

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. 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 Benefit	2 x base salary up to a maximum of $750,000

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 network, 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 treatment of sudden unexpected dental pain

Commuter Programs

Section 132 GoNavia Commuter Program

The GoNavia Commuter Program lets you set aside money—before it's taxed—through payroll deductions. The foundation subsidizes the monthly cost for transportation from your home to Caltrain and from the office to Caltrain up to the IRS monthly limit. 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. Navia Benefit Solutions administers this program.

You can take advantage of this pre-tax benefit to pay for:

- Bus, light rail, trolley, subway, or ferry
- Vanpool
- Parking at or near work
- Parking at or near public transportation for your commute

Here are the maximum amounts you can set aside:

	Contribution Limits
Parking Expense Account	Up to $325 per month [1]
Transit Expense Account	Up to $325 per month [1]

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

Enrollment and elections for both the Parking and Transportation Expense Accounts, which are held separately, are managed in ADP. You have the flexibility to start, stop, or change your deductions at any time. Changes must be made in advance, by the 15th of the month, for benefits the following month. For example, if you enroll by March 10th, you will receive your April transit funding at the end of March.

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

Caltrain

As part of our ongoing efforts to promote sustainability, the foundation offers an annual Caltrain Go Pass, which is separate from GoNavia. The Go Pass provides unlimited travel seven days a week between all Caltrain zones. If your work-related commute requires different modes of transport before and after Caltrain you can use GoNavia for qualified transit expenses for the connecting routes. Please refer to our Caltrain Go Pass Flyer on Box for complete details.

East Bay Shuttle

The foundation subsidizes the shuttle up to the IRS transit expense maximum monthly. If you take the East Bay Shuttle, you can request the parking subsidy with GoNavia but not the transit subsidy since it has already been applied. Please refer to our Shuttle Instructions on Box for complete details.

Telecommute Program

The foundation's hybrid work model is another additional commuter benefit offered. Please refer to our Hybrid Work Policy on Box for complete 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**

Pet Insurance

Voluntary Pet Insurance, offered by Nationwide Insurance, covers routine pet care, accidents, and injuries for dogs, cats, avian and exotic pets. Please note pre-existing conditions for pets are not covered. You can elect or cancel coverage at any time during the year. Premiums can be billed directly or set up as ACH payments with Nationwide. While you will be responsible for the full cost of this benefit, you can receive discounted pricing by enrolling through Hewlett.

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

Contact Nationwide at **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**. Use company code: "WFHF2017"

Matching Gift Program

The Hewlett Foundation provides a generous matching gift benefit for active benefit eligible employees, offering a 4:1 ratio, with a maximum contribution of $10,000 per employee to support the personal philanthropic and community engagement initiatives. Additionally, employees can have their volunteering hours matched at rate of $25 per hour with an annual maximum of $1,000. The program matches gifts for qualifying monetary donations to eligible nonprofit organizations.

Professional Development & Education Programs

The Hewlett Foundation provides several professional development programs that encourage employees to enhance their skills and knowledge, as well as advance their careers. All regular full-time or part-time employees working at least 24 hours per week are eligible upon date of hire.

Educational Assistance Program

We help reimburse employees up to $5,250* per year (per IRS guidelines) for education and training that improves your professional skills and capabilities.

Student Loan Reimbursement

The foundation will help reimburse employees up to $5,250* per year (per IRS guidelines) to pay for student loans taken out exclusively for “qualified higher education expenses.” This includes loans that were incurred for the employee’s costs of attendance (i) in pursuit of a degree, certificate, or other program that would lead to a “recognized educational credential”, and (ii) while carrying a course load at least one-half (1/2) of the normal course load for that particular course of study. Attendance at an “eligible education institution” is required. In general, this will include all colleges, universities, vocational schools, and other post-secondary institutions that are eligible to participate in the federal student aid program.

Other Qualifications:

- Loans from the government or a financial institution
- Loans incurred by the employee for the employee’s education
- A qualified education loan that has been refinanced will continue to be qualified

Disqualifications:

- Loans from family members or tax-qualified employer retirement plans (e.g. 401(k)/403(b) Plans)
- Loans taken out by a guardian of the employee or for an employee’s dependent

*Note: The combined maximum reimbursement for both the education assistance and student loan reimbursement program is $5,250. You ***cannot*** receive $5,250 from the educational assistance program and $5,250 from the student loan reimbursement program.

Contact HR for details.

Employer Assisted Housing Program

EAH Program Eligibility:

All regular full-time and part-time employees that live within a 75-mile radius of 2121 Sand Hill Road, Menlo Park (as measured by Google maps), or live in one of these 9 Bay Area Counties: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, or Sonoma are eligible to participate in the EAH Benefit Program. Part-time employees will have their benefit pro-rated according to their standard schedule.

EAH Benefit ($):

Salary Band	Benefit	% of Average Salary	Duration	Lifetime Cap
Salary ≤ $150K	$18,000 per year ($1,500 per month)	18%	8 years	$144,000
Salary between $150k – 300K	$25,000 per year ($2,083 per month)	13%	8 years	$200,000
Salary ≥ $300K	$37,500 per year ($3,125 per month)	9%	8 years	$300,000[1]

1. Taxable Income: The benefit is treated as taxable income to the employee at the appropriate tax rate. All payments are subject to withholding for income and employment taxes.

Please refer to the Benefit Policy Overview for further details.

Retirement Savings Plan

403(b) Retirement Plan

Our 403(b) Retirement Savings Plan with Fidelity Investments helps you save for retirement, while offering 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 penalty-free withdrawals after age 59 ½. Earnings from your pre-tax account are deferred until you withdrawal, while Roth account earnings become tax-free after the initial 5-year taxable period following the deferral deposit into the Roth 403(b) account.

Maximum Annual Contributions	• Up to $23,500
	• **Catch up contribution:**
	  ○ If you are 50+, $7,500 for a total of $31,000
	• **! NEW ! SECURE 2.0 ACT "Super Catch Up" provision:**
	  ○ If you are aged 60 to 63 in 2025, you could contribute up to the greater of $10,000 or 150% ($11,250 for 2025) of the regular catch up.

Employer Match	• Basic: 7% of your base salary for that month, plus • Matching: 2 times your voluntary contribution up to a maximum of 8%

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

All active, benefit-eligible employees are automatically enrolled in 403(b) plan at 4% of your annual salary on your date of hire, unless you decline in writing. Full eligibility and 100% vesting occur after completing a 6-month waiting period.

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.

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.

Family & Medical Leave

- Under the Family and Medical Leave Act (FMLA), employees are entitled to 12 weeks of leave within a 12-month period. The foundation offers the following benefits: Employees with at least 6 months of service are eligible for up to 8 weeks of paid leave for family and medical reasons.

- Employees who have completed a minimum of 12-months of service with the foundation and worked 1,250 hours, will be covered for up to 16 weeks of paid family leave/medical leave.

Paid Holidays

The foundation provides the following paid holidays 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 26
- Juneteenth – June 19
- Independence Day – July 4
- Day After Independence Day – July 7
- Labor Day – September 1
- Thanksgiving – November 27
- Day after Thanksgiving – November 28
- Year-End Holiday Closure – December 24 to 31

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, Hewlett's 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.

Your Monthly Cost	Earnings Under $99,999	Earnings Between $100,000 - $174,999	Earnings Between $175,000 - $224,999	Earnings Greater Than $225,000
Blue Shield	10%	12%	14%	16%
Kaiser	11%	13%	15%	17%
MetLife Dental	15%	15%	15%	15%
VSP Vision	15%	15%	15%	15%

Voluntary Life and AD&D

Your cost for employee coverage will depend on your age and how much coverage you buy. The cost increases for a higher age and higher benefit amount. The cost of spouse coverage is based on your age and amount of spouse coverage. The cost of child coverage is based on the policy amount selected and covers all children. These rates will be calculated for you when you enroll online.

Voluntary Life with Long Term Care

Your cost for employee and/or spouse coverage depends on your age and how much coverage you buy. If you decide to enroll, you'll pay premiums directly from your personal bank account (there are no payroll deductions for this plan).

Helpful Resources

The easy way to get benefits info!

MyBenefits.Life® gives you all your benefits information in one place. Go to: **hewlett.mybenefits.life**

Benefits	See benefit details and costs for all plans you're eligible for, including healthcare, disability, life insurance, and more.
Documents	Read important benefit plan notices ("the fine print")
Contacts	Find HR, benefits, and carrier contacts

Contact your professional Health Advocate

The foundation offers you confidential access to Health Advocates with CareCounsel who can help you resolve healthcare and insurance-related questions and issues.

staff@carecounsel.com
(888) 227-3334
6:30 am - 5:00 pm Mon-Fri PT

Plan Contacts

Providers and Plans	Group #	Contact Number	Website / Email
Blue Shield Medical HDHP/HMO	W8002394	(888) 256-1915	blueshieldca.com
Kaiser Medical HMO	2064	(800) 464-4000	kp.org
MetLife Dental PPO	5386718	(800) 638-5433	metlife.com
VSP Vision	12199326	(800) 877-7195	vsp.com
Spring Health Mental Wellbeing	N/A	(855) 629-0554	benefits.springhealth.com Email: careteam@springhealth.com
Bank of America Health Savings Account (HSA)	N/A	(800) 718-6710	myhealth.bankofamerica.com
Navia Flexible Spending Accounts, Commuter & Healthcare Reimbursement Accounts	N/A	(425) 452-3500	naviabenefits.com
New York Life Life/AD&D Disability Insurance *(claim filing)*	SGM-603670 SGD-603614	(800) 842-4462	newyorklife.com
Chubb Voluntary Life w/ Long Term Care	N/A	New Policy (888-259-0908) Existing Policy (855) 241-9891	bcgenrollnow.com/Hewlett2024
Concierge Life Individual Life Insurance	N/A	(888) 466-4446	Web: maguireinsurance.com Email:brian.maguire@summitalliance.net
Bright Horizons Backup care	N/A	(877) 242-2737	clients.brighthorizons.com/hewlett First Time Users: Click Join Now
MilkStork Breast Milk Shipping	N/A	(510) 356-0221	Email: info@milkstork.com
Cigna Medical Benefits Abroad	06302A	US (800) 243-1348 Outside US (302) 797-3535	cignaenvoy.com
International SOS Travel Assistance	N/A	(215) 942-8226	internationalsos.com
Chubb/ACE Business Travel Accident	**SOS:** ADD N04252019 **BTA:** 60882	(800) 336-0627	chubb.com
Fidelity Investments 403(b) Plan	N/A	(800) 343-0860	fidelity.com
Care Counsel Health Advocacy	N/A	(888) 227-3334	carecounsel.com Email: staff@carecounsel.com
Nationwide Pet Insurance		(877) 738-7874	PetsNationwide.com
Tuition & Student Loan Reimbursement	N/A	N/A	Contact HR for details

Important Plan Notices & Documents

About This Guide: This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Hewlett Foundation reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

Monthly Measurement Period: 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.

Health Plan Notices: Certain 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.
Availability of Privacy Practices Notice	Describes how to obtain more information on 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.
The 'No Surprises' Rules	Describes the regulations designed to protect consumers from unexpected or surprise medical bills.
Affordable Care Act (ACA) Disclaimer	Describes the minimum affordability contribution limit to be eligible for an Exchange plan subsidy.

Plan Documents:

Important documents for our health plan are available on the Benefit Center. Paper copies of these documents and notices are available if requested.

Summary Plan Descriptions (SPD)

A Summary Plan Description 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 (SBC)

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.

- Blue Shield HDHP
- Blue Shield 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) 234-4500**.

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 (SMM):

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. Please keep a copy reference along with your SPD and share these materials with your covered family members.

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if you understand the most common terms.

Medical Terms

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay for specific healthcare services, such as doctor visits or prescriptions. Your health plan covers the remaining costs.

IN-NETWORK / OUT-OF-NETWORK – In-network providers (doctors, hospitals, labs, etc.) have agreements with your health plan to charge lower fees to plan members. Out-of-network providers may cost more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs (Exclusive Provider Organization), services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you'll pay for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan covers all eligible expenses for the rest of the plan year.

Prescription Drug Terms

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Dental Terms

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Life & Long-Term Care Insurance Terms

GUARANTEE ISSUE – A type of life insurance that accepts anyone up to age 70, with no medical exam or health information required.

MODIFIED GUARANTEE ISSUE – A type of life insurance that requires limited medical questions (typically four) to obtain coverage.

SIMPLIFIED ISSUE – A type of life insurance that requires additional medical questions (typically seven) depending on age, relation to employee and amount of coverage requested coverage.