

## Health Plans

- Authority** This Guide Memo was approved by the Executive Director of Human Resources.
- Applicability** This policy applies to regular staff employees (as defined in Guide Memo 23.1, Definitions, [http://adminguide.stanford.edu/23\\_1.pdf](http://adminguide.stanford.edu/23_1.pdf)). For policies applicable to employees covered by collective bargaining agreements, refer to the applicable agreement: the Agreement between Stanford University and United Stanford Workers, Local 715, SEIU, AFL-CIO (<http://hrweb/information/usw.html>) or the Agreement between Stanford University and the Stanford Deputy Sheriffs' Association. While these policy statements are applicable to all University staff, the SLAC Human Resources Department should be contacted for specific information relating to SLAC employees.
- Summary** The University provides Health Plans for eligible employees. This Guide Memo provides details on eligibility and links to further information. Section headings are:
1. ELIGIBILITY
  2. COVERAGE AVAILABLE TO FACULTY AND STAFF
  3. ENROLLMENT
  4. STANFORD CONTRIBUTIONS TO HEALTH PLANS
  5. PRIVACY

### 1. ELIGIBILITY

All faculty and staff are eligible to enroll if appointed 50% time or more for a period of at least six consecutive months. Eligible dependents may also be enrolled. Refer to the Summary Plan Description at [http://benefitsu.stanford.edu/print\\_spd/spd.html](http://benefitsu.stanford.edu/print_spd/spd.html) for more detail.

The following are not eligible: temporary employees, employees working less than 50% time, Stanford students, visiting scholars, and postdoctoral fellows.

### 2. COVERAGE AVAILABLE TO FACULTY AND STAFF

- a. **Medical Plan** – The University makes available to each eligible employee and official University retiree several medical plan choices. These medical plan choices are described in the Summary Plan Description (SPD) at [http://benefitsu.stanford.edu/print\\_spd/spd.html](http://benefitsu.stanford.edu/print_spd/spd.html), and the Evidence of Coverage (EOC), available by contacting BenefitSU at [benefitsu@stanford.edu](mailto:benefitsu@stanford.edu) or 650/736-2985, or directly from the medical carrier. The SPD is the official University communication on the plan and contains information on eligibility, enrollment, and participants' rights under the plan and federal law, and certain other subjects. Each carrier's EOC describes the carrier's benefits and how the plan operates.
- b. **Dental Plan** – The University offers a choice of dental plans, covering certain expenses for necessary dental coverage for enrolled employees. The Summary Plan Description, available from BenefitSU at [benefitsu@stanford.edu](mailto:benefitsu@stanford.edu) or 650/736-2985, includes information on eligibility, benefits, participants' rights under each plan and federal law, and certain other subjects.

### 3. ENROLLMENT

- a. **New Hire** – Faculty and staff may enroll themselves and dependents in a medical and/or dental plan by completing the online enrollment at <http://benefitsu.stanford.edu> during the first 31 calendar days after their appointment.
- b. **Change in family status** – Mid-year enrollments and changes are allowed (as defined by federal law) within thirty calendar days of a qualified family status change; see [http://benefitsu.stanford.edu/changes/index\\_changes.html](http://benefitsu.stanford.edu/changes/index_changes.html).
- c. **Open Enrollment** – Stanford has an annual open enrollment period, usually in November, to enable employees to review and/or change their benefit options. Elections are effective at the beginning of the new plan year, January 1.

### 4. STANFORD CONTRIBUTIONS TO HEALTH PLANS

For the current University contributions to medical and dental plans, access your personal account in the Educated Choices website at [http://benefitsu.stanford.edu/flexible/educated\\_choices/13\\_educated.html](http://benefitsu.stanford.edu/flexible/educated_choices/13_educated.html).

### 5. PRIVACY

Stanford's ERISA (Employee Retirement Income Security Act) benefits plans operate in compliance with the Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), which governs the treatment of individually identifiable health information.