

# RENTAL APPLICATION

**NEVER send your Social Security number through e-mail**

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Social Security # or ITIN: *Available upon request* Date of Birth: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Photo ID Type: \_\_\_\_\_ Number: \_\_\_\_\_ Issuing government: \_\_\_\_\_  
Date expires: \_\_\_\_\_ Other ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

1. Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_ Phone (Required): \_\_\_\_\_ Rent Amount: \_\_\_\_\_  
From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_ Phone (Required): \_\_\_\_\_ Rent Amount: \_\_\_\_\_  
From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3. *If applicable*, Current or Previous Campus Address: \_\_\_\_\_  
From/To: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Campus Housing Office: (831) 459-2394  
Housing/Residential-Life Office Phone: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Have you turned in a UCSC Reference Release form to Campus Housing? ☐ Yes ☐ No ☐ I will do it within 3 days

4. Proposed Occupants/Ages: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

5. Pets: \_\_\_\_\_ Smoker: ☐ Yes ☐ No

6. Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ From/To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

7. Previous Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ From/To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

8. Current Gross Income: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Savings: \_\_\_\_\_

9. Financial Aid Award: \$ \_\_\_\_\_ Per: \_\_\_\_\_

10. Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

11. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_ E-mail: \_\_\_\_\_

12. Vehicles: Make/Year/License #: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

13. Address of Proposed Rental: \_\_\_\_\_

14. Proposed Move-in Date: \_\_\_\_\_

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report.

Dated: \_\_\_\_\_ Applicant signature: \_\_\_\_\_

# **APPLICATION INSTRUCTIONS**

**PRINT CLEARLY or USE FILLABLE FORM  
FILL OUT COMPLETELY**

ITIN = Individual Tax Identification Number

**LINES 1 & 2:**

If this is your parent's or relative's unit, indicate it as such.

**LINE 3:**

Students who lived on campus can use the Campus Housing Office as a financial reference to show they paid rent on time previously and their College Housing/Residential-Life Office as a reference to confirm responsible personal behavior. These are very important references especially for the first-time renter. Fill this line out to provide landlords with information necessary to check your references. Students also must fill out and turn in the "[UCSC Reference Release Form](#)" to Campus Housing for these two references and "[How to Check a Rental Reference for a UCSC Student](#)" to give to the potential landlord.

**LINE 4:**

Print all names and ages of applicants for this unit. Each applicant fills out a separate application.

**LINE 5:**

List the type and the number of pets you own. If the pet is a dog or cat, provide a pet resume.

**LINES 6 & 7:**

Include your immediate supervisor's name and direct phone number. If your supervisor is a UCSC employee, give him or her a copy of your completed UCSC Reference Release Form so they may provide a reference to the landlord for you.

**LINE 8:**

Include the following if applicable, with Social Security # and account # blacked out:

- Most recent pay slip.
- Copy of latest bank account statement
- If receiving funds from a trust, a letter from attorney or trustee stating the amount you receive monthly and for how long.
- If receiving financial assistance from parents or other relatives, document the deposits.

**LINE 9:**

Include your Financial Aid letter.

# **LETTER OF GUARANTEE**

To Whom It May Concern:

Please be advised that I, \_\_\_\_\_,  
Name of Guarantor

personally guarantee \$ \_\_\_\_\_ per month which represents  
\_\_\_\_\_'s rent for the property located at:  
Name of student

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

There is a deposit in the amount of: \$ \_\_\_\_\_

State Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**You have my permission to verify this information.**

**CO-GUARANTOR:**

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

All information is provided with the intent of meeting the mission of the UC Santa Cruz Community Rentals Office. This form is provided as a courtesy by the University of California, Santa Cruz. Users of this form communicate, contract and do business with individuals, companies, or firms at their own risk. The Regents, officers, agents, and employees of the University of California make no warranty, expressed or implied, or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, or any actions occurring as a result of arrangements made between users of this form.

# Tenant Resume

## Vinayak Vadoothker

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Jack O'Neill Restaurant & Lounge, West Cliff Drive, Santa Cruz, CA, USA, Phone: 510-358-5699, Email: vvadooth@ucsc.edu

### Objective:

To acquire an appropriate place for studying close to UC Santa Cruz

### Education:

UC Santa Cruz, Full-Time, Graduation Date: 2024-02-24, Computer Science Major

### Activities:

### Employment:

### Previous Rental Experience:

Jack O'Neill Restaurant & Lounge, West Cliff Drive, Santa Cruz, CA, USA, Cowell College, 2004-05-06 - 2024-02-24

### Monthly Income:

### Bank Accounts:

### Credit Cards:

### References:

Name: dvdvdv, Phone: 121-212-1212, Email: vfvs@gma.co, Relation: Brother

Name: sbvsbsv, Phone: 121-212-1212, Email: vv@c.co, Relation: Father



# Welcome!

**It's time to choose your  
Cisco benefits.**

2024 New Hire Benefits Guide  
For new U.S. apprentices, co-ops, and interns





# Pick your benefits

Cisco’s greatest strength is its people—you. Congratulations on joining Cisco in your new role! To support you, we offer benefits designed to meet your and your family’s diverse and individual needs.

## How to get what you need

- 1

Learn

Give this guide a good read to learn about your benefit options. Then, head over to the U.S. Benefits Portal at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) for even more information.
- 2

Decide

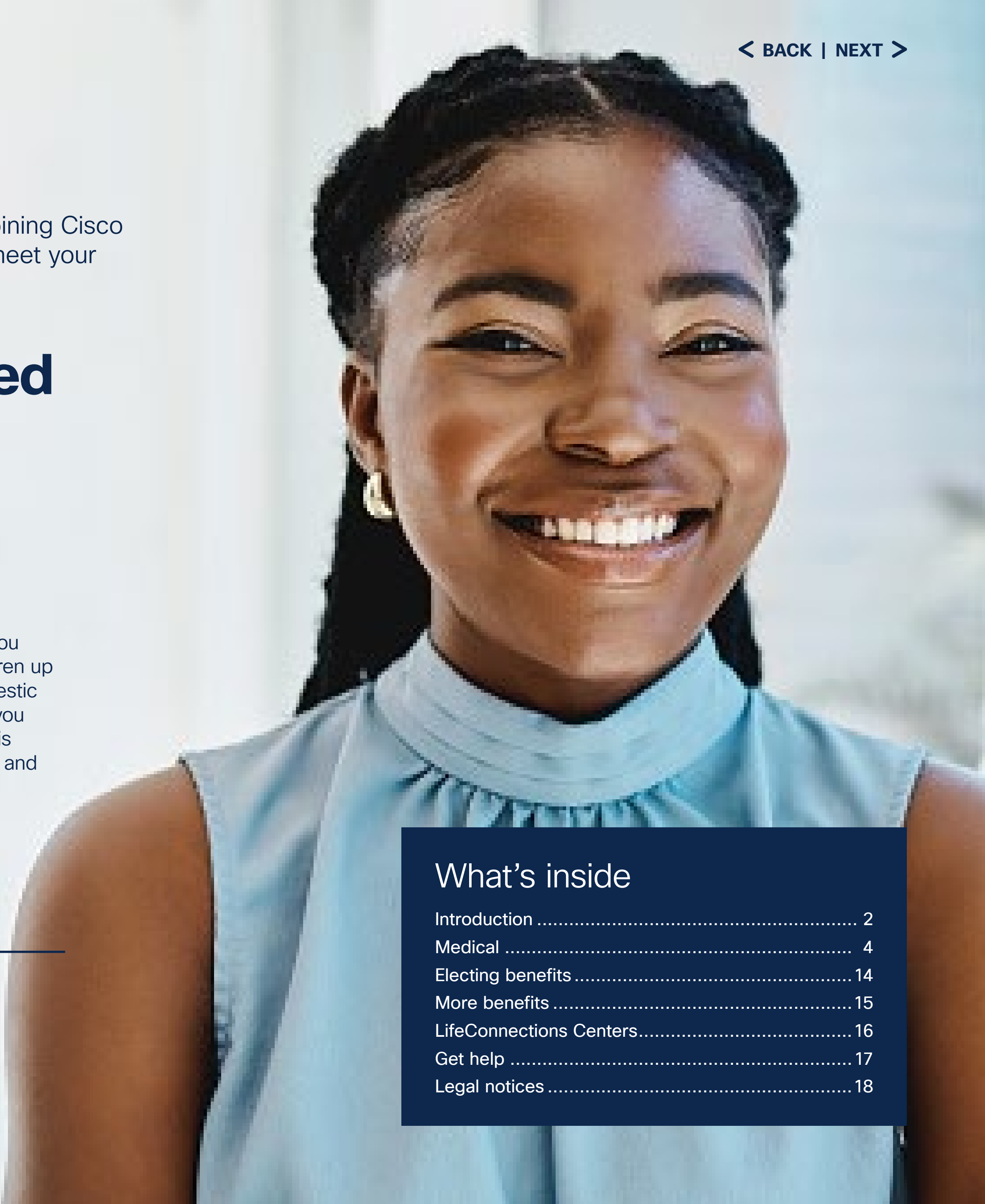
Determine if you need Cisco medical coverage and the dependents you want to cover. You can cover your spouse/domestic partner and children up to age 26. If you’ll be covered under a school, parent, or spouse/domestic partner’s plan, you may not need coverage through Cisco. Whatever you choose to do, you must either enroll or decline coverage. If no action is taken, you’ll be **automatically enrolled** into default medical coverage and contributions will be taken from your paycheck.
- 3

Enroll in or decline medical coverage

Visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) to enroll in or decline coverage before your deadline.

Are you eligible for Cisco benefits?

Yes—if you’re scheduled to work at least part-time 20 hours per week.



What’s inside

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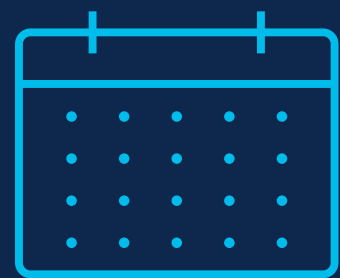
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# Time flies

You have an important deadline to keep track of as you're settling in.

## Enroll in or decline medical coverage within



**31 days**  
of your hire date

Enroll in or decline medical coverage at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com). If you enroll, your benefits are retroactive to your hire date.

**If you do nothing, we'll automatically enroll you in the Health Plus Savings Plan (HPSP) in the UnitedHealthcare (UHC) Choice Plus network for yourself only.** A Health Savings Account (HSA) will be opened for you, too.

You're eligible for an HSA, if:

- You're not also covered under another non-high deductible plan.
- Your spouse is not enrolled in a general-purpose Flexible Spending Account (FSA).
- You're not enrolled in Medicare or TRICARE.
- You're not claimed as a dependent on anyone's tax return.

If you are not eligible, you need to contact People Support at **866 282-3866** or **408 526-5999**, option 4.

You'll pay **\$28 from each paycheck** in 2024 for this default coverage. To make sure you get exactly the coverage you want, choose your benefits by the deadline.

Default coverage can only be changed with a qualified life change or during annual Benefits Enrollment for the next calendar year. (Learn more about this on [page 14](#).)





# Map out your medical options

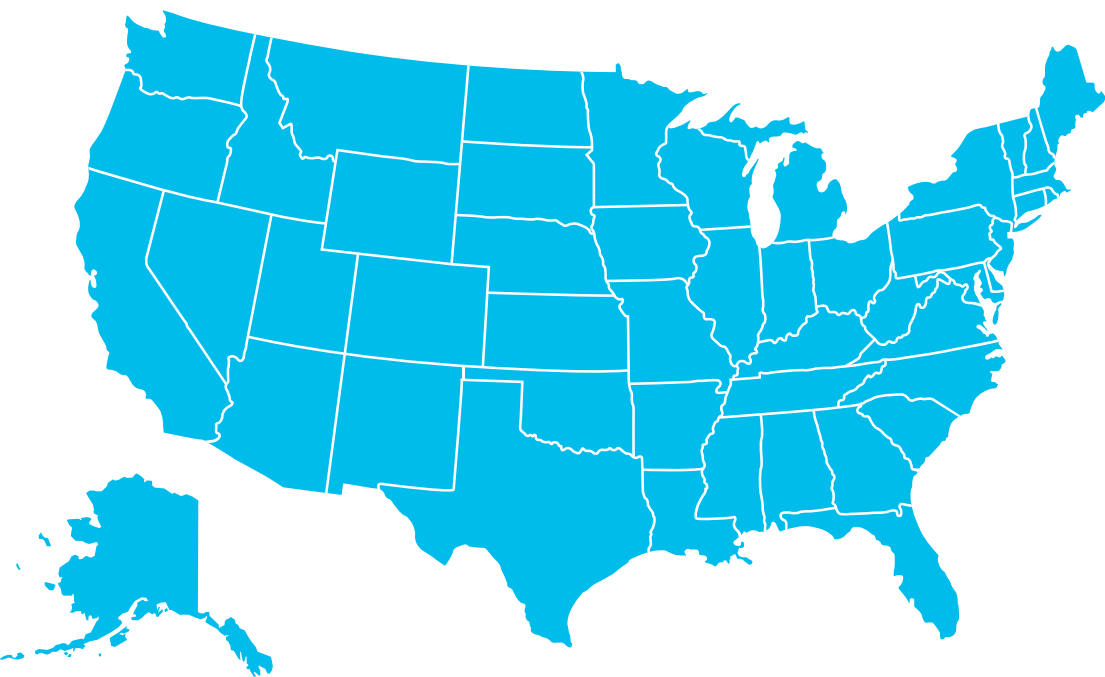
Cisco gives you high-quality medical plan options. **In all our plans, eligible in-network preventive care is 100% covered, and emergency and urgent care are covered everywhere.**

## National plans (available everywhere)

Our national plans offer a choice of either a UnitedHealthcare (UHC) or Cigna network—both with in- and out-of-network coverage.

**Health Plus Savings Plan (HPSP)**  
High-deductible plan with low paycheck contributions and a Health Savings Account (HSA)\* to help you pay for eligible healthcare expenses

**PPO**  
Low-deductible plan with high paycheck contributions

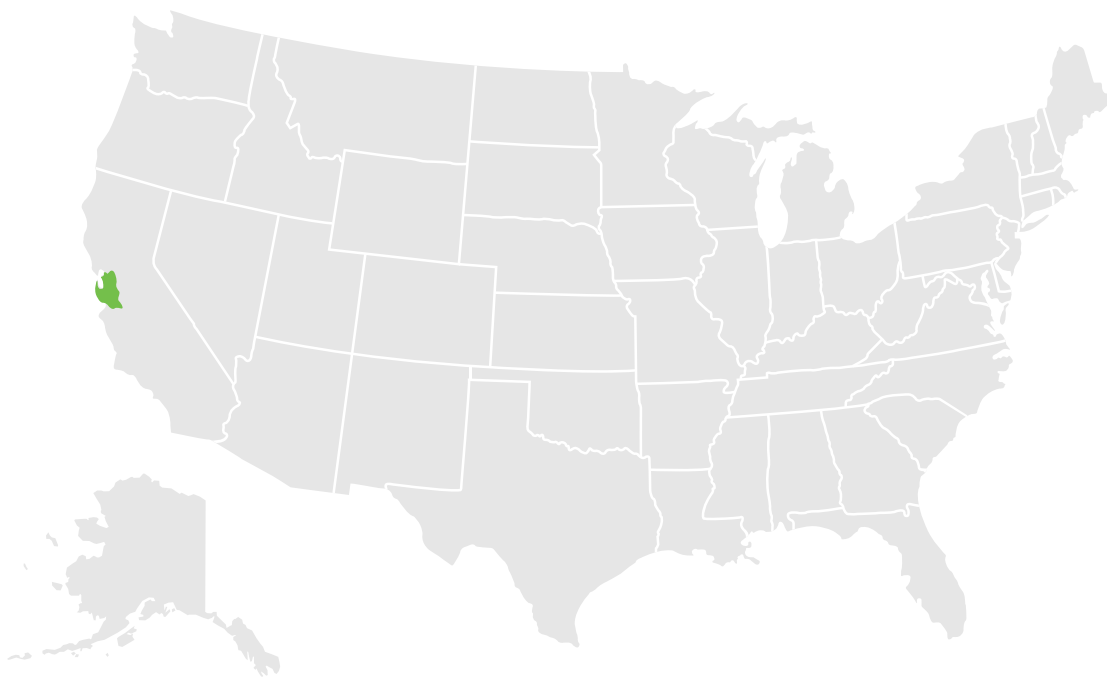


## Regional plans (available in addition to the national plans in select areas)

**LifeConnections plans**  
(Northern California Bay Area)

**LifeConnections Plus Savings Plan (LPSP)**  
Stanford Health Care Alliance network plan with high deductible, lowest paycheck contributions, and an HSA to help you pay for eligible healthcare expenses

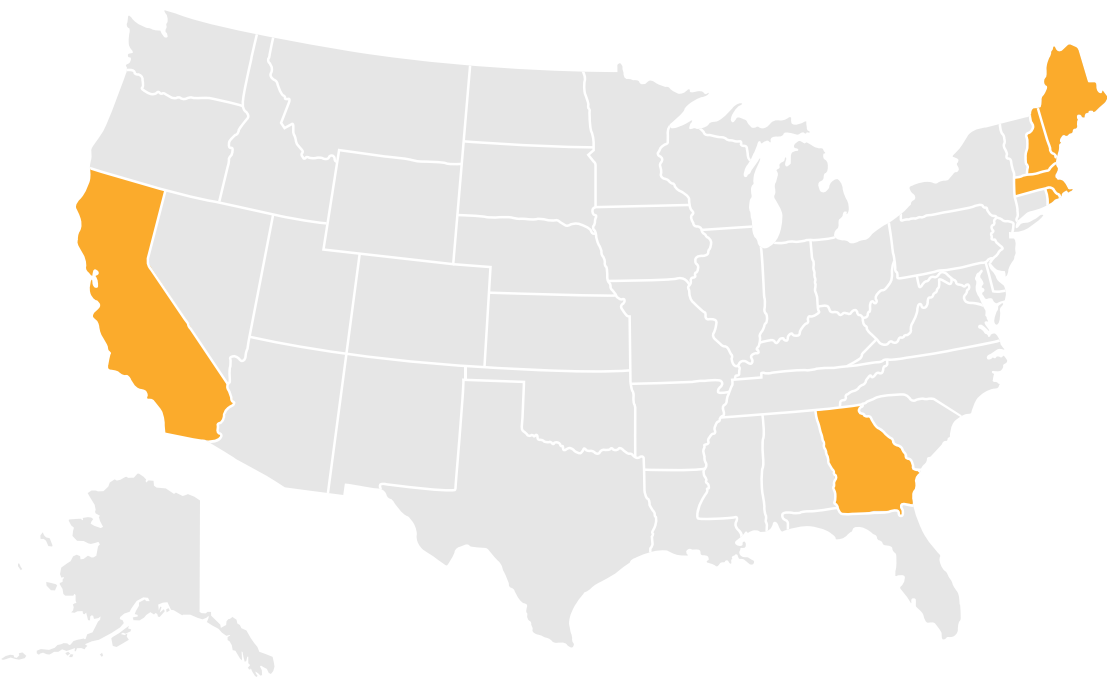
**LifeConnections Plan**  
Stanford Health Care Alliance network plan with lower deductible and paycheck contributions



**HMO plans**  
(select states)

**Kaiser Permanente  
(California and Georgia)**  
No-deductible plan with copays

**Harvard Pilgrim Health Care  
(Maine, Massachusetts, New Hampshire,  
and Rhode Island)**  
Low-deductible plan with some copays



\* Learn more about the HSA on [page 11](#).

If you live outside the Cigna and UHC service areas, you can enroll in an out-of-area plan. If you live in Hawaii, you have a different medical plan option. See the U.S. Benefits Portal for details.



# National plans

There are two national plans available to all employees: **the HPSP and the PPO**. Both plans cover the same services and offer the same choice of provider networks: **UnitedHealthcare (UHC) Choice Plus or Cigna Open Access Plus**. In either plan, you'll pay more if you see providers outside the network. Emergency and urgent care are covered everywhere. Prescription drug benefits are administered by CVS Caremark.



Find in-network care:

**UHC Choice Plus:**  
Go to [myuhc.com](https://myuhc.com).

**Cigna Open Access Plus:**  
Go to [cigna.com](https://cigna.com).

**CVS Caremark:**  
Go to [caremark.com](https://caremark.com) to find an in-network pharmacy.

## How the plans work

### Health Plus Savings Plan (HPSP)

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This plan comes with a Health Savings Account (HSA). You can save money in your HSA to help you pay for eligible healthcare expenses.

**Before meeting your deductible**

You pay for care and prescriptions. Eligible in-network preventive care is 100% covered with no deductible.

**After meeting your deductible**

You and Cisco share the costs of care through coinsurance until your payments reach the out-of-pocket maximum.

**After meeting your out-of-pocket maximum**

Cisco covers 100% of eligible costs for the remainder of the calendar year.

### PPO

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**Before meeting your deductible**

You pay for care. You pay a copay or coinsurance for prescriptions with no deductible. Eligible in-network preventive care is 100% covered with no deductible.

**After meeting your deductible**

You and Cisco share the costs of care through copays and coinsurance until your payments reach the out-of-pocket maximum.

**After meeting your out-of-pocket maximum**

Cisco covers 100% of eligible costs for the remainder of the calendar year.

# What you pay for care

	Health Plus Savings Plan (HPSP) <sup>1</sup> (UHC or Cigna)		PPO <sup>1</sup> (UHC or Cigna)	
	In-network	Out-of-network <sup>2</sup>	In-network	Out-of-network <sup>2</sup>
<b>Calendar-year deductible</b> individual   family  Deductible must be met before the plan pays, except where indicated	<b>\$2,000   \$3,200<sup>3</sup></b> No deductible for preventive care	<b>\$3,200   \$4,800<sup>3</sup></b>	<b>\$500   \$1,000</b> No deductible for preventive care and prescriptions	<b>\$1,000   \$2,000</b> No deductible for prescriptions
<b>Calendar-year out-of-pocket maximum (including deductible)</b> individual   family	<b>\$3,200   \$4,800</b>	<b>\$4,200   \$6,300</b>	<b>\$3,200   \$6,400</b>	<b>\$6,400   \$12,800</b>
<b>Preventive care<sup>4</sup></b>	<b>0%</b>	<b>30%</b>	<b>0%</b>	<b>40%</b>
<b>Office visit</b>	<b>10%</b>	<b>30%</b>	<b>20%</b>	<b>40%</b>
<b>Lab, X-ray, or imaging</b>	<b>10%</b>	<b>30%</b>	<b>20%</b>	<b>40%</b>
<b>Inpatient hospital   emergency care</b>	<b>10%</b>	<b>30%   10%</b>	<b>20%</b>	<b>40%   20%</b>
<b>Mental health and substance abuse</b>	<b>10%</b>	<b>10%</b>	<b>20%</b>	<b>20%</b>
<b>Prescription drugs<sup>5,6,7,8</sup></b>	Generic: <b>10%</b>  Preferred brand: <b>20%</b>  Non-preferred brand: <b>35%</b>	<b>40%<sup>2</sup></b>	Generic: <b>\$5</b> 30-day supply <b>\$10</b> 90-day supply  Preferred brand: <b>20%</b>  Non-preferred brand: <b>40%</b>	<b>40%<sup>2</sup></b>

## All this and more

In these plans, the first in-network mammogram is covered at 100% regardless of age. To learn about coverage for all services under these plans (including maternity, chiropractic, and acupuncture care), visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).

- 1 There is an out-of-area plan. Deductible and coinsurance are the same as the in-network benefits to the left.
- 2 You pay any amounts that exceed the reasonable and customary (R&C) charges—the portion of the amount charged by a healthcare provider that the plan will consider for payment. For prescriptions, you pay coinsurance plus the difference between the amount billed and amount allowed by CVS.
- 3 Family deductible must be met before the plan pays for any individual, if covering one or more dependents.
- 4 Includes certain services recommended by the U.S. Preventive Services Task Force. Some prenatal care is covered 100% as preventive.
- 5 Some specialty prescription drugs may require authorization from CVS Caremark.
- 6 In the PPO, the cost of preferred brands is 20%, and for a 30-day supply, the minimum is \$25 and the maximum is \$50. For a 90-day supply, the minimum is \$50 and the maximum is \$100. The cost of non-preferred brands is 40%, and for a 30-day supply, the minimum is \$50 and the maximum is \$75. For a 90-day supply, the minimum is \$100 and the maximum is \$150.
- 7 In the PPO, the third time you fill a prescription for a long-term medication, you pay double the copay/coinsurance amount unless you use mail order or pick up a 90-day supply at a CVS retail pharmacy or the LifeConnections Pharmacy in San Jose.
- 8 If you choose a brand drug when an exact FDA-approved generic equivalent is available, you'll pay the applicable brand coinsurance plus the difference in cost between the drug you've chosen and the generic equivalent—unless the doctor wrote “dispense as written” on your prescription. In the HPSP, you'll be responsible for the full cost of the brand drug and any other prescriptions until you satisfy your deductible.



# LifeConnections plans

AVAILABLE IN THE NORTHERN CALIFORNIA BAY AREA

There are two LifeConnections plans available to employees in select cities in the Northern California Bay Area: **the LPSP and the LifeConnections Plan**. Check your eligibility at [CiscoLifeConnections.com](https://cisco.lifecconnections.com) or [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com). With both plans, you'll receive in-network care only through the Stanford Health Care Alliance network with select Aetna providers for mental health care, acupuncture, chiropractic care, and physical therapy.

Keep in mind, you're covered everywhere for urgent and emergency care. If you're traveling outside of the Bay Area or have dependents living away from home, you and your covered dependents can use a select network of Aetna providers and facilities when seeking care.

## Find in-network care:

Visit [CiscoLifeConnections.com](https://cisco.lifecconnections.com) to find in-network providers.

You can also call Stanford Member Services at **844 845-8078** for help finding a provider, understanding a bill, and more.

Visit [caremark.com](https://caremark.com) to find in-network pharmacies.

## How the plans work

### LifeConnections Plus Savings Plan (LPSP)

This plan comes with a Health Savings Account (HSA). You can save money in your HSA to help you pay for eligible healthcare expenses.

#### Before meeting your deductible

You pay for care and prescriptions. Eligible in-network preventive care is 100% covered with no deductible.

#### After meeting your deductible

You and Cisco share the costs of care and prescriptions through coinsurance until your payments reach the out-of-pocket maximum. Primary care physician visits are free!

#### After meeting your out-of-pocket maximum

Cisco covers 100% of eligible costs for the remainder of the calendar year.

### LifeConnections Plan

#### Before meeting your deductible

You pay a copay for primary care physician visits and a copay or coinsurance for prescriptions with no deductible. Eligible in-network preventive care is 100% covered with no deductible. You pay for all other care until you meet the deductible.

#### After meeting your deductible

You and Cisco share the costs of care through copays and coinsurance until your payments reach the out-of-pocket maximum.

#### After meeting your out-of-pocket maximum

Cisco covers 100% of eligible costs for the remainder of the calendar year.



# What you pay for care

	LifeConnections Plus Savings Plan (LPSP)	LifeConnections Plan
	In-network only	In-network only
<b>Calendar-year deductible</b> individual   family  Deductible must be met before the plan pays, except where indicated	<b>\$1,600   \$3,200<sup>1</sup></b> No deductible for preventive care	<b>\$400   \$800</b> No deductible for preventive care, office visits, and prescriptions
<b>Calendar-year out-of-pocket maximum (including deductible)</b> individual   family	<b>\$3,200   \$4,800</b>	<b>\$2,800   \$5,600</b>
<b>Preventive care<sup>2</sup></b>	<b>0%</b>	<b>0%</b>
<b>Office visit</b>	<b>0%</b> for PCP visits; <b>10%</b> for specialists and other office visits	<b>\$10</b> at LifeConnections Health Center, <b>\$20</b> other PCP, and <b>\$40</b> specialist
<b>Lab, X-ray, or imaging</b>	<b>10%</b>	<b>20%</b>
<b>Inpatient hospital   emergency care</b>	<b>10%</b>	<b>10%</b>
<b>Mental health and substance abuse</b>	Inpatient: <b>10%</b> Outpatient: <b>0%</b>	Inpatient: <b>10%</b> Outpatient: <b>\$10</b> at LifeConnections Health Center; <b>\$20</b> other provider
<b>Prescription drugs<sup>3,4,5,6</sup></b>	Generic: <b>10%</b> or <b>8.5%</b> at LifeConnections Pharmacy  Preferred brand: <b>20%</b>  Non-preferred brand: <b>35%</b>	Generic: <b>\$5</b> 30-day supply <b>\$10</b> 90-day supply <b>\$0</b> at LifeConnections Pharmacy  Preferred brand: <b>20%</b>  Non-preferred brand: <b>40%</b>

## All this and more

In these plans, the first in-network mammogram is covered at 100% regardless of age. To learn about coverage for all services under these plans (including maternity, chiropractic, and acupuncture care), visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).

- 1 Family deductible must be met before the plan pays for any individual, if covering one or more dependents.
- 2 Includes certain services recommended by the U.S. Preventive Services Task Force. Some prenatal care is covered 100% as preventive.
- 3 Some specialty prescription drugs may require authorization from CVS Caremark.
- 4 In the LifeConnections Plan, the cost of preferred brands is 20%, and for a 30-day supply, the minimum is \$25 and the maximum is \$50. For a 90-day supply, the minimum is \$50 and the maximum is \$100. The cost of non-preferred brands is 40%, and for a 30-day supply, the minimum is \$50 and the maximum is \$75. For a 90-day supply, the minimum is \$100 and the maximum is \$150.
- 5 In the LifeConnections Plan, the third time you fill a prescription for a long-term medication, you pay double the copay/coinsurance amount unless you use mail order or pick up a 90-day supply at a CVS retail pharmacy or the LifeConnections Pharmacy in San Jose.
- 6 If you choose a brand drug when an exact FDA-approved generic equivalent is available, you'll pay the applicable brand coinsurance plus the difference in cost between the drug you've chosen and the generic equivalent—unless the doctor wrote “dispense as written” on your prescription. In the LPSP, you'll be responsible for the full cost of the brand drug and any other prescriptions until you satisfy your deductible.

# HMO plans

AVAILABLE IN SELECT STATES

In these plans, you'll receive in-network care only from Kaiser Permanente (California or Georgia) or Harvard Pilgrim Health Care (Maine, Massachusetts, New Hampshire, or Rhode Island) facilities and doctors. You're covered everywhere for urgent and emergency care. Because these are HMO plans, you'll need to choose a Primary Care Physician (PCP) to coordinate your care.



Find in-network care:

**Kaiser Permanente California or Georgia:**  
Go to [kp.org](https://www.kp.org) to find a doctor, facility, or pharmacy.

**Harvard Pilgrim:**  
Go to [harvardpilgrim.org/public/find-a-provider](https://www.harvardpilgrim.org/public/find-a-provider) to find a doctor, facility, or pharmacy.

## How the plans work

### Kaiser Permanente

- No deductible to meet**  
The plan shares costs with you right away. When you need care or prescriptions, you pay a copay. Eligible in-network preventive care is 100% covered with no deductible.
- After meeting your out-of-pocket maximum**  
The plan covers 100% of eligible costs for the remainder of the calendar year.

### Harvard Pilgrim Health Care

- Before meeting your deductible**  
You pay for labs, X-rays, imaging, and hospital stays. You have a copay for office visits and prescriptions with no deductible. Eligible in-network preventive care is 100% covered with no deductible.
- After meeting your deductible**  
You'll continue to pay a copay for certain services, while other services don't require a payment.
- After meeting your out-of-pocket maximum**  
The plan covers 100% of eligible costs for the remainder of the calendar year.

# Regional HMO plans

	Kaiser California	Kaiser Georgia	Harvard Pilgrim Maine, Massachusetts, New Hampshire, Rhode Island
	In-network only	In-network only	In-network only
<b>Calendar-year deductible</b> individual   family  Deductible must be met before the plan pays, except where indicated	\$0	\$0	<b>\$500   \$1,000</b> No deductible for preventive care, office visits, and prescriptions
<b>Calendar-year out-of-pocket maximum (including deductible)</b> individual   family	\$1,500   \$3,000	\$1,500   \$3,000	\$1,500   \$3,000
<b>Preventive care<sup>1</sup></b>	\$0	\$0	\$0
<b>Office visit</b>	\$20	\$20	\$20
<b>Lab, X-ray, or imaging</b>	\$0	\$0	\$0
<b>Inpatient hospital   emergency care</b>	\$150   \$35 per ER visit	\$150   \$35 per ER visit	\$0   \$50 per ER visit
<b>Mental health and substance abuse</b>	Inpatient: <b>\$150</b> Outpatient: <b>\$20</b>	Inpatient: <b>\$150</b> Outpatient: <b>\$20</b>	Inpatient: <b>\$0</b> Outpatient: <b>\$20</b>
<b>Prescription drugs</b>	Generic: <b>\$10</b> 100-day supply  Brand: <b>\$30</b> 100-day supply	Generic: <b>\$10</b> 30-day supply (Kaiser pharmacy) <b>\$20</b> 90-day supply (mail order)  Brand: <b>\$30</b> 30-day supply (Kaiser pharmacy) <b>\$60</b> 90-day supply (mail order)	Generic/Tier 1: <b>\$10</b> 30-day supply <b>\$20</b> 90-day supply (mail order)  Preferred brand/Tier 2: <b>\$30</b> 30-day supply <b>\$60</b> 90-day supply (mail order)  Non-preferred brand/Tier 3: <b>\$50</b> 30-day supply <b>\$150</b> maintenance drugs only 90-day supply (mail order)

All this and more

To learn about coverage for other services under these plans (including maternity, chiropractic, and acupuncture care), visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).

1 Includes certain services recommended by the U.S. Preventive Services Task Force. Some prenatal care is covered 100% as preventive.



# Time to save with the HSA

**Available to employees enrolled in the Health Plus Savings Plan (HPSP) or LifeConnections Plus Savings Plan (LPSP)**

What makes contributing to a Health Savings Account (HSA)<sup>1</sup> so awesome? It's a great way to trim your tax bill to save on eligible healthcare expenses now or on retirement expenses later. HSA contributions, withdrawals for eligible expenses, and earnings are all free of federal tax.<sup>2</sup>

<sup>1</sup> Due to IRS rules, you can't have an HSA if you're covered by another medical plan that isn't a high-deductible plan (including Medicare and TRICARE). You also can't have an HSA if you or your spouse has a Health Care Flexible Spending Account (FSA).

<sup>2</sup> HSAs offer pre-tax savings under federal laws and most state income tax laws. California and New Jersey tax HSA contributions.



## You enroll in the HPSP or LPSP.

These medical plans come with an HSA. After you enroll, you'll receive an HSA welcome packet and debit card from HealthEquity.



## You can add your own money and save on taxes.

You'll choose how much money you want to contribute when you enroll, up to the IRS maximum. The amount you can contribute depends on whether you enroll in employee-only coverage or cover one or more dependents. And the money you put in is federally tax-free.<sup>2</sup>



## 2024 IRS contribution maximums

- Up to **\$4,150** for individual coverage
- Up to **\$8,300** for family coverage
- Plus an additional \$1,000 if age 55 or older



## Save it for later ... or spend it now.

You can start using the money in your account right away to help you pay for care (keep those receipts!), or you can let it grow. The nice thing is you never lose the money in your account—you can take it with you when your internship ends and use it anytime, even all the way into retirement. And you can invest any amount above \$1,000.



# Paycheck contributions

This is what you'll pay out of each paycheck for Cisco medical coverage.

	Employee only	Employee and spouse/domestic partner <sup>1</sup>	Employee and children <sup>1</sup>	Family <sup>1</sup>
<b>Health Plus Savings Plan<sup>1</sup></b> (UnitedHealthcare or Cigna)	\$28	\$102	\$81	\$155
<b>PPO<sup>1</sup></b> (UnitedHealthcare or Cigna)	\$46	\$170	\$132	\$256
<b>LifeConnections Plus Savings Plan</b>	\$13	\$58	\$45	\$90
<b>LifeConnections Plan</b>	\$25	\$98	\$76	\$149
<b>Kaiser California</b>	\$22	\$90	\$71	\$139
<b>Kaiser Georgia</b>	\$62	\$134	\$116	\$188
<b>Harvard Pilgrim</b>	\$59	\$233	\$174	\$348

<sup>1</sup> In addition to paycheck contributions, domestic partner coverage, including coverage for the children of domestic partners, may be subject to imputed income and included as taxable income.



## Do you plan on covering a spouse/domestic partner?



















If you choose to cover a spouse/domestic partner who has **access to coverage through another employer**, you'll pay an additional **\$46.15 per paycheck**.

You don't have to pay the surcharge if your spouse/domestic partner:

- isn't employed,
- can't purchase medical coverage from his/her employer, or
- is a Cisco employee.

# Medical plan recap

Here’s a quick comparison of key plan considerations to help you choose.

	National plans		Regional plans			
	Health Plus Savings Plan (HPSP)	PPO	LifeConnections Plus Savings Plan (LPSP) (Northern California Bay Area)	LifeConnections Plan (Northern California Bay Area)	Kaiser Permanente (California or Georgia)	Harvard Pilgrim (MA, ME, NH, RI)
Network	UnitedHealthcare Choice Plus or Cigna Open Access Plus	UnitedHealthcare Choice Plus or Cigna Open Access Plus	Stanford Healthcare Alliance <sup>1</sup>	Stanford Healthcare Alliance <sup>1</sup>	Kaiser Permanente	Harvard Pilgrim
Out-of-network coverage	 Any covered service	 Any covered service	 Emergency/urgent care	 Emergency/urgent care	 Emergency/urgent care	 Emergency/urgent care
Health Savings Account (HSA)						
Paycheck contributions	 Low	 High	 Very low	 Low	 Low	 High
Consider this plan if this is most important to you...	Tax-efficient HSA, low paycheck contributions, and in- and out-of-network coverage	Low deductible with in- and out-of-network coverage	Tax-efficient HSA and lowest paycheck contributions	Lowest deductible and low copays for office visits	No deductible, low copays, and connected providers	Low deductible and connected providers

<sup>1</sup> The network includes select Aetna providers for mental health care, acupuncture, chiropractic care, and physical therapy.



# Let's get choosy

Now's the time to make your elections. Be picky—the benefits you elect will stay in place unless you have a qualified life change\* or until the next Benefits Enrollment.

- 1

**Visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com)**

Find more information about your benefit options, compare costs, use the in-network provider search, and access financial planning tools.
- 2

**Get ready**

Gather Social Security numbers (SSNs) and birthdates for anyone you plan to cover.
- 3

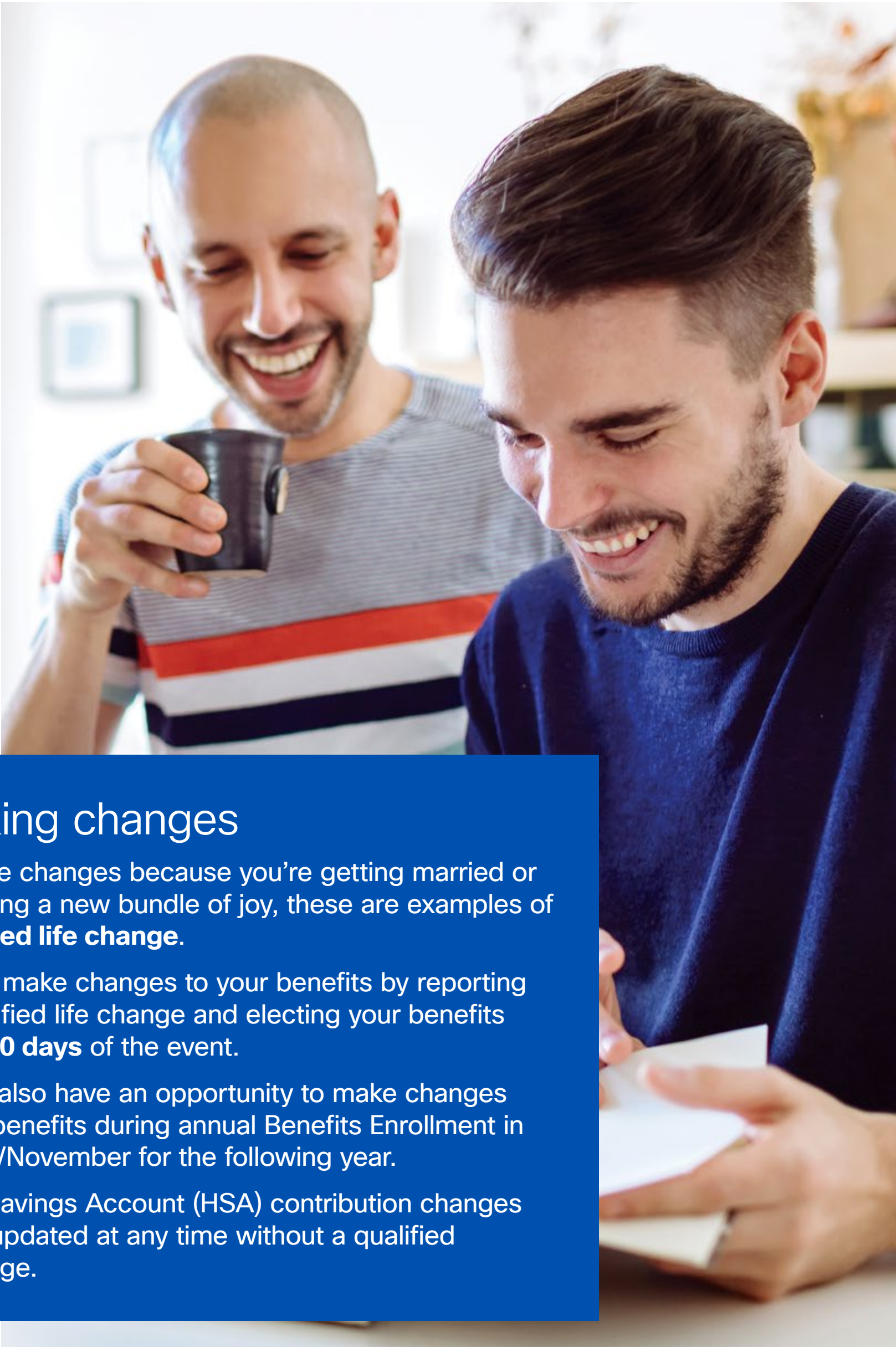
**Enroll or decline**

Visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) to enroll or decline your benefits **within 31 days of your hire date** (by 11:59 p.m. Central Time).
- 4

**Access care**

Your coverage is retroactive to your hire date.

  - Medical ID cards (one for each covered dependent) will arrive within 10–14 business days after you enroll. Use them at the pharmacy, too.
  - If you need medical care before your medical ID card arrives, call People Support at **866 282-3866** or **408 526-5999**, option 4.



**\*Making changes**

When life changes because you're getting married or welcoming a new bundle of joy, these are examples of a **qualified life change**.

You can make changes to your benefits by reporting the qualified life change and electing your benefits **within 60 days** of the event.

You will also have an opportunity to make changes to your benefits during annual Benefits Enrollment in October/November for the following year.

Health Savings Account (HSA) contribution changes can be updated at any time without a qualified life change.

# But wait ... there's more

We have lots of other benefits to support you every day and every step of the way.



## Encouraging you to recharge

- As an intern, you get up to 11 paid holidays and accrue paid sick leave at a rate of one hour for every 30 hours worked.
- If you're a co-op or apprentice, you get 20 days of Paid Time Off, plus up to 12 paid holidays each year. You also get to take your birthday off with pay!



## Supporting you at every life stage

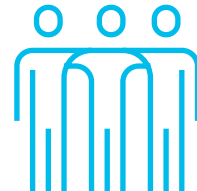
- Save big on electronics, cars, vacations, cell phone plans, and more through the Employee Discount Program

Discover more at  
[usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).



## Making wellbeing a priority

- Up to 10 free virtual or in-person confidential counseling sessions per concern per year through the Employee Assistance Program (EAP)
- You, your spouse/domestic partner, and children up to age 26 can use these visits to address family issues, relationship struggles, anxiety, and more.



## Helping you be there for others

- Critical time off to deal with an emergency, like a family death, a loved one's illness, or a natural disaster
- Ten paid days off for co-ops and apprentices with Time2Give to volunteer at a non-profit or school of your choice



# Care on campus at LifeConnections

Your home away from home for your health, fitness, and child care needs. Whether it’s a flu shot or a new set of frames, you can use the LifeConnections Centers in San Jose (Building Q) and Research Triangle Park (RTP; Building 9) regardless of your Cisco medical plan enrollment. Learn more at [CiscoLifeConnections.com](https://cisco.com/lifeconnections).

Your coverage will be considered out of network, meaning you must pay for services and request reimbursement from your plan if you don’t have Cisco medical coverage, or you receive dental or vision care at the Health Center. Cisco doesn’t provide dental or vision coverage to interns/co-ops.



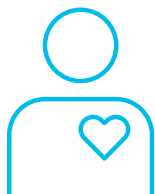
## Fitness Center (virtual classes for all; select campus locations)

LifeConnections offers free virtual classes for everyone, such as HIIT, yoga, and full-body workouts. The onsite fitness centers offer personal training, group classes, internet-connected machines, and more.



## Dental Center (San Jose)

From teeth whitening and cleanings to fillings and gum disease prevention, our dentists are ready to support your every need.



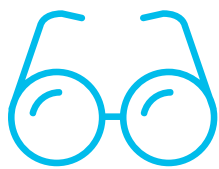
## Health Center (San Jose and RTP)

Our doctors are at your service. You can access primary and pediatric care, dermatology, chiropractic and acupuncture care, physical therapy, and much more. You’ll be cared for by Stanford Medicine or Kaiser doctors in San Jose and UNC doctors in RTP.



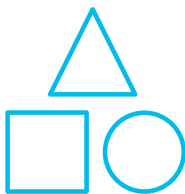
## Pharmacy (San Jose)

Our pharmacists are here to help manage your prescriptions and answer any questions you have. You’ll even score discounts on over-the-counter products.



## Vision Center (San Jose and RTP)

Our state-of-the-art Vision Center is waiting for you to help you find your new frames, schedule an eye exam, or order those contacts you’re running low on.



## Children’s Learning Center (San Jose)

From ABC to STEM (science, technology, engineering, mathematics), your kiddos will learn and grow at our on-campus child care center—with programs for children aged six weeks to 12 years old.



# We're here to help


Whether you like to learn on your own or prefer to learn from experts, we have options for you.

## Visit the U.S. Benefits Portal

Discover more about your Cisco benefits at at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).

## Download the app

Conveniently access your Cisco benefits from any mobile device with the **Alight Mobile app**.

1. Update your mobile phone number at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) by clicking "Manage Communications."
  2. Scan the QR code below.
- 
3. Open the app and search "Cisco Systems." Click "Log in with your employer credentials" and use your Cisco username and password.

## Contact People Support

If you have questions about your benefits or need help enrolling:

Visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) to chat online, schedule an appointment, or open a case.

Call **866 282-3866** or **408 526-5999**, option 4, Monday through Friday from 8 a.m. to 8 p.m. Central Time.



Need personalized help with your Cisco benefits or improving your financial health?



**Benefit Pros** can help you navigate the healthcare system—everything from managing complex health situations and resolving claim issues to booking appointments. They can also connect you to Cisco solutions relevant to your needs.



**Financial Wellbeing Pros** can help you navigate your Cisco financial benefits and guide you to make decisions like how to contribute to an HSA or FSA and how much supplemental income to buy.

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Schedule an appointment or chat with a Pro at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) or call People Support at **866 282-3866** or **408 526-5999**, option 4.

# All that (important) legal stuff

This guide highlights certain components of the Cisco Systems, Inc. U.S. Benefits Plan, but it is only an overview. This guide does not take the place of the official plan documents, which are the final authority on plan provisions used to determine how and when benefits are paid. This guide is a tool for you to use, but you should consult the plan documents, Summary Plan Descriptions (SPDs), and any Evidence of Coverage or Certificates of Coverage and their related insurance policies or contracts for any benefits described in this guide.

You may also review a Summary of Benefits and Coverage (SBC) for each of our medical plans. These are located on the U.S. Benefits Portal at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com). Click on the Help tab, then “Summaries of Benefits and Coverage.” An SBC summarizes important information about any health coverage option in a standard format to help you compare options. Each SBC uses a standardized format to communicate basics about the plan, including deductibles and out-of-pocket maximums; what you’ll pay for common medical events using in-network and out-of-network providers; and examples of how the plan might cover medical care in given situations. Remember: The SBC is only a summary. If you want more details about your coverage and out-of-pocket costs, please refer to the SPD or your Evidence of Coverage for insured benefits.

A paper copy of each SBC is also available, free of charge, by calling People Support at **866 282-3866** or **408 526-5999**, option 4.

Cisco Systems, Inc. reserves the right to change, amend, suspend, withdraw, or terminate any or all of the plans, in whole or in part, at any time. Further, neither the plans nor this guide are an employment contract. They do not guarantee you the right to continued employment at Cisco Systems, Inc. Notwithstanding the foregoing, this guide serves as the summary of material modifications to the SPDs. Please read this guide and keep it with your other plan materials, including SPDs.

Some benefit emails will come from Cisco’s benefits administration partner, Alight (BenefitsTeam-US@alight.com).

## Notification of rights under the Women’s Health and Cancer Rights Act (WHCRA)

On October 21, 1998, a federal law (H.R. 4328) known as the Women’s Health and Cancer Rights Act of 1998 (“Women’s Health Act”) was enacted requiring group health plans and insurance companies that provide coverage for mastectomies to provide certain mastectomy-related benefits or services to plan participants or beneficiaries. This notice is intended to inform you, in a summary fashion, of your rights under the law.

Under the law, a group health plan participant or beneficiary who is receiving benefits in connection with a mastectomy, and who elects breast reconstruction in connection with the mastectomy, is entitled to coverage for the following:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas.

Coverage for mastectomy-related reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of “medically necessary.” Benefits will be provided on the same basis as for any other illness or injury under your plan.

If you would like more information on WHCRA benefits, please call People Support at **866 282-3866** or **408 526-5999**, option 4.



# All that (important) legal stuff

## Rights of mothers and newborn children

Federal law prohibits any healthcare plan from limiting hospital stays for childbirth to less than 48 hours for normal deliveries and 96 hours for Caesarean sections.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, under federal law, plans may not require providers to obtain authorizations for stays of 48 (or 96) hours or less.

## Notice of special enrollment rights

If you decline enrollment in medical coverage for you or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Plan as long as you request enrollment no more than 60 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you can enroll yourself and your dependents in the Plan as long as you request enrollment by contacting People Support no more than 60 days after the marriage, birth, adoption, or placement for adoption.

If you and your eligible dependents are not already enrolled in the Plan, you may be able to enroll yourself and your eligible dependents if (1) you or your dependents lose coverage under a state Medicaid or Children's Health Insurance Program (CHIP), or (2) you or your dependents become eligible for premium assistance under state Medicaid or CHIP, as long as you request enrollment no more than 60 days from the date of the Medicaid/CHIP event.

For more information, please call People Support at **866 282-3866** or **408 526-5999**, option 4.

## HIPAA privacy notice

Federal regulations restrict the use and disclosure of your protected health information (PHI). Under penalty of law, certain PHI, as outlined in the Health Insurance Portability and Accountability Act (HIPAA), cannot be used or disclosed without your specific authorization. The Notice of Privacy Practices was distributed to you and is available for your review at any time. It provides details about how your PHI may be used or disclosed, how you can access this information yourself, and other rights and obligations relating to PHI. You can find the Notice of Privacy Practices posted on the U.S. Benefits Portal. You may also request a printed copy, free of charge, by contacting People Support at **866 282-3866** or **408 526-5999**, option 4.

## Coordinating coverage

Cisco's health plans are subject to "coordination of benefits" rules, which means they may not pay any additional benefits other than what is paid under the primary plan. If you or your dependents have health coverage under another group health plan, such as your spouse/domestic partner's coverage through his or her employer's plan, you may want to decline coverage under Cisco's U.S. Benefits program. You can learn more in the Legal and Administrative SPD on the U.S. Benefits Portal at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).









# Welcome!

**It's time to choose your  
Cisco benefits.**

2024 New Hire Benefits Guide  
For new U.S. apprentices, co-ops, and interns



# Pick your benefits

Cisco’s greatest strength is its people—you. Congratulations on joining Cisco in your new role! To support you, we offer benefits designed to meet your and your family’s diverse and individual needs.

## How to get what you need

- 1

Learn

Give this guide a good read to learn about your benefit options. Then, head over to the U.S. Benefits Portal at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) for even more information.
- 2

Decide

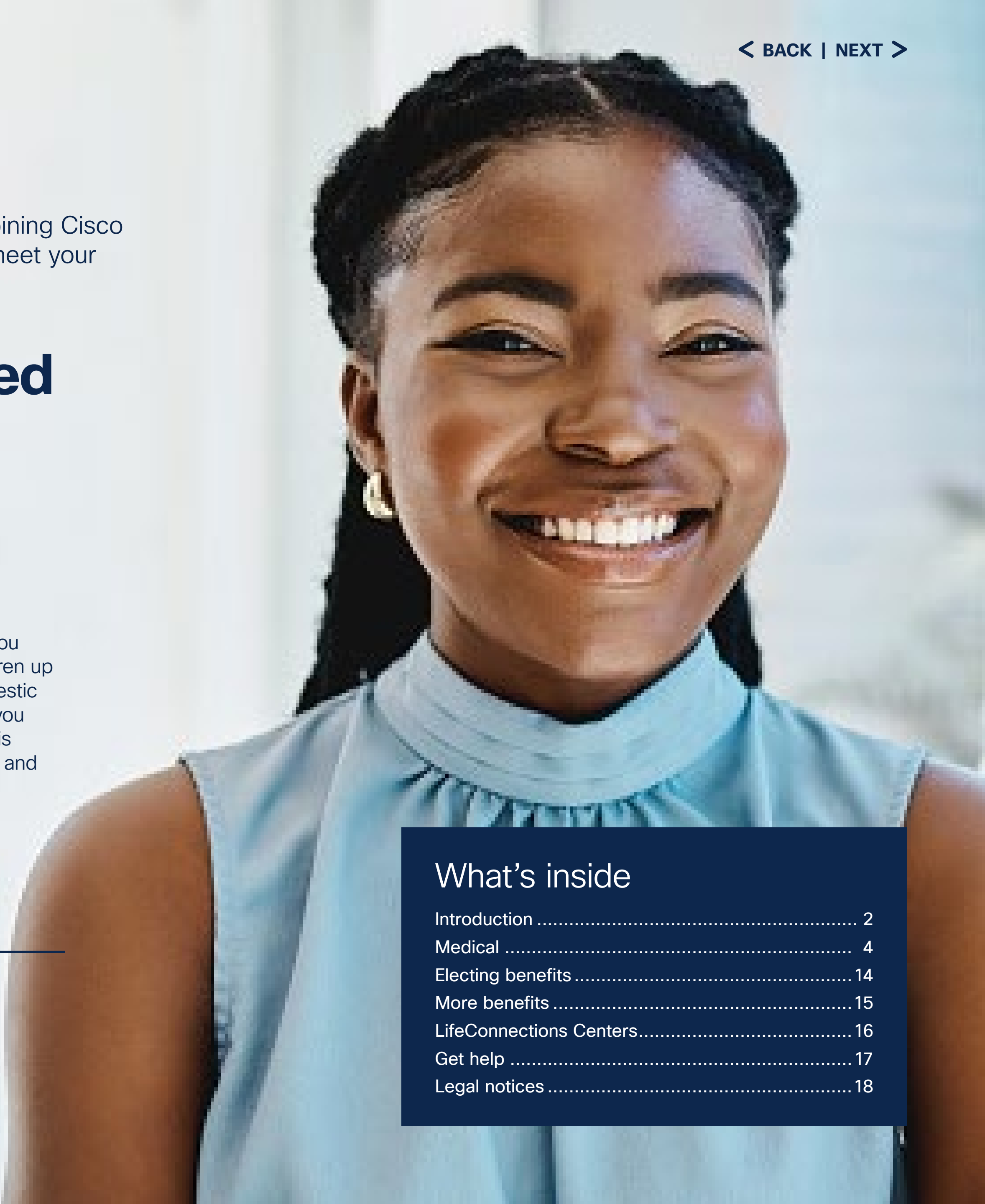
Determine if you need Cisco medical coverage and the dependents you want to cover. You can cover your spouse/domestic partner and children up to age 26. If you’ll be covered under a school, parent, or spouse/domestic partner’s plan, you may not need coverage through Cisco. Whatever you choose to do, you must either enroll or decline coverage. If no action is taken, you’ll be **automatically enrolled** into default medical coverage and contributions will be taken from your paycheck.
- 3

Enroll in or decline medical coverage

Visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) to enroll in or decline coverage before your deadline.

Are you eligible for Cisco benefits?

Yes—if you’re scheduled to work at least part-time 20 hours per week.



What’s inside

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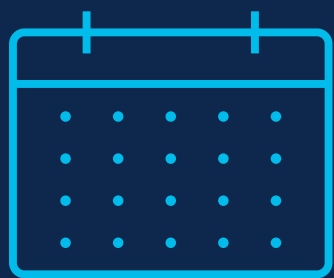
18



# Time flies

You have an important deadline to keep track of as you're settling in.

## Enroll in or decline medical coverage within



**31 days**  
of your hire date

Enroll in or decline medical coverage at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com). If you enroll, your benefits are retroactive to your hire date.

**If you do nothing, we'll automatically enroll you in the Health Plus Savings Plan (HPSP) in the UnitedHealthcare (UHC) Choice Plus network for yourself only.** A Health Savings Account (HSA) will be opened for you, too.

You're eligible for an HSA, if:

- You're not also covered under another non-high deductible plan.
- Your spouse is not enrolled in a general-purpose Flexible Spending Account (FSA).
- You're not enrolled in Medicare or TRICARE.
- You're not claimed as a dependent on anyone's tax return.

If you are not eligible, you need to contact People Support at **866 282-3866** or **408 526-5999**, option 4.

You'll pay **\$28 from each paycheck** in 2024 for this default coverage. To make sure you get exactly the coverage you want, choose your benefits by the deadline.

Default coverage can only be changed with a qualified life change or during annual Benefits Enrollment for the next calendar year. (Learn more about this on [page 14](#).)





# Map out your medical options

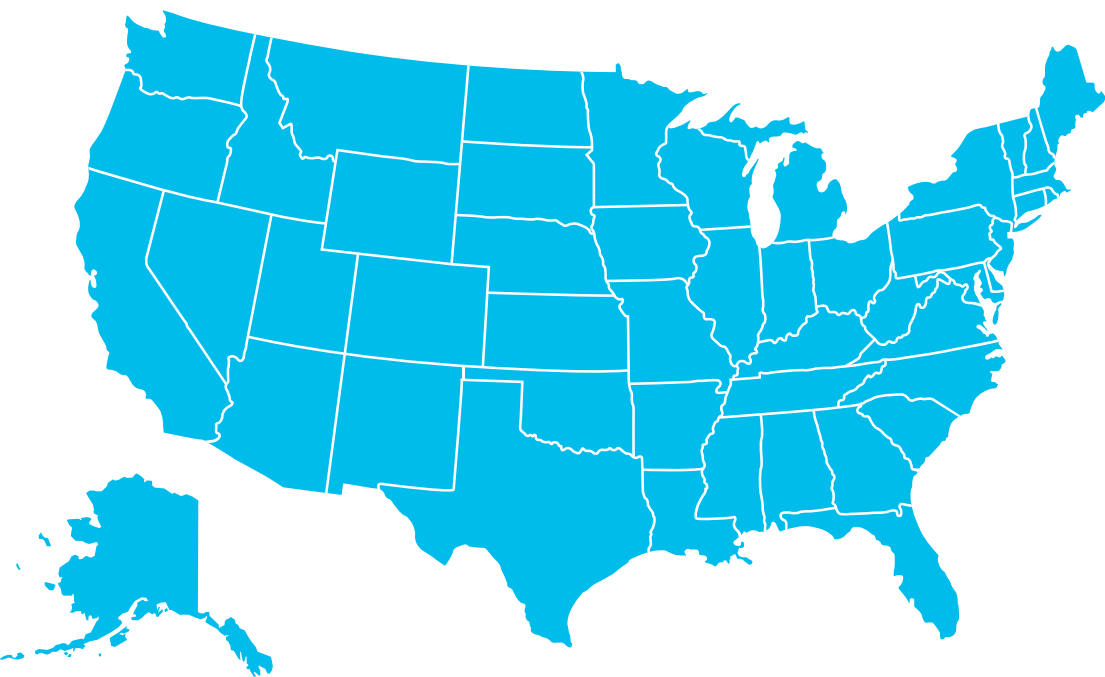
Cisco gives you high-quality medical plan options. **In all our plans, eligible in-network preventive care is 100% covered, and emergency and urgent care are covered everywhere.**

## National plans (available everywhere)

Our national plans offer a choice of either a UnitedHealthcare (UHC) or Cigna network—both with in- and out-of-network coverage.

**Health Plus Savings Plan (HPSP)**  
High-deductible plan with low paycheck contributions and a Health Savings Account (HSA)\* to help you pay for eligible healthcare expenses

**PPO**  
Low-deductible plan with high paycheck contributions

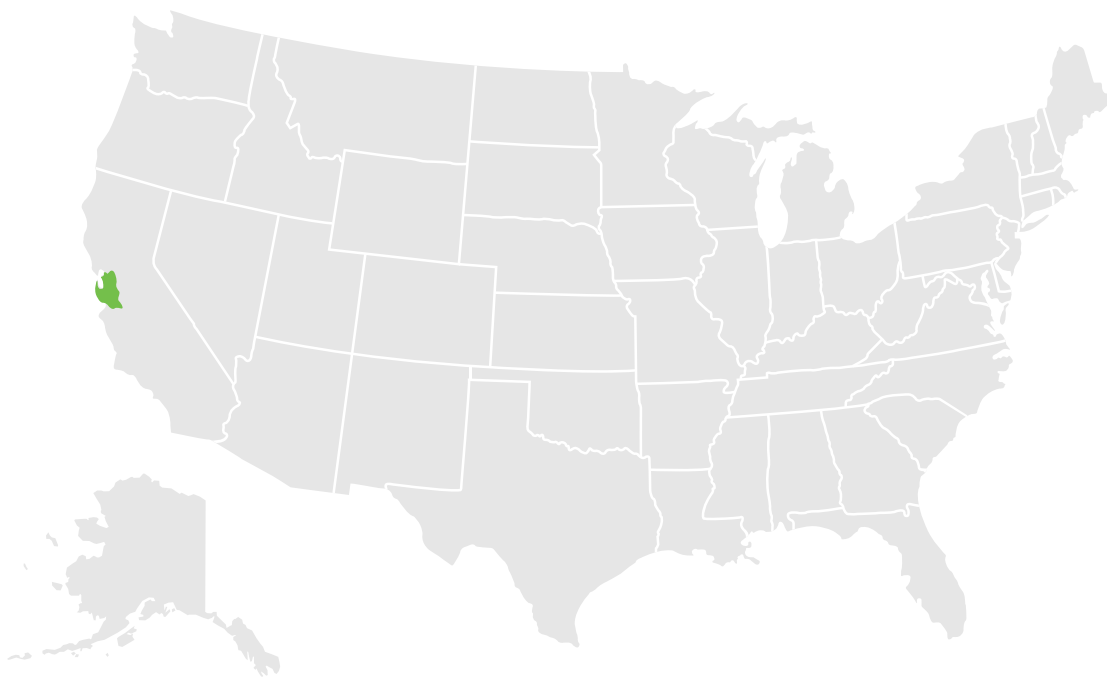


## Regional plans (available in addition to the national plans in select areas)

**LifeConnections plans**  
(Northern California Bay Area)

**LifeConnections Plus Savings Plan (LPSP)**  
Stanford Health Care Alliance network plan with high deductible, lowest paycheck contributions, and an HSA to help you pay for eligible healthcare expenses

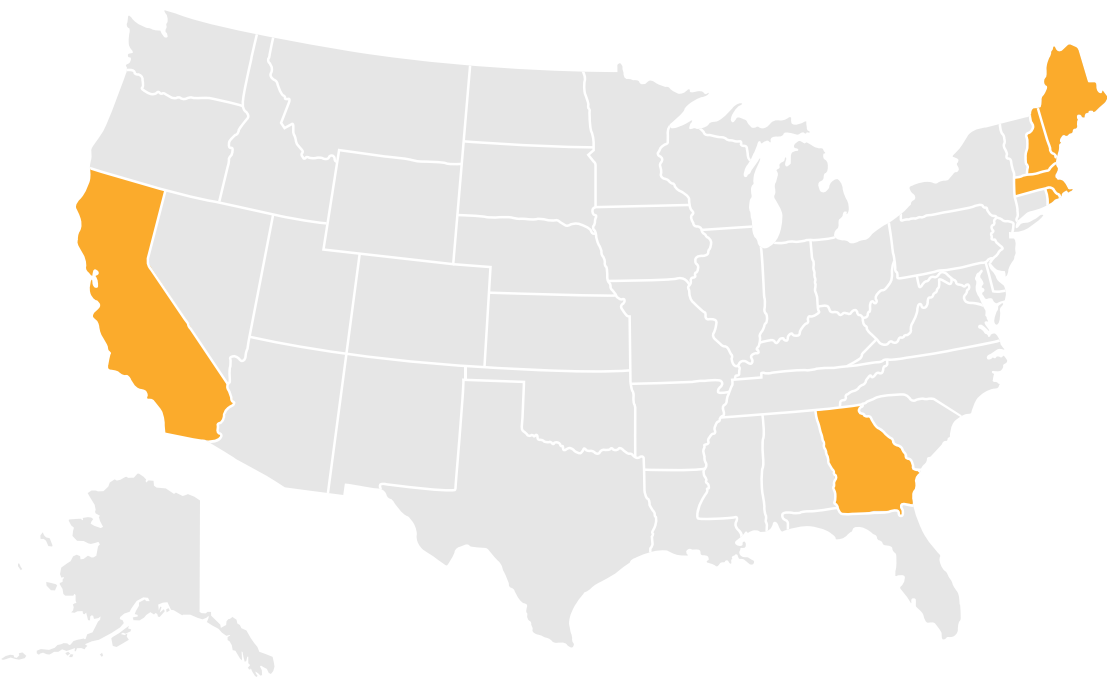
**LifeConnections Plan**  
Stanford Health Care Alliance network plan with lower deductible and paycheck contributions



**HMO plans**  
(select states)

**Kaiser Permanente  
(California and Georgia)**  
No-deductible plan with copays

**Harvard Pilgrim Health Care  
(Maine, Massachusetts, New Hampshire,  
and Rhode Island)**  
Low-deductible plan with some copays



\* Learn more about the HSA on [page 11](#).

If you live outside the Cigna and UHC service areas, you can enroll in an out-of-area plan. If you live in Hawaii, you have a different medical plan option. See the U.S. Benefits Portal for details.

# National plans

There are two national plans available to all employees: **the HPSP and the PPO**. Both plans cover the same services and offer the same choice of provider networks: **UnitedHealthcare (UHC) Choice Plus or Cigna Open Access Plus**. In either plan, you'll pay more if you see providers outside the network. Emergency and urgent care are covered everywhere. Prescription drug benefits are administered by CVS Caremark.



Find in-network care:

**UHC Choice Plus:**  
Go to [myuhc.com](https://myuhc.com).

**Cigna Open Access Plus:**  
Go to [cigna.com](https://cigna.com).

**CVS Caremark:**  
Go to [caremark.com](https://caremark.com) to find an in-network pharmacy.

## How the plans work

### Health Plus Savings Plan (HPSP)

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This plan comes with a Health Savings Account (HSA). You can save money in your HSA to help you pay for eligible healthcare expenses.

**Before meeting your deductible**

You pay for care and prescriptions. Eligible in-network preventive care is 100% covered with no deductible.

**After meeting your deductible**

You and Cisco share the costs of care through coinsurance until your payments reach the out-of-pocket maximum.

**After meeting your out-of-pocket maximum**

Cisco covers 100% of eligible costs for the remainder of the calendar year.

### PPO

---

**Before meeting your deductible**

You pay for care. You pay a copay or coinsurance for prescriptions with no deductible. Eligible in-network preventive care is 100% covered with no deductible.

**After meeting your deductible**

You and Cisco share the costs of care through copays and coinsurance until your payments reach the out-of-pocket maximum.

**After meeting your out-of-pocket maximum**

Cisco covers 100% of eligible costs for the remainder of the calendar year.



# What you pay for care

	Health Plus Savings Plan (HPSP) <sup>1</sup> (UHC or Cigna)		PPO <sup>1</sup> (UHC or Cigna)	
	In-network	Out-of-network <sup>2</sup>	In-network	Out-of-network <sup>2</sup>
<b>Calendar-year deductible</b> individual   family  Deductible must be met before the plan pays, except where indicated	<b>\$2,000   \$3,200<sup>3</sup></b> No deductible for preventive care	<b>\$3,200   \$4,800<sup>3</sup></b>	<b>\$500   \$1,000</b> No deductible for preventive care and prescriptions	<b>\$1,000   \$2,000</b> No deductible for prescriptions
<b>Calendar-year out-of-pocket maximum (including deductible)</b> individual   family	<b>\$3,200   \$4,800</b>	<b>\$4,200   \$6,300</b>	<b>\$3,200   \$6,400</b>	<b>\$6,400   \$12,800</b>
<b>Preventive care<sup>4</sup></b>	<b>0%</b>	<b>30%</b>	<b>0%</b>	<b>40%</b>
<b>Office visit</b>	<b>10%</b>	<b>30%</b>	<b>20%</b>	<b>40%</b>
<b>Lab, X-ray, or imaging</b>	<b>10%</b>	<b>30%</b>	<b>20%</b>	<b>40%</b>
<b>Inpatient hospital   emergency care</b>	<b>10%</b>	<b>30%   10%</b>	<b>20%</b>	<b>40%   20%</b>
<b>Mental health and substance abuse</b>	<b>10%</b>	<b>10%</b>	<b>20%</b>	<b>20%</b>
<b>Prescription drugs<sup>5,6,7,8</sup></b>	Generic: <b>10%</b>  Preferred brand: <b>20%</b>  Non-preferred brand: <b>35%</b>	<b>40%<sup>2</sup></b>	Generic: <b>\$5</b> 30-day supply <b>\$10</b> 90-day supply  Preferred brand: <b>20%</b>  Non-preferred brand: <b>40%</b>	<b>40%<sup>2</sup></b>

## All this and more

In these plans, the first in-network mammogram is covered at 100% regardless of age. To learn about coverage for all services under these plans (including maternity, chiropractic, and acupuncture care), visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).

- 1 There is an out-of-area plan. Deductible and coinsurance are the same as the in-network benefits to the left.
- 2 You pay any amounts that exceed the reasonable and customary (R&C) charges—the portion of the amount charged by a healthcare provider that the plan will consider for payment. For prescriptions, you pay coinsurance plus the difference between the amount billed and amount allowed by CVS.
- 3 Family deductible must be met before the plan pays for any individual, if covering one or more dependents.
- 4 Includes certain services recommended by the U.S. Preventive Services Task Force. Some prenatal care is covered 100% as preventive.
- 5 Some specialty prescription drugs may require authorization from CVS Caremark.
- 6 In the PPO, the cost of preferred brands is 20%, and for a 30-day supply, the minimum is \$25 and the maximum is \$50. For a 90-day supply, the minimum is \$50 and the maximum is \$100. The cost of non-preferred brands is 40%, and for a 30-day supply, the minimum is \$50 and the maximum is \$75. For a 90-day supply, the minimum is \$100 and the maximum is \$150.
- 7 In the PPO, the third time you fill a prescription for a long-term medication, you pay double the copay/coinsurance amount unless you use mail order or pick up a 90-day supply at a CVS retail pharmacy or the LifeConnections Pharmacy in San Jose.
- 8 If you choose a brand drug when an exact FDA-approved generic equivalent is available, you'll pay the applicable brand coinsurance plus the difference in cost between the drug you've chosen and the generic equivalent—unless the doctor wrote “dispense as written” on your prescription. In the HPSP, you'll be responsible for the full cost of the brand drug and any other prescriptions until you satisfy your deductible.

# LifeConnections plans

AVAILABLE IN THE NORTHERN CALIFORNIA BAY AREA

There are two LifeConnections plans available to employees in select cities in the Northern California Bay Area: **the LPSP and the LifeConnections Plan**. Check your eligibility at [CiscoLifeConnections.com](https://cisco.lifecconnections.com) or [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com). With both plans, you'll receive in-network care only through the Stanford Health Care Alliance network with select Aetna providers for mental health care, acupuncture, chiropractic care, and physical therapy.

Keep in mind, you're covered everywhere for urgent and emergency care. If you're traveling outside of the Bay Area or have dependents living away from home, you and your covered dependents can use a select network of Aetna providers and facilities when seeking care.

## Find in-network care:

Visit [CiscoLifeConnections.com](https://cisco.lifecconnections.com) to find in-network providers.

You can also call Stanford Member Services at **844 845-8078** for help finding a provider, understanding a bill, and more.

Visit [caremark.com](https://caremark.com) to find in-network pharmacies.

## How the plans work

### LifeConnections Plus Savings Plan (LPSP)

This plan comes with a Health Savings Account (HSA). You can save money in your HSA to help you pay for eligible healthcare expenses.

#### Before meeting your deductible

You pay for care and prescriptions. Eligible in-network preventive care is 100% covered with no deductible.

#### After meeting your deductible

You and Cisco share the costs of care and prescriptions through coinsurance until your payments reach the out-of-pocket maximum. Primary care physician visits are free!

#### After meeting your out-of-pocket maximum

Cisco covers 100% of eligible costs for the remainder of the calendar year.

### LifeConnections Plan

#### Before meeting your deductible

You pay a copay for primary care physician visits and a copay or coinsurance for prescriptions with no deductible. Eligible in-network preventive care is 100% covered with no deductible. You pay for all other care until you meet the deductible.

#### After meeting your deductible

You and Cisco share the costs of care through copays and coinsurance until your payments reach the out-of-pocket maximum.

#### After meeting your out-of-pocket maximum

Cisco covers 100% of eligible costs for the remainder of the calendar year.

# What you pay for care

	LifeConnections Plus Savings Plan (LPSP)	LifeConnections Plan
	In-network only	In-network only
<b>Calendar-year deductible</b> individual   family  Deductible must be met before the plan pays, except where indicated	<b>\$1,600   \$3,200<sup>1</sup></b> No deductible for preventive care	<b>\$400   \$800</b> No deductible for preventive care, office visits, and prescriptions
<b>Calendar-year out-of-pocket maximum (including deductible)</b> individual   family	<b>\$3,200   \$4,800</b>	<b>\$2,800   \$5,600</b>
<b>Preventive care<sup>2</sup></b>	<b>0%</b>	<b>0%</b>
<b>Office visit</b>	<b>0%</b> for PCP visits; <b>10%</b> for specialists and other office visits	<b>\$10</b> at LifeConnections Health Center, <b>\$20</b> other PCP, and <b>\$40</b> specialist
<b>Lab, X-ray, or imaging</b>	<b>10%</b>	<b>20%</b>
<b>Inpatient hospital   emergency care</b>	<b>10%</b>	<b>10%</b>
<b>Mental health and substance abuse</b>	Inpatient: <b>10%</b> Outpatient: <b>0%</b>	Inpatient: <b>10%</b> Outpatient: <b>\$10</b> at LifeConnections Health Center; <b>\$20</b> other provider
<b>Prescription drugs<sup>3,4,5,6</sup></b>	Generic: <b>10%</b> or <b>8.5%</b> at LifeConnections Pharmacy  Preferred brand: <b>20%</b>  Non-preferred brand: <b>35%</b>	Generic: <b>\$5</b> 30-day supply <b>\$10</b> 90-day supply <b>\$0</b> at LifeConnections Pharmacy  Preferred brand: <b>20%</b>  Non-preferred brand: <b>40%</b>

## All this and more

In these plans, the first in-network mammogram is covered at 100% regardless of age. To learn about coverage for all services under these plans (including maternity, chiropractic, and acupuncture care), visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).

- 1 Family deductible must be met before the plan pays for any individual, if covering one or more dependents.
- 2 Includes certain services recommended by the U.S. Preventive Services Task Force. Some prenatal care is covered 100% as preventive.
- 3 Some specialty prescription drugs may require authorization from CVS Caremark.
- 4 In the LifeConnections Plan, the cost of preferred brands is 20%, and for a 30-day supply, the minimum is \$25 and the maximum is \$50. For a 90-day supply, the minimum is \$50 and the maximum is \$100. The cost of non-preferred brands is 40%, and for a 30-day supply, the minimum is \$50 and the maximum is \$75. For a 90-day supply, the minimum is \$100 and the maximum is \$150.
- 5 In the LifeConnections Plan, the third time you fill a prescription for a long-term medication, you pay double the copay/coinsurance amount unless you use mail order or pick up a 90-day supply at a CVS retail pharmacy or the LifeConnections Pharmacy in San Jose.
- 6 If you choose a brand drug when an exact FDA-approved generic equivalent is available, you'll pay the applicable brand coinsurance plus the difference in cost between the drug you've chosen and the generic equivalent—unless the doctor wrote “dispense as written” on your prescription. In the LPSP, you'll be responsible for the full cost of the brand drug and any other prescriptions until you satisfy your deductible.



# HMO plans

AVAILABLE IN SELECT STATES

In these plans, you'll receive in-network care only from Kaiser Permanente (California or Georgia) or Harvard Pilgrim Health Care (Maine, Massachusetts, New Hampshire, or Rhode Island) facilities and doctors. You're covered everywhere for urgent and emergency care. Because these are HMO plans, you'll need to choose a Primary Care Physician (PCP) to coordinate your care.



Find in-network care:

**Kaiser Permanente California or Georgia:**  
Go to [kp.org](https://www.kp.org) to find a doctor, facility, or pharmacy.

**Harvard Pilgrim:**  
Go to [harvardpilgrim.org/public/find-a-provider](https://www.harvardpilgrim.org/public/find-a-provider) to find a doctor, facility, or pharmacy.

## How the plans work

### Kaiser Permanente

- No deductible to meet**  
The plan shares costs with you right away. When you need care or prescriptions, you pay a copay. Eligible in-network preventive care is 100% covered with no deductible.
- After meeting your out-of-pocket maximum**  
The plan covers 100% of eligible costs for the remainder of the calendar year.

### Harvard Pilgrim Health Care

- Before meeting your deductible**  
You pay for labs, X-rays, imaging, and hospital stays. You have a copay for office visits and prescriptions with no deductible. Eligible in-network preventive care is 100% covered with no deductible.
- After meeting your deductible**  
You'll continue to pay a copay for certain services, while other services don't require a payment.
- After meeting your out-of-pocket maximum**  
The plan covers 100% of eligible costs for the remainder of the calendar year.

# Regional HMO plans

	Kaiser California	Kaiser Georgia	Harvard Pilgrim Maine, Massachusetts, New Hampshire, Rhode Island
	In-network only	In-network only	In-network only
<b>Calendar-year deductible</b> individual   family  Deductible must be met before the plan pays, except where indicated	\$0	\$0	<b>\$500   \$1,000</b> No deductible for preventive care, office visits, and prescriptions
<b>Calendar-year out-of-pocket maximum (including deductible)</b> individual   family	\$1,500   \$3,000	\$1,500   \$3,000	\$1,500   \$3,000
<b>Preventive care<sup>1</sup></b>	\$0	\$0	\$0
<b>Office visit</b>	\$20	\$20	\$20
<b>Lab, X-ray, or imaging</b>	\$0	\$0	\$0
<b>Inpatient hospital   emergency care</b>	\$150   \$35 per ER visit	\$150   \$35 per ER visit	\$0   \$50 per ER visit
<b>Mental health and substance abuse</b>	Inpatient: <b>\$150</b> Outpatient: <b>\$20</b>	Inpatient: <b>\$150</b> Outpatient: <b>\$20</b>	Inpatient: <b>\$0</b> Outpatient: <b>\$20</b>
<b>Prescription drugs</b>	Generic: <b>\$10</b> 100-day supply  Brand: <b>\$30</b> 100-day supply	Generic: <b>\$10</b> 30-day supply (Kaiser pharmacy) <b>\$20</b> 90-day supply (mail order)  Brand: <b>\$30</b> 30-day supply (Kaiser pharmacy) <b>\$60</b> 90-day supply (mail order)	Generic/Tier 1: <b>\$10</b> 30-day supply <b>\$20</b> 90-day supply (mail order)  Preferred brand/Tier 2: <b>\$30</b> 30-day supply <b>\$60</b> 90-day supply (mail order)  Non-preferred brand/Tier 3: <b>\$50</b> 30-day supply <b>\$150</b> maintenance drugs only 90-day supply (mail order)

All this and more

To learn about coverage for other services under these plans (including maternity, chiropractic, and acupuncture care), visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).

1 Includes certain services recommended by the U.S. Preventive Services Task Force. Some prenatal care is covered 100% as preventive.



# Time to save with the HSA

**Available to employees enrolled in the Health Plus Savings Plan (HPSP) or LifeConnections Plus Savings Plan (LPSP)**

What makes contributing to a Health Savings Account (HSA)<sup>1</sup> so awesome? It's a great way to trim your tax bill to save on eligible healthcare expenses now or on retirement expenses later. HSA contributions, withdrawals for eligible expenses, and earnings are all free of federal tax.<sup>2</sup>

<sup>1</sup> Due to IRS rules, you can't have an HSA if you're covered by another medical plan that isn't a high-deductible plan (including Medicare and TRICARE). You also can't have an HSA if you or your spouse has a Health Care Flexible Spending Account (FSA).

<sup>2</sup> HSAs offer pre-tax savings under federal laws and most state income tax laws. California and New Jersey tax HSA contributions.



## You enroll in the HPSP or LPSP.

These medical plans come with an HSA. After you enroll, you'll receive an HSA welcome packet and debit card from HealthEquity.



## You can add your own money and save on taxes.

You'll choose how much money you want to contribute when you enroll, up to the IRS maximum. The amount you can contribute depends on whether you enroll in employee-only coverage or cover one or more dependents. And the money you put in is federally tax-free.<sup>2</sup>



## 2024 IRS contribution maximums

- Up to **\$4,150** for individual coverage
- Up to **\$8,300** for family coverage
- Plus an additional \$1,000 if age 55 or older



## Save it for later ... or spend it now.

You can start using the money in your account right away to help you pay for care (keep those receipts!), or you can let it grow. The nice thing is you never lose the money in your account—you can take it with you when your internship ends and use it anytime, even all the way into retirement. And you can invest any amount above \$1,000.



# Paycheck contributions

This is what you'll pay out of each paycheck for Cisco medical coverage.

	Employee only	Employee and spouse/domestic partner <sup>1</sup>	Employee and children <sup>1</sup>	Family <sup>1</sup>
<b>Health Plus Savings Plan<sup>1</sup></b> (UnitedHealthcare or Cigna)	\$28	\$102	\$81	\$155
<b>PPO<sup>1</sup></b> (UnitedHealthcare or Cigna)	\$46	\$170	\$132	\$256
<b>LifeConnections Plus Savings Plan</b>	\$13	\$58	\$45	\$90
<b>LifeConnections Plan</b>	\$25	\$98	\$76	\$149
<b>Kaiser California</b>	\$22	\$90	\$71	\$139
<b>Kaiser Georgia</b>	\$62	\$134	\$116	\$188
<b>Harvard Pilgrim</b>	\$59	\$233	\$174	\$348

<sup>1</sup> In addition to paycheck contributions, domestic partner coverage, including coverage for the children of domestic partners, may be subject to imputed income and included as taxable income.



## Do you plan on covering a spouse/domestic partner?

If you choose to cover a spouse/domestic partner who has **access to coverage through another employer**, you'll pay an additional **\$46.15 per paycheck**.



















You don't have to pay the surcharge if your spouse/domestic partner:

- isn't employed,
- can't purchase medical coverage from his/her employer, or
- is a Cisco employee.



# Medical plan recap

Here’s a quick comparison of key plan considerations to help you choose.

	National plans		Regional plans			
	Health Plus Savings Plan (HPSP)	PPO	LifeConnections Plus Savings Plan (LPSP) (Northern California Bay Area)	LifeConnections Plan (Northern California Bay Area)	Kaiser Permanente (California or Georgia)	Harvard Pilgrim (MA, ME, NH, RI)
Network	UnitedHealthcare Choice Plus or Cigna Open Access Plus	UnitedHealthcare Choice Plus or Cigna Open Access Plus	Stanford Healthcare Alliance <sup>1</sup>	Stanford Healthcare Alliance <sup>1</sup>	Kaiser Permanente	Harvard Pilgrim
Out-of-network coverage	 Any covered service	 Any covered service	 Emergency/urgent care	 Emergency/urgent care	 Emergency/urgent care	 Emergency/urgent care
Health Savings Account (HSA)						
Paycheck contributions	 Low	 High	 Very low	 Low	 Low	 High
Consider this plan if this is most important to you...	Tax-efficient HSA, low paycheck contributions, and in- and out-of-network coverage	Low deductible with in- and out-of-network coverage	Tax-efficient HSA and lowest paycheck contributions	Lowest deductible and low copays for office visits	No deductible, low copays, and connected providers	Low deductible and connected providers

<sup>1</sup> The network includes select Aetna providers for mental health care, acupuncture, chiropractic care, and physical therapy.

# Let's get choosy

Now's the time to make your elections. Be picky—the benefits you elect will stay in place unless you have a qualified life change\* or until the next Benefits Enrollment.

- 1

**Visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com)**

Find more information about your benefit options, compare costs, use the in-network provider search, and access financial planning tools.
- 2

**Get ready**

Gather Social Security numbers (SSNs) and birthdates for anyone you plan to cover.
- 3

**Enroll or decline**

Visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) to enroll or decline your benefits **within 31 days of your hire date** (by 11:59 p.m. Central Time).
- 4

**Access care**

Your coverage is retroactive to your hire date.

  - Medical ID cards (one for each covered dependent) will arrive within 10–14 business days after you enroll. Use them at the pharmacy, too.
  - If you need medical care before your medical ID card arrives, call People Support at **866 282-3866** or **408 526-5999**, option 4.



## \*Making changes

When life changes because you're getting married or welcoming a new bundle of joy, these are examples of a **qualified life change**.

You can make changes to your benefits by reporting the qualified life change and electing your benefits **within 60 days** of the event.

You will also have an opportunity to make changes to your benefits during annual Benefits Enrollment in October/November for the following year.

Health Savings Account (HSA) contribution changes can be updated at any time without a qualified life change.



# But wait ... there's more

We have lots of other benefits to support you every day and every step of the way.



## Encouraging you to recharge

- As an intern, you get up to 11 paid holidays and accrue paid sick leave at a rate of one hour for every 30 hours worked.
- If you're a co-op or apprentice, you get 20 days of Paid Time Off, plus up to 12 paid holidays each year. You also get to take your birthday off with pay!



## Supporting you at every life stage

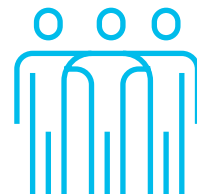
- Save big on electronics, cars, vacations, cell phone plans, and more through the Employee Discount Program

Discover more at  
[usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).



## Making wellbeing a priority

- Up to 10 free virtual or in-person confidential counseling sessions per concern per year through the Employee Assistance Program (EAP)
- You, your spouse/domestic partner, and children up to age 26 can use these visits to address family issues, relationship struggles, anxiety, and more.



## Helping you be there for others

- Critical time off to deal with an emergency, like a family death, a loved one's illness, or a natural disaster
- Ten paid days off for co-ops and apprentices with Time2Give to volunteer at a non-profit or school of your choice



# Care on campus at LifeConnections

Your home away from home for your health, fitness, and child care needs. Whether it’s a flu shot or a new set of frames, you can use the LifeConnections Centers in San Jose (Building Q) and Research Triangle Park (RTP; Building 9) regardless of your Cisco medical plan enrollment. Learn more at [CiscoLifeConnections.com](https://cisco.com/lifeconnections).

Your coverage will be considered out of network, meaning you must pay for services and request reimbursement from your plan if you don’t have Cisco medical coverage, or you receive dental or vision care at the Health Center. Cisco doesn’t provide dental or vision coverage to interns/co-ops.



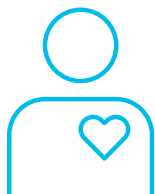
## Fitness Center (virtual classes for all; select campus locations)

LifeConnections offers free virtual classes for everyone, such as HIIT, yoga, and full-body workouts. The onsite fitness centers offer personal training, group classes, internet-connected machines, and more.



## Dental Center (San Jose)

From teeth whitening and cleanings to fillings and gum disease prevention, our dentists are ready to support your every need.



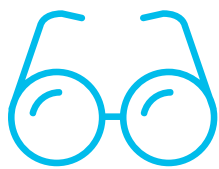
## Health Center (San Jose and RTP)

Our doctors are at your service. You can access primary and pediatric care, dermatology, chiropractic and acupuncture care, physical therapy, and much more. You’ll be cared for by Stanford Medicine or Kaiser doctors in San Jose and UNC doctors in RTP.



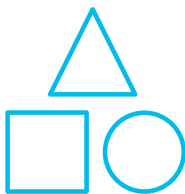
## Pharmacy (San Jose)

Our pharmacists are here to help manage your prescriptions and answer any questions you have. You’ll even score discounts on over-the-counter products.



## Vision Center (San Jose and RTP)

Our state-of-the-art Vision Center is waiting for you to help you find your new frames, schedule an eye exam, or order those contacts you’re running low on.



## Children’s Learning Center (San Jose)

From ABC to STEM (science, technology, engineering, mathematics), your kiddos will learn and grow at our on-campus child care center—with programs for children aged six weeks to 12 years old.

# We're here to help


Whether you like to learn on your own or prefer to learn from experts, we have options for you.

## Visit the U.S. Benefits Portal

Discover more about your Cisco benefits at at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).

## Download the app

Conveniently access your Cisco benefits from any mobile device with the **Alight Mobile app**.

1. Update your mobile phone number at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) by clicking "Manage Communications."
  2. Scan the QR code below.
- 
3. Open the app and search "Cisco Systems." Click "Log in with your employer credentials" and use your Cisco username and password.

## Contact People Support

If you have questions about your benefits or need help enrolling:

Visit [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) to chat online, schedule an appointment, or open a case.

Call **866 282-3866** or **408 526-5999**, option 4, Monday through Friday from 8 a.m. to 8 p.m. Central Time.



Need personalized help with your Cisco benefits or improving your financial health?



**Benefit Pros** can help you navigate the healthcare system—everything from managing complex health situations and resolving claim issues to booking appointments. They can also connect you to Cisco solutions relevant to your needs.



**Financial Wellbeing Pros** can help you navigate your Cisco financial benefits and guide you to make decisions like how to contribute to an HSA or FSA and how much supplemental income to buy.

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Schedule an appointment or chat with a Pro at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com) or call People Support at **866 282-3866** or **408 526-5999**, option 4.



# All that (important) legal stuff

This guide highlights certain components of the Cisco Systems, Inc. U.S. Benefits Plan, but it is only an overview. This guide does not take the place of the official plan documents, which are the final authority on plan provisions used to determine how and when benefits are paid. This guide is a tool for you to use, but you should consult the plan documents, Summary Plan Descriptions (SPDs), and any Evidence of Coverage or Certificates of Coverage and their related insurance policies or contracts for any benefits described in this guide.

You may also review a Summary of Benefits and Coverage (SBC) for each of our medical plans. These are located on the U.S. Benefits Portal at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com). Click on the Help tab, then “Summaries of Benefits and Coverage.” An SBC summarizes important information about any health coverage option in a standard format to help you compare options. Each SBC uses a standardized format to communicate basics about the plan, including deductibles and out-of-pocket maximums; what you’ll pay for common medical events using in-network and out-of-network providers; and examples of how the plan might cover medical care in given situations. Remember: The SBC is only a summary. If you want more details about your coverage and out-of-pocket costs, please refer to the SPD or your Evidence of Coverage for insured benefits.

A paper copy of each SBC is also available, free of charge, by calling People Support at **866 282-3866** or **408 526-5999**, option 4.

Cisco Systems, Inc. reserves the right to change, amend, suspend, withdraw, or terminate any or all of the plans, in whole or in part, at any time. Further, neither the plans nor this guide are an employment contract. They do not guarantee you the right to continued employment at Cisco Systems, Inc. Notwithstanding the foregoing, this guide serves as the summary of material modifications to the SPDs. Please read this guide and keep it with your other plan materials, including SPDs.

Some benefit emails will come from Cisco’s benefits administration partner, Alight (BenefitsTeam-US@alight.com).

## Notification of rights under the Women’s Health and Cancer Rights Act (WHCRA)

On October 21, 1998, a federal law (H.R. 4328) known as the Women’s Health and Cancer Rights Act of 1998 (“Women’s Health Act”) was enacted requiring group health plans and insurance companies that provide coverage for mastectomies to provide certain mastectomy-related benefits or services to plan participants or beneficiaries. This notice is intended to inform you, in a summary fashion, of your rights under the law.

Under the law, a group health plan participant or beneficiary who is receiving benefits in connection with a mastectomy, and who elects breast reconstruction in connection with the mastectomy, is entitled to coverage for the following:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas.

Coverage for mastectomy-related reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of “medically necessary.” Benefits will be provided on the same basis as for any other illness or injury under your plan.

If you would like more information on WHCRA benefits, please call People Support at **866 282-3866** or **408 526-5999**, option 4.

# All that (important) legal stuff

## Rights of mothers and newborn children

Federal law prohibits any healthcare plan from limiting hospital stays for childbirth to less than 48 hours for normal deliveries and 96 hours for Caesarean sections.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, under federal law, plans may not require providers to obtain authorizations for stays of 48 (or 96) hours or less.

## Notice of special enrollment rights

If you decline enrollment in medical coverage for you or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Plan as long as you request enrollment no more than 60 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you can enroll yourself and your dependents in the Plan as long as you request enrollment by contacting People Support no more than 60 days after the marriage, birth, adoption, or placement for adoption.

If you and your eligible dependents are not already enrolled in the Plan, you may be able to enroll yourself and your eligible dependents if (1) you or your dependents lose coverage under a state Medicaid or Children's Health Insurance Program (CHIP), or (2) you or your dependents become eligible for premium assistance under state Medicaid or CHIP, as long as you request enrollment no more than 60 days from the date of the Medicaid/CHIP event.

For more information, please call People Support at **866 282-3866** or **408 526-5999**, option 4.

## HIPAA privacy notice

Federal regulations restrict the use and disclosure of your protected health information (PHI). Under penalty of law, certain PHI, as outlined in the Health Insurance Portability and Accountability Act (HIPAA), cannot be used or disclosed without your specific authorization. The Notice of Privacy Practices was distributed to you and is available for your review at any time. It provides details about how your PHI may be used or disclosed, how you can access this information yourself, and other rights and obligations relating to PHI. You can find the Notice of Privacy Practices posted on the U.S. Benefits Portal. You may also request a printed copy, free of charge, by contacting People Support at **866 282-3866** or **408 526-5999**, option 4.

## Coordinating coverage

Cisco's health plans are subject to "coordination of benefits" rules, which means they may not pay any additional benefits other than what is paid under the primary plan. If you or your dependents have health coverage under another group health plan, such as your spouse/domestic partner's coverage through his or her employer's plan, you may want to decline coverage under Cisco's U.S. Benefits program. You can learn more in the Legal and Administrative SPD on the U.S. Benefits Portal at [usbenefitsportal.cisco.com](https://usbenefitsportal.cisco.com).



# RENTAL APPLICATION

**NEVER send your Social Security number through e-mail**

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Social Security # or ITIN: *Available upon request* Date of Birth: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Photo ID Type: \_\_\_\_\_ Number: \_\_\_\_\_ Issuing government: \_\_\_\_\_  
Date expires: \_\_\_\_\_ Other ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

1. Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_ Phone (Required): \_\_\_\_\_ Rent Amount: \_\_\_\_\_  
From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_ Phone (Required): \_\_\_\_\_ Rent Amount: \_\_\_\_\_  
From/To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3. *If applicable*, Current or Previous Campus Address: \_\_\_\_\_  
From/To: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Campus Housing Office: (831) 459-2394  
Housing/Residential-Life Office Phone: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Have you turned in a UCSC Reference Release form to Campus Housing? ☐ Yes ☐ No ☐ I will do it within 3 days

4. Proposed Occupants/Ages: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

5. Pets: \_\_\_\_\_ Smoker: ☐ Yes ☐ No

6. Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ From/To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

7. Previous Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ From/To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

8. Current Gross Income: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Savings: \_\_\_\_\_

9. Financial Aid Award: \$ \_\_\_\_\_ Per: \_\_\_\_\_

10. Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

11. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_ E-mail: \_\_\_\_\_

12. Vehicles: Make/Year/License #: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

13. Address of Proposed Rental: \_\_\_\_\_

14. Proposed Move-in Date: \_\_\_\_\_

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report.

Dated: \_\_\_\_\_ Applicant signature: \_\_\_\_\_

# **APPLICATION INSTRUCTIONS**

**PRINT CLEARLY or USE FILLABLE FORM  
FILL OUT COMPLETELY**

ITIN = Individual Tax Identification Number

LINES 1 & 2:

If this is your parent's or relative's unit, indicate it as such.

LINE 3:

Students who lived on campus can use the Campus Housing Office as a financial reference to show they paid rent on time previously and their College Housing/Residential-Life Office as a reference to confirm responsible personal behavior. These are very important references especially for the first-time renter. Fill this line out to provide landlords with information necessary to check your references. Students also must fill out and turn in the "[UCSC Reference Release Form](#)" to Campus Housing for these two references and "[How to Check a Rental Reference for a UCSC Student](#)" to give to the potential landlord.

LINE 4:

Print all names and ages of applicants for this unit. Each applicant fills out a separate application.

LINE 5:

List the type and the number of pets you own. If the pet is a dog or cat, provide a pet resume.

LINES 6 & 7:

Include your immediate supervisor's name and direct phone number. If your supervisor is a UCSC employee, give him or her a copy of your completed UCSC Reference Release Form so they may provide a reference to the landlord for you.

LINE 8:

Include the following if applicable, with Social Security # and account # blacked out:

- Most recent pay slip.
- Copy of latest bank account statement
- If receiving funds from a trust, a letter from attorney or trustee stating the amount you receive monthly and for how long.
- If receiving financial assistance from parents or other relatives, document the deposits.

LINE 9:

Include your Financial Aid letter.



# **LETTER OF GUARANTEE**

To Whom It May Concern:

Please be advised that I, \_\_\_\_\_,  
Name of Guarantor

personally guarantee \$ \_\_\_\_\_ per month which represents  
\_\_\_\_\_'s rent for the property located at:  
Name of student

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

There is a deposit in the amount of: \$ \_\_\_\_\_

State Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**You have my permission to verify this information.**

**CO-GUARANTOR:**

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

All information is provided with the intent of meeting the mission of the UC Santa Cruz Community Rentals Office. This form is provided as a courtesy by the University of California, Santa Cruz. Users of this form communicate, contract and do business with individuals, companies, or firms at their own risk. The Regents, officers, agents, and employees of the University of California make no warranty, expressed or implied, or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, or any actions occurring as a result of arrangements made between users of this form.

# Tenant Resume

## Vin Vadoothker

---

674 Praderia Circle, Fremont, CA, USA, Phone: 510-358-5699, Email: vinvadoothker@gmail.com

### Objective:

To acquire an appropriate place for studying close to UC Santa Cruz

### Education:

UC Santa Cruz, Full-Time, Graduation Date: 2025-06-13, Computer Science Major

### Activities:

Member, CruzHacks, 2023-02-23 - Present

Member, DECA, 2022-02-23 - 2024-05-06

### Employment:

Technical Intern, Cisco Systems, 2023-06-17 - 2023-12-01

Sports Director Intern, UCSC Athletics and Rec, 2023-01-12 - 2023-11-01

### Previous Rental Experience:

674 Praderia Circle, Fremont, CA, USA, John R. Lewis College, 2022-08-22 - 2025-06-13

### Monthly Income:

Employment: \$2,000

Scholarship: \$2,000

EBT: \$291

### Bank Accounts:

Checking Account: Sofi

Checking Account: Wells Fargo

Savings Account: Sofi

### Credit Cards:

Credit Card: Discover

Credit Card: Wells Fargo

Credit Card: Apple Card

### References:

Name: Anitha Karnewar, Phone: 510-967-0420, Email: avadoothker@yahoo.com, Relation: Mother

Name: Vaniprasd Vadoothker, Phone: 510-967-3641, Email: prasadnitha@hotmail.com, Relation: Father

## Student information

Legal name \_\_\_\_\_  
First/given Middle Last/family/sur (Enter name exactly as it appears on official documents.) Suffix

My name Do you have a different first name that people call you? \_\_\_\_\_ Date of birth \_\_\_\_\_  
First/given Middle mm/dd/yyyy

Email \_\_\_\_\_ CAS ID \_\_\_\_\_

Current address \_\_\_\_\_  
Number and street Apartment number City/town

County \_\_\_\_\_ State/province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/postal code \_\_\_\_\_

Current college or university \_\_\_\_\_

## Course details

It is helpful for colleges to learn more about how you are performing in your current courses. For verification purposes, be sure to include your professors' names and email addresses. For in progress courses, list your current grade in the course.

**Course 1** Course code \_\_\_\_\_ Course title \_\_\_\_\_ Credits \_\_\_\_\_ Current grade \_\_\_\_\_  
e.g. BIO 101 e.g. Introduction to Biology e.g. 3.0 e.g. 85 or B

Professor name \_\_\_\_\_ Professor email \_\_\_\_\_

**Course 2** Course code \_\_\_\_\_ Course title \_\_\_\_\_ Credits \_\_\_\_\_ Current grade \_\_\_\_\_  
e.g. BIO 101 e.g. Introduction to Biology e.g. 3.0 e.g. 85 or B

Professor name \_\_\_\_\_ Professor email \_\_\_\_\_

**Course 3** Course code \_\_\_\_\_ Course title \_\_\_\_\_ Credits \_\_\_\_\_ Current grade \_\_\_\_\_  
e.g. BIO 101 e.g. Introduction to Biology e.g. 3.0 e.g. 85 or B

Professor name \_\_\_\_\_ Professor email \_\_\_\_\_

**Course 4** Course code \_\_\_\_\_ Course title \_\_\_\_\_ Credits \_\_\_\_\_ Current grade \_\_\_\_\_  
e.g. BIO 101 e.g. Introduction to Biology e.g. 3.0 e.g. 85 or B

Professor name \_\_\_\_\_ Professor email \_\_\_\_\_

**Course 5** Course code \_\_\_\_\_ Course title \_\_\_\_\_ Credits \_\_\_\_\_ Current grade \_\_\_\_\_  
e.g. BIO 101 e.g. Introduction to Biology e.g. 3.0 e.g. 85 or B

Professor name \_\_\_\_\_ Professor email \_\_\_\_\_

**Course notes (optional)** You may use this section to provide any additional details or context about your courses.

\_\_\_\_\_  
\_\_\_\_\_

## FERPA release authorization

I acknowledge that every school that I have attended may release all requested records and recommendations to colleges to which I am applying for admission. I also understand that employees at these colleges may confidentially contact my current and former schools should they have questions about the information submitted on my behalf.

- ☐ I waive my right to review all recommendations and supporting documents.  
☐ I DO NOT waive my right to review all recommendations and supporting documents.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections on this page cannot be changed after any recommendation or application submission.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy





# CSE 120 Homework 2

Vinayak Vadoothker

## ABSTRACT



Keywords:

## 1 SOLUTION FOR 1A(I)

To assemble the RISC-V assembly instruction `andi x7, x4, 8` into its corresponding machine code, we break it down as follows:

```
Instruction: andi x7, x4, 8
Type: I-type
Opcode: 0010011 (I-type opcode for ALU operations with immediate)
funct3: 111 (Function code for AND operation)
rs1: 00100 (Register x4)
rd: 00111 (Register x7)
imm[11:0]: 000000001000 (Immediate value 8 in 12-bit binary)
```

Combining these fields, the machine code for `andi x7, x4, 8` is:

```
000000000000 00100 111 00111 0010011
```

Which translates to the hexadecimal representation:

```
0x00739193
```

This is the encoded RV64I instruction for `andi x7, x4, 8`.