

2015–2016 Stanford Student Dependent Health Insurance Plan

IMPORTANT ELIGIBILITY, ENROLLMENT AND COST INFORMATION

Overview of the Stanford Student Dependent Health Insurance Plan

The Stanford Student Dependent Health Insurance Plan is a preferred provider organization (PPO) administered by Health Net Life Insurance Company (Health Net).

Choosing a Provider

This plan allows you to choose your own physicians and hospitals for all of your health care needs. Like most PPO plans, the Health Net PPO plan offers two different ways to access care:

- In-network care means you choose a physician or hospital that contracts with the Health Net PPO plan. When you receive in-network care, you take advantage of significant cost savings.
- Out-of-network care means you choose a physician or hospital that does not contract with the Health Net PPO plan. Although you have access to a broader range of providers, your copayments and coinsurance are higher.

Your choice of physicians and hospitals may determine which services are covered, as well as the amount you pay. In many instances, precertification is required for full benefits. For more details, please review the Summary of Benefits included in this packet.

The plan is available for dependents of students who are enrolled in Cardinal Care, Stanford University's student health insurance plan. Eligible dependents include the Cardinal Care member's:

- Spouse (unless you are legally separated or divorced).
- Same sex domestic partner (as long as both partners are age 18 or older and neither partner is married to anyone else).
- Children up to age 26.
- Children who are age 26 and over who are unable to support themselves because of a physical or mental handicap that occurred before age 26.

Important note: To help you understand your Health Net plan benefits, we have provided a Summary of Benefits and Coverage (SBC) online. The SBC summarizes important information about the health plan.

Call 1-800-250-5226 to request a hard copy or go to www.healthnet.com/cardinalcare > Cardinal Care Plan Details or <http://vaden.stanford.edu> > Cardinal Care – Student Health Plan to download the PDF.

Coverage or Provider Questions? Call Health Net's Customer Contact Center line at 1-800-250-5226 or visit www.healthnet.com/cardinalcare

Enrollment Questions? Call the Insurance and Referral Office at Vaden at (650) 723-2135, or send an email to healthinsurance@stanford.edu

Enrollment

When Can You Enroll?

At the time of admission to Stanford University, students who are covered through Cardinal Care have the option to enroll their dependents in the Stanford Student Dependent Health Insurance Plan. **Dependent enrollment must occur within 30 days of the first day of the quarter in which the student is admitted.** This is the one and only opportunity to enroll dependents, unless a qualifying life event occurs. Qualifying life events include marriage, divorce, birth of a child, adoption, and involuntary loss of coverage. Newborns are covered for the first 30 days of life under the Cardinal Care plan. Dependents who become eligible for enrollment in the Stanford Student Dependent Health Insurance Plan as a result of a qualifying life event must be enrolled within 30 days of the event.

How to Enroll

To Enroll in the Plan:

Step 1: Complete the Stanford Student Dependent Health Insurance Plan/Health Net enrollment form found online at <http://vaden.stanford.edu/insurance>.

Step 2: Mail or deliver your completed enrollment form to:

Insurance and Referral Office
Vaden Health Center
866 Campus Dr.
Stanford, CA 94305-8580

Rates

Monthly rates for the 2015–2016 plan year are listed in the table below. Health Net will bill you directly each month.

Dependent	Monthly rate
Spouse/domestic partner	\$358.13
One child	\$182.92
Two or more children	\$327.00

Terminating Coverage

You may terminate your Stanford Student Dependent Health Insurance Plan at any time. Your coverage ends on the last day of the month in which you give notice to Health Net. However, please be aware that if you drop your coverage, you will not be able to enroll in the plan again unless a qualifying life event occurs.

Identification Cards

Soon after you enroll your dependents in this plan, they will receive a personalized ID card from Health Net that identifies them as plan members. It is important to keep this card on hand and show it to health care providers. If you or your dependent have any questions about coverage, call the toll-free number printed on the card.

Health Net offers several options for accessing an image, printing a copy, or ordering a replacement of your ID card:

- via smartphone with Health Net Mobile; or
- online at www.healthnet.com/cardinalcare; or
- call 1-800-250-5226.

Health Net's Website Is a Time-Saving Option

When you become a Health Net member, go online to www.healthnet.com/cardinalcare, click *Register* and fill out the registration form. It's that simple. Be sure to have your ID card handy. As a registered member of the website, you'll have 24/7 access to the user-friendly tools and health information you need most. You can:

- View your benefit details and copay amounts.
- Print a temporary ID card or order a new one.
- Participate in Health Promotion programs.

Health Net Mobile

All of Health Net in the palm of your hand. Health Net Mobile is the easiest way to connect to your HealthNet.com online account. Access plan, copay and deductible information on the go, as well as check your Mobile ID card to verify eligibility – available for Apple and Android™ devices!

2015–2016 Stanford Dependent Health Insurance Plan Summary of Benefits¹

If you have any questions or concerns about this notice, contact Health Net Customer Contact Center at 1-800-250-5226. Be advised that you may be eligible for coverage under a group health plan of a parent's employer or under a parent's individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent's employer plan or the parent's individual health insurance issuer for more information.

COVERED SERVICE	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Plan Year Deductible Per Member	\$300	\$500
Per Family	3 members must satisfy their individual deductibles to satisfy the family deductible.	
Coinsurance	80%	60%
Plan Year Out-of-Pocket Maximum		
Individual	\$6,000	\$8,000
Family	\$12,000	\$24,000
Lifetime Benefit Maximum	Unlimited	
Preventive Care	100%/deductible waived	60%
Professional Services		
Physician office visit	100%, after a \$35 copay/visit	60%
X-ray and laboratory procedures	80%	60%
Allergy testing & injection services	80%	60%
Emergency Care		
Professional services	80%	80%
Emergency room	80%	80%
Urgent care center	80%	80%
Ambulance	80%	60%
Hospital Services		
Hospital inpatient & outpatient	80%	60%
Medical Services		
Durable medical equipment	80%	60%
Pregnancy and Maternity Care		
Global Fees (includes normal delivery, Cesarean section, prenatal and postnatal care)	80%	60%
Family planning (professional services only)	80%	60%
Sterilization procedures	Male 80% Female 100%/deductible waived	60% 60%
Contraceptive devices	100%/deductible waived	60%
Chemical Dependency Rehabilitation Treatment		
Outpatient treatment (therapy, counseling and/or psychological testing)	100%, after a \$35 copay/visit	60%
Acute inpatient/detoxification	80%	60%
Mental Health		
Outpatient visits	100%, after a \$35 copay/visit	60%
Inpatient care	80%	60%
Prescription Drugs (copayment applies for each prescription other than generic and single source brand oral contraceptives which are covered at 100%)	Retail pharmacy (30-day supply)	
Generic formulary drugs		\$20 copay
Brand name formulary drugs		\$40 copay
Specialty drugs		\$50 copay

¹This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Benefit Handbook should be consulted for a detailed description of coverage benefits and limitations.

Some Helpful Definitions

Here's a quick explanation of some terms used by Health Net and the Stanford Student Dependent Health Insurance Plan:

Allowable charge: The charge that in-network providers are allowed to bill you based on their contract with Health Net. When you use PPO network providers, you pay less because your share of the cost is based on a pre-negotiated, reduced charge.

Annual deductible: The annual deductible is the set amount you pay each plan year before Health Net pays benefits for your health care. For example, you pay the first \$300/\$500 in covered health care expenses each plan year. Then, Health Net begins to pay benefits for the remainder of the year.

Brand-name drug: A prescription drug that is protected by a patent and is marketed under a specific name.

Coinsurance: The percentage of the medical expense for which you are responsible. For example, assume you have already satisfied your deductible. If you visit an in-network provider, you pay 20% of the Health Net contracted rate for most services. If you visit an out-of-network provider, you pay 40% of the allowed charges, plus any amount charged by the provider that exceeds the allowed amount.

Copayment: The upfront amount that you pay each time you receive health care services. When you visit your health care provider, you pay the copayment to the provider, and the plan covers the remaining expenses.

Dependent: Your spouse/same sex domestic partner or child(ren) who are eligible for health care coverage. For more information about eligibility, see page 2.

Formulary drug: A drug that the insurance company identifies as "preferred" because it is a clinically proven alternative to more expensive brands. If you need to purchase a brand-name drug, your copayment will be less if the drug is a formulary drug. For a list of formulary drugs, visit Health Net's website at www.healthnet.com/cardinalcare.

Generic drug: A copy of a brand-name drug that is no longer protected by a patent. Generic drugs typically contain the same active ingredients as brand-name originals and are usually as effective as, but less expensive than, brand-name originals. Your copayment is less when you purchase generic drugs.

Non-formulary drug: A brand-name drug that is not on the insurance company's formulary drug list. Non-formulary drugs have the highest copayment.

Out-of-pocket costs: The amount you pay out of your own pocket when you visit a health care provider. Typically, this includes any copayment, coinsurance or amount not covered by your health insurance.

Qualifying life event: A qualifying life event makes you eligible to change your insurance benefits. Qualifying events include marriage, divorce, adoption, birth of a baby, and involuntary loss of coverage.

Precertification: Through Health Net's Certification Program, you obtain approval for coverage before receiving certain types of services. Precertification can protect you from undergoing unnecessary medical procedures and paying bills for services that the plan does not cover.

When you receive precertification, it means that Health Net has determined that the procedure your physician recommends is medically necessary. Precertification also confirms that Health Net covers the procedure under the Stanford Student Dependent Health Insurance Plan. If you do not obtain precertification, for those services that require it, the plan reduces its payment for covered services to 50 percent. Please refer to the Benefit Handbook at www.healthnet.com/cardinalcare.

Preferred provider organization (PPO): A medical insurance plan in which members receive higher levels of coverage if they choose health care providers approved by or affiliated with the plan.

Specialty Drugs: These drugs may be given orally, topically, by inhalation, or by self-injection. They must be used for treatment of a chronic or complex disease, require a high level of patient monitoring, special handling and training, or be subject to limited distribution.