2020–2021 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) product administered by Health Net Life Insurance Company (Health Net).

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

• Spouse (unless legally separated or divorced)
• 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 the dependent enrollee understand the Health Net plan benefits, a Summary of Benefits and Coverage (SBC) is available 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 > Insurance > Dependent Insurance Coverage.

Choosing a Provider

The Stanford Student Dependent Health Insurance Plan allows the Stanford student dependent to choose their own physicians and hospitals for health care needs. Like most PPO plans, the Health Net PPO plan offers two different ways to access care:

• Dependents can choose a physician or hospital that contracts with the Health Net PPO plan. In-network care typically results in significant cost savings.
• Dependents can choose a physician or hospital that does not contract with the Health Net PPO plan. Although this practice offers access to a broader range of providers, copayments and coinsurance for out-of-network care are typically higher than for in-network care.

Ultimately, the physicians and hospitals dependents choose determine which services are covered, as well as the amount of out-of-pocket expenses that apply. In many instances, precertification is required for full benefits. For more details, please review the Summary of Benefits included in this packet.

Heal House Calls¹

Get same-day primary, preventive and urgent care doctor “house calls” in your home, office or hotel with Heal – a benefit of your PPO plan. And you’ll pay the same copayment as when you visit your PCP. Visit www.heal.com/healthnet for complete details about Heal. You can set up your account, check the availability of any address and request an appointment.

¹Heal house calls are available in select urban areas.
Enrollment

When Can a Dependent Enroll?

Upon matriculation to Stanford University, students who choose to remain enrolled in Cardinal Care have the option to enroll their dependents in the Stanford Student Dependent Health Insurance Plan.

Dependents must enroll within 30 days of the first day of the quarter in which the student is matriculated. This is the one and only opportunity for dependents to be enrolled, unless a qualifying life event occurs at a later time. Qualifying life events include marriage, divorce, birth of a child, adoption, and loss of coverage. Newborns (of students enrolled in Cardinal Care) 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, (60 days for newborns).

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, deliver, or fax the completed enrollment form to:

Insurance and Referral Office
Vaden Health Center
866 Campus Drive
Stanford, CA 94305-8580
Fax: 650-725-9970

Step 3: Sign up for Auto Pay. Check the box on the bottom portion of your bill for information on how to enroll in Direct Debit.

Rates

Monthly rates for the 2020–2021 plan year are listed in the table below. Health Net will bill directly to the student/dependent each month.

<table>
<thead>
<tr>
<th>Dependent</th>
<th>Monthly rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$461.63</td>
</tr>
<tr>
<td>One child</td>
<td>$240.04</td>
</tr>
<tr>
<td>Two or more children</td>
<td>$432.07</td>
</tr>
<tr>
<td>Spouse plus one child</td>
<td>$701.69</td>
</tr>
<tr>
<td>Spouse plus two or more children</td>
<td>$893.69</td>
</tr>
</tbody>
</table>

Note: The premium payment for a given month is due by the first day of that month. Failure to remit the monthly premium to Health Net by the end of that month will result in termination of coverage under the policy.

Terminating Coverage

Enrollment in the Stanford Student Dependent Health Insurance Plan can be voluntarily stopped at any time. Coverage will end on the last day of the month in which notice is given to Health Net. Please be aware that if a decision is made to drop coverage, the dependent will not be eligible to enroll in the plan again unless an applicable qualifying life event occurs.

Identification Cards

Soon after a dependent is enrolled in this plan, Health Net sends out a personalized ID card, identifying the dependent as a plan member. It is important for the dependent to keep this card on hand and show it to health care providers upon request. If the student or dependent has any questions about coverage, the toll-free number printed on the card can be used to learn more.

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

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

Health Net’s Website Is a Time-Saving Option

Once the dependent is a Health Net enrollee, he or she can go online to www.healthnet.com/cardinalcare, click Register, and fill out the registration form to have website access. Be sure to have the ID card handy. Registered website members have 24/7 access to user-friendly tools and health information, including options to:

- View benefit details and copayment amounts
- Print a temporary ID card or order a new one
- Participate in health promotion programs

Health Net Mobile

Health Net Mobile is the easiest way to connect to a HealthNet.com online account. Plan, copayment, and deductible information can be accessed on the go, and the Mobile ID card can be used to verify eligibility – available for Apple and Android devices!

Dental and Vision Care

Students and Dependents under the age of 19, who are enrolled in Cardinal Care are automatically enrolled in Health Net’s pediatric dental and vision coverage. For more detailed information, contact Health Net Dental at 1-866-249-2382 or Health Net Vision Services at 1-866-392-6058.
**2020–2021 Stanford Dependent Health Insurance Plan**

**Summary of Benefits**

For questions or concerns about this notice, contact the Health Net Customer Contact Center at 1-800-250-5226.

**Please note:** Dependents under age 26 may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.

<table>
<thead>
<tr>
<th>COVERED SERVICE</th>
<th>IN-NETWORK BENEFIT</th>
<th>OUT-OF-NETWORK BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Member</td>
<td>$300</td>
<td>$500</td>
</tr>
<tr>
<td>Per Family</td>
<td>3 members must satisfy their individual deductibles to satisfy the family deductible.</td>
<td></td>
</tr>
<tr>
<td><strong>Plan Year Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$6,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Family</td>
<td>$12,000</td>
<td>$24,000</td>
</tr>
<tr>
<td><strong>Lifetime Benefit Maximum</strong></td>
<td></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100%, deductible waived</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Professional Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician office visit</td>
<td>100%, after a $35 copay/visit</td>
<td>60%</td>
</tr>
<tr>
<td>X-ray and laboratory procedures</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Allergy testing and injection services</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency room</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital inpatient and outpatient</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Medical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Pregnancy and Maternity Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global fees (includes normal delivery, cesarean section, prenatal and postnatal care)</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Family planning (professional services only)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization procedures</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Female 100%, deductible waived</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Contraceptive devices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chemical Dependency Rehabilitation Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient treatment (therapy, counseling and/or psychological testing)</td>
<td>100%, deductible waived</td>
<td>60%</td>
</tr>
<tr>
<td>Acute inpatient/detoxification</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>100%, deductible waived</td>
<td>60%</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Retail pharmacy (30-day supply)/Mail Order Pharmacy (90-day supply)</td>
<td></td>
</tr>
<tr>
<td>(copayment applies for each prescription other than generic and single source brand oral contraceptives which are covered at 100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic formulary drugs</td>
<td>$20 copay/$40 copay</td>
<td></td>
</tr>
<tr>
<td>Brand-name formulary drugs</td>
<td>$40 copay/$80 copay</td>
<td></td>
</tr>
<tr>
<td>Specialty drugs</td>
<td>$50 copay/Not available</td>
<td></td>
</tr>
</tbody>
</table>

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2 This 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.

3 Administered by * Managed Health Network, LLC (MHN). MHN is a subsidiary of Health Net. The MHN family of companies includes Managed Health Network, MHN Services and MHN Government Services.
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 based on their contract with Health Net. When a dependent uses PPO network providers, he or she pays less because the applicable share of the cost is based on a pre-negotiated, reduced charge.

Annual deductible: The annual deductible is the set amount the dependent pays each plan year before Health Net pays benefits for health care. For example, the dependent pays 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 the patient is 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 the dependent pays each time he or she receives 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: The student’s spouse or child(ren) who are eligible for health care coverage. For more information about eligibility, see the first page.

Formulary drug: A drug that the insurance company identifies as “preferred” because it is a clinically proven alternative to more expensive brands. If there is a need to purchase a brand-name drug, the 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 the dependent pays out of his or her own pocket when visiting a health care provider. Typically, this includes any copayment, coinsurance or amount not covered by health insurance.

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.

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.

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.
Nondiscrimination Notice

Health Net Life Insurance Company (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).

• Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net’s Customer Contact Center at 1-800-250-5226 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net’s Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net’s Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net Life Insurance Company Appeals & Grievances
PO Box 10348
Van Nuys, CA 91410-0348
Fax: 1-877-831-6019
Email: Member.Discrimination.Complaints@healthnet.com (Covered Persons) or Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at https://www.insurance.ca.gov/01-consumers/101-help/index.cfm.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Stanford Student Dependent Health Insurance Plan

Spanish

Chinese
免费语言服务。您可使用口译员。您可请人将文件内容读给您听，并将部分文件以您的语言寄给您。
如需协助，请致電您會員卡上所列的電話號碼或致電1-800-250-5226（TTY：711）與我們聯絡。
如需更多協助：請致電 1-800-927-4357 與 CA Dept. of Insurance 聯絡。

Korean
무료 언어 서비스, 통역 서비스를 받으실 수 있으며, 한국어로 문서를 번역해 읽어달라고 하거나 일부 서류를 번역해 우승해 달라고 요청하실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 인쇄된 번호 또는 1-800-250-5226 (TTY: 711) 번으로 전화해 주십시오. 추가 도움이 필요하시면 캘리포니아 주 보험국에 1-800-927-4357번으로 전화해 주십시오.

Arabic
خدمات اللغة مجانًا. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مترجمة للحصول على المساعدة، اتصل بنا عن الرقم للحصول على مزيد من المساعدة: اتصل بنا عن الرقم الموجود على بطاقة الهوية، أو اتصل على الرقم كاليفورنيا على الرقم 1-800-927-4357.

Armenian
Սանդղական լեզուի ծառայություններ: Հեռախոսը կրճատ կարող են բարձրորակության կարգավիճակից: Օգտագործեք համար գանգեցությունը կամ ձեր ID թաղային պատկեր կամ համագործակցությունը 1-800-250-5226 (TTY: 711) հեռախոսահամարը.

Hindi
निश्चिन्त भाषा सेवाएँ। आप एक दुधार्मिक प्रार्थना कर सकते हैं। आपको दस्तावेज़ आपकी भाषा में पढ़कर सुनाए जा सकते हैं और कुछ आपको आपकी भाषा में भेजे जा सकते हैं। सहायता के लिए, आपके आर्डर कार्ड पर दिये निर्देश पर या 1-800-250-5226 (TTY: 711) पर हमें फोन करें। अधिक सहायता के लिए: कैलिफोर्निया डिपार्टमेंट ऑफ इंश्योरेंस (वीमा विभाग) को 1-800-927-4357 पर फोन करें।

Japanese
無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号または 1-800-250-5226 (TTY: 711) までお電話ください。さらに援助が必要な場合は、カリフォルニア州保険局 1-800-927-4357 までお電話ください。

Khmer
សារប្រការ អាចសរសៃបាន និងអាចយកការប្រការជាអាស្រ័យ។ យកការប្រការជាអាស្រ័យ និងការប្រការជាអាស្រ័យ យក្សូលុងប្រតិបតេយ្យ ដែលមានសំណាក់ការជាអាស្រ័យ (CA) និងលេខ 1-800-927-4357។
Punjabi

Russian

Tagalog

Thai

Vietnamese

Persian (Farsi)

Hmong

Navajo

Stanford Student Dependent Health Insurance Plan

Services

Plan Information

Filing

Claim Appea...
Coverage or Provider Questions? Call Health Net's Customer Contact Center 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 submit a help ticket via helpsu.stanford.edu (first category: Student Services; second category: Health Insurance).