Few Things Are More Important Than Your Family’s Health

YOUR 2021-2022, STANFORD STUDENT DEPENDENT HEALTH INSURANCE PLAN GUIDE

HealthNet.com/cardinalcare
Get to Know Your Stanford Student Dependent Health Insurance Plan

In this guide, you’ll find useful details on cost, eligibility and enrollment.

The Stanford Student Dependent Health Insurance Plan is a preferred provider organization (PPO) insurance product issued 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 or Domestic Partner (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 your dependent understand the Health Net plan benefits, you can find a *Summary of Benefits and Coverage* (SBC) online. The SBC summarizes important information about the health plan.

When It’s Time to Access Care

Choose a provider

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

Covered dependents can choose a physician that:

- **Contracts** with the Health Net PPO plan. Care from in-network providers often results in lower overall costs.

- **Does not contract** with the Health Net PPO plan. Though this practice offers access to a broader range of providers, covered dependent’s out-of-pocket costs, including copays and coinsurance, for out-of-network care are usually higher than in-network care.

The providers your dependents chose will dictate what services are covered and what your costs will be. Some benefits may require precertification. For more details, please review the *Summary of Benefits* included in this packet.
Enrollment – What You Need to Know

When can a dependent enroll?
Dependents must enroll in Cardinal Care within 30 days of the first day of the quarter in which the student is registered. This is the one and only chance for dependents to be enrolled, unless a qualifying life event occurs at a later time.

Dependents must be enrolled within 30 days of the qualifying life event. Newborns (of students enrolled in Cardinal Care) are covered for the first 30 days of life under the Cardinal Care plan.

Qualifying life events include:
- marriage
- divorce
- birth of a child
- adoption
- loss of coverage

How to enroll in the plan

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

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

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.
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](http://www.healthnet.com/cardinalcare); or
- by calling 800-250-5226.

Health Net’s website Is a time-saving option
Once a dependent is a Health Net enrollee, they can go online to [www.healthnet.com/cardinalcare](http://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](http://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!
More Information about Your Plan

Dental and vision care
Students and dependents under the age of 19 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 866-249-2382 or Health Net Vision Services at 866-392-6058.

Premium rates
Monthly rates for the 2021–2022 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/Domestic Partner</td>
<td>$470.86</td>
</tr>
<tr>
<td>One child</td>
<td>$244.84</td>
</tr>
<tr>
<td>Two or more children</td>
<td>$440.71</td>
</tr>
<tr>
<td>Spouse plus one child</td>
<td>$715.72</td>
</tr>
<tr>
<td>Spouse plus two or more children</td>
<td>$911.56</td>
</tr>
</tbody>
</table>

Note: The premium payment for a given month is due by the first day of that month. If you fail to pay your monthly premium to Health Net by the end of that month, your coverage will be terminated under the terms of 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.
# 2021–2022 Summary of Benefits

For questions or concerns about this notice, contact the Health Net Customer Contact Center at **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>Plan year deductible per member</td>
<td>$300</td>
<td>$500</td>
</tr>
<tr>
<td>Per Family</td>
<td>Three members must satisfy their individual deductibles to satisfy the family deductible.</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Plan year out-of-pocket maximum</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>Lifetime benefit maximum</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Preventive care</td>
<td>100%, deductible waived</td>
<td></td>
</tr>
<tr>
<td>Professional services</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>Emergency care</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>Hospital services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital inpatient and outpatient</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Medical services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Pregnancy and maternity care</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>Family planning (professional services only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization procedures</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Contraceptive devices</td>
<td>Male 80% Female 100%, deductible waived</td>
<td>60%</td>
</tr>
<tr>
<td>Chemical dependency rehabilitation treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient treatment (therapy, counseling and/or psychological testing³)</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>Mental health³</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>Prescription Drugs</td>
<td></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>Retail pharmacy (30-day supply)/Mail Order Pharmacy (90-day supply)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20 copay/$40 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$40 copay/$80 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$50 copay/not available</td>
<td></td>
</tr>
</tbody>
</table>

²This 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.

³Administered by Managed Health Network, LLC (MHN). MHN is a subsidiary of Health Net, LLC. 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, they usually pay 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 they 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**
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.
Some Helpful Definitions

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

**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 their 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 get 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%. 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, 800-368-1019 (TDD: 800-537-7697).

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-888-926-4921 (TTY: 711).
A language service is available. You have the option of using an interpreter. You may be read documents. For assistance, call the number listed on your ID card or call (TTY: 711).
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