

# Few Things Are More Important Than Your Family's Health

YOUR 2022-2023, STANFORD STUDENT DEPENDENT  
HEALTH INSURANCE PLAN GUIDE





# 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 registered 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.



For more information call **800-250-5226**, or go to [www.healthnet.com/cardinalcare](http://www.healthnet.com/cardinalcare) > **Cardinal Care Plan Details** or <http://vaden.stanford.edu> > **Insurance** > **Dependent Insurance Coverage**.



# 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?

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 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.



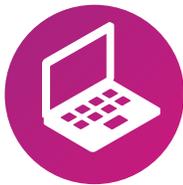


## Identification cards

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



# 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 2022–2023 plan year are listed in the table below. Health Net will bill directly to the student/dependent each month.

Dependent	Monthly rate
Spouse/Domestic Partner	\$517.69
One child	\$269.20
Two or more children	\$484.57
Spouse plus one child	\$786.92
Spouse plus two or more children	\$1,002.23

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.





# 2022–2023 Summary of Benefits<sup>2</sup>

For questions or concerns about this notice, contact the Health Net Member Services 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.

Covered service	In-network benefit	Out-of-network benefit
<b>Plan year deductible per member</b>	\$300	\$500
Per Family	Three members must satisfy their individual deductibles to satisfy the family deductible.	
Coinsurance	80%	60%
<b>Plan year out-of-pocket maximum</b>		
Individual	\$6,000	\$8,000
Family	\$12,000	\$24,000
<b>Lifetime benefit maximum</b>	Unlimited	
<b>Preventive care</b>	100%, deductible waived	
<b>Professional services</b>		
Physician office visit	100%, after a \$35 copay/visit	60%
X-ray and laboratory procedures	80%	60%
Allergy testing and injection services	80%	60%
<b>Emergency care</b>		
Professional services	80%	80%
Emergency room	80%	80%
Urgent care center	80%	80%
Ambulance	80%	60%
<b>Hospital services</b>		
Hospital inpatient and outpatient	80%	60%
<b>Medical services</b>		
Durable medical equipment	80%	60%
<b>Pregnancy and maternity care</b>		
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%
Contraceptive devices	100%, deductible waived	60%
<b>Chemical dependency rehabilitation treatment</b>		
Outpatient treatment (therapy, counseling and/or psychological testing <sup>3</sup> )	100%, deductible waived	60%
Acute inpatient/detoxification	80%	60%
<b>Mental health<sup>3</sup></b>		
Outpatient visits	100%, deductible waived	60%
Inpatient care	80%	60%
<b>Prescription Drugs</b> (copayment applies for each prescription other than generic and single source brand oral contraceptives which are covered at 100%)		
Generic formulary drugs	Retail pharmacy (30-day supply)/Mail Order Pharmacy (90-day supply) \$20 copay/\$40 copay	
Brand-name formulary drugs	\$40 copay/\$80 copay	
Specialty drugs	\$50 copay/not available	

<sup>2</sup>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.

<sup>3</sup>Behavioral health benefits administered by MHN Services. Managed Health Network, LLC (MHN) is a subsidiary of Health Net, LLC and Centene Corporation. The MHN family of companies includes Managed Health Network and MHN Services, LLC. Managed Health Network is a registered service mark of Managed Health Network, LLC. All rights reserved.



# 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.

## ***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](http://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 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](http://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 **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: 877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Covered Persons) or Non-Member.

[Discrimination.Complaints@healthnet.com](mailto:Discrimination.Complaints@healthnet.com) (Applicants) You may submit a complaint by calling the California Department of Insurance at 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).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## English

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).

## Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (TTY: 711) 1-888-926-4921

## Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Օգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-888-926-4921 (TTY: 711).

## Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-888-926-4921 (TTY: 711)。

## Hindi

बना लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-888-926-4921 (TTY: 711)।

## Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu 1-888-926-4921 (TTY: 711).

## 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でお電話いただくか、1-888-926-4921 (TTY: 711)。

## Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអានឯកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូមទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្មនៃក្រុមហ៊ុន 1-888-926-4921 (TTY: 711)។

## Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하십시오 1-888-926-4921 (TTY: 711).

## Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'ehjí naaltsoos hach'í' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzínígíí bikáa'gi béésh bee hane'í bikáá' áají' hodíílnih éí doodaii' 1-888-926-4921 (TTY: 711).

## Persian (Farsi)

خدمات زبان به طور رایگان. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد برای شما قرائت شوند. برای دریافت راهنمایی، با ما به شماره ای که روی کارت شناسایی شما درج شده تماس بگیرید یا با مرکز تماس بازرگانی 1-888-926-4921 (TTY: 711).

**Panjabi (Punjabi)**

ਬਨਿਾਂ ਕਸਿ ਲਾਗਤ ਤੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਆ ਕਰਕੇ 1-888-926-4921 (TTY: 711).

**Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-888-926-4921 (TTY: 711).

**Spanish**

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-888-926-4921 (TTY: 711).

**Tagalog**

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-888-926-4921 (TTY: 711).

**Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-888-926-4921 (TTY: 711)

**Vietnamese**

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-888-926-4921 (TTY: 711).



## Coverage or Provider questions?

Call Health Net's Member Services at **800-250-5226** or visit [www.healthnet.com/cardinalcare](http://www.healthnet.com/cardinalcare).

## Enrollment questions?

Call the Insurance and Referral Office at Vaden at 650-723-2135, or submit a help ticket via

**ServiceNow:** [stanford.service-now.com/student\\_services](http://stanford.service-now.com/student_services)

(Select Student Health box; Select question template from the list)