

# Stanford University

## Student Health Insurance Plan 2023-2024



### Eligibility

All students, in their first active quarter of each year, will be auto-enrolled in the university-sponsored health insurance plan, Cardinal Care, administered by Aetna Student Health. Students who have alternate health insurance that provides adequate coverage may waive Cardinal Care, if desired. If you do not waive Cardinal Care coverage by the applicable deadline, you will be enrolled in Cardinal Care health insurance for the remainder of the plan year through August 31, 2024 (with exception for some Autumn or Winter graduating students who petition to come off the plan). All deadlines to waive may be found at [stanford.mycare26.com/waiver](https://stanford.mycare26.com/waiver).

### What's Included?

- 24/7 telehealth solutions via TelaDoc
- Aetna's EPO is the Preferred Provider network and will provide maximum benefits at lowest cost
- Access to Aetna's 24-Hour Nurseline
- Travel assistance services through OnCall International
- Small Copay for approved prescription medications

### More Information

For full details of participation in the plan, please view the complete brochure online at: [stanford.mycare26.com/cardinalcare](https://stanford.mycare26.com/cardinalcare)

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please visit [stanford.mycare26.com/additionalresources](https://stanford.mycare26.com/additionalresources)

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This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The EPO network is **Open Access Elect Choice EPO**.

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## Benefits

Deductible applies unless otherwise stated below

\*Tier one in-network care policy year deductible applies to the following eligible health services: Inpatient Hospital (Room and Board), Outpatient Surgery (facility charges), and Treatment of Infertility

	TIER ONE IN-NETWORK COVERAGE (Stanford Health Care, Menlo Medical Clinic, Sutter Health) Payments are based on the Negotiated Charge	TIER TWO IN-NETWORK COVERAGE Payments are based on the Negotiated Charge	OUT-OF-NETWORK COVERAGE Payments are based on the Usual & Customary Rate
<b>Individual Deductible</b> Per Person, per Policy Year	\$100*	\$500	N/A
<b>Family Deductible</b> Per Family, per Policy Year	\$300*	\$1,500	N/A
<b>Individual Out-of-Pocket Maximum</b> Per Person, per Policy Year	\$2,000	\$4,000	N/A
<b>Family Out-of-Pocket Maximum</b> Per Family, per Policy Year	\$6,000	\$12,000	N/A
<b>Hospital Room and Board</b>	100% after a \$500 Copay per admission	70%	Not Covered
<b>Inpatient Surgery</b>	100% (Deductible waived)	70%	Not Covered
<b>Outpatient Surgery</b>	Surgical Services: 100% Facility Charges: 100% after a \$250 Copay	70%	Not Covered
<b>Office Hours Visits</b> Including Physician, Specialist, & Telemedicine consultations	100% after a \$25 Copay (Deductible waived)	100% after a \$25 Copay (Deductible waived)	Not Covered
<b>Emergency Room</b>	100% after a \$100 Copay (Deductible waived)	100% after a \$100 Copay (Deductible waived)	100% after a \$100 Copay (Deductible waived)
<b>Urgent Care</b>	100% after a \$50 Copay (Deductible waived)	100% after a \$50 Copay (Deductible waived)	100% after a \$50 Copay (Deductible waived)
<b>Diagnostic Complex Imaging Services</b>	100% after a \$100 Copay (Deductible waived)	70%	Not Covered
<b>Diagnostic Lab Work and Radiological Services</b>	100% (Deductible waived)	70%	Not Covered
<b>Prescription Drugs</b> (Deductible waived) Up to 30-day (retail); up to 90-day supply per prescription	100% after a: Generic: \$10 Copay Preferred Brand-Name: \$35 Copay Non-Preferred Brand-Name: \$50 Copay Speciality: \$50 Copay	100% after a: Generic: \$10 Copay Preferred Brand-Name: \$35 Copay Non-Preferred Brand-Name: \$50 Copay Speciality: \$50 Copay	Not Covered
<b>Preventive Care and Wellness</b>	100% (Deductible waived)	100% (Deductible waived)	Not Covered

To view all enrollment and coverage periods available, please visit [stanford.mycare26.com/cardinalcare](https://stanford.mycare26.com/cardinalcare)