Stanford University
Student Health Insurance Plan
2024-2025

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, 2025 (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.myahpcare.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.myahpcare.com/cardinalcare

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit stanford.myahpcare.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**.

AHP (24) Aetna-Stanford

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 Recognized Charge
Individual Deductible Per Person, per Policy Year	$100*	$500	N/A
Family Deductible Per Family, per Policy Year	$300*	$1,500	N/A
Individual Out-of-Pocket Maximum Per Person, per Policy Year	$2,000	$4,000	N/A
Family Out-of-Pocket Maximum Per Family, per Policy Year	$6,000	$12,000	N/A
Hospital Room and Board	100% after a $500 Copayment per admission	70%	Not Covered
Inpatient Surgery	100% (Deductible waived)	70%	Not Covered
Outpatient Surgery	Surgical Services: 100% (Deductible waived) Facility Charges: 100% after a $250 Copayment	70%	Not Covered
Office Hours Visits Including Physician, Specialist, & Telemedicine consultations (Deductible waived)	100% after a $25 Copayment	100% after a $25 Copayment	Not Covered
Hospital Emergency Room (Deductible waived)	100% after a $100 Copayment	100% after a $100 Copayment	100% after a $100 Copayment
Urgent Medical Care (Deductible waived)	100% after a $50 Copayment	100% after a $50 Copayment	100% after a $50 Copayment
Diagnostic Complex Imaging Services Copayment may apply to provider services and/or facility charges	100% after a $100 Copayment (Deductible waived)	70%	Not Covered
Diagnostic Lab Work and Radiological Services	100% (Deductible waived)	100% after a $25 Copayment (Deductible waived)	Not Covered
Prescription Drugs (Deductible waived) Up to 30-day (retail); up to 90-day supply per prescription	100% after a: Generic: $10 Copayment Preferred Brand-Name: $35 Copayment Non-Preferred Brand-Name: $50 Copayment Specialty: $50 Copayment	100% after a: Generic: $10 Copayment Preferred Brand-Name: $35 Copayment Non-Preferred Brand-Name: $50 Copayment Specialty: $50 Copayment	Not Covered

To view all enrollment and coverage periods available, please visit stanford.myahpcare.com/cardinalcare