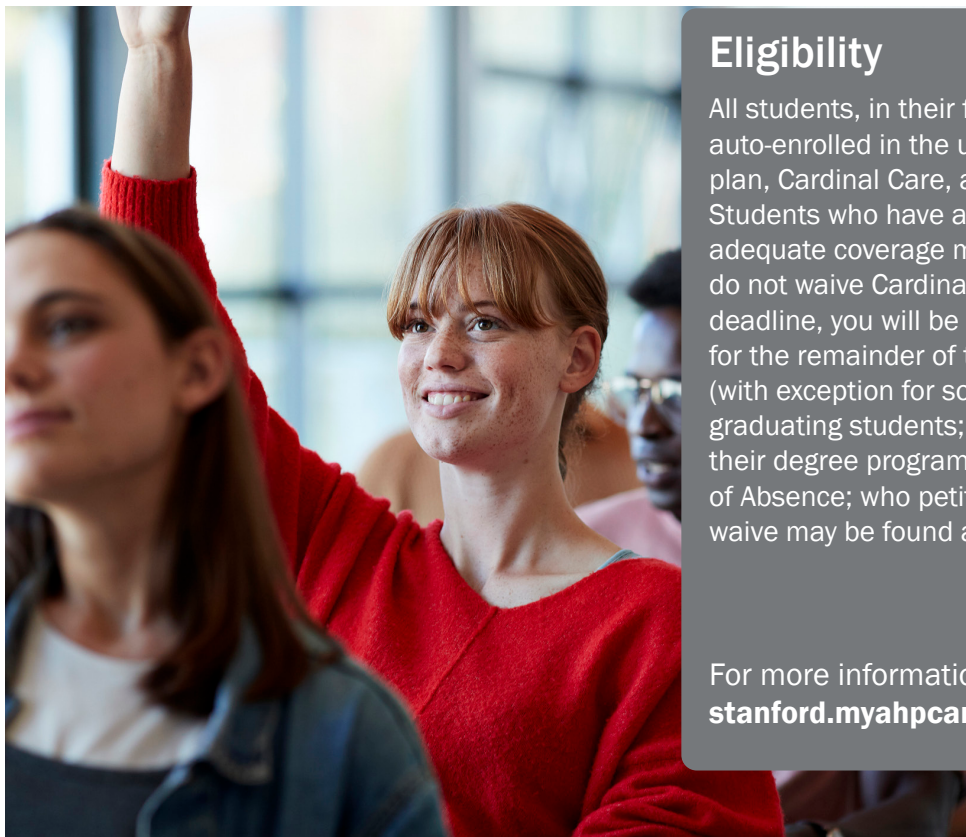


Student Coverage With Care



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 Wellfleet Student. 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, 2027 (with exception for some Autumn, Winter, and Spring graduating students; students who permanently withdraw from their degree programs; or students who go on approved (Leave of Absence; who petition to come off the plan). All deadlines to waive may be found at stanford.myahpcare.com/waiver.

For more information, visit
stanford.myahpcare.com/cardinalcare.

WHAT'S INCLUDED?

24/7 Mental Health Telemedicine &
Telehealth care via Teladoc

Access to Emergency Medical and Travel
Assistance Services with Travel Guard

Dental and Optional Vision coverage
through Ameritas Dental PPO

Over 40 medications covered under
WellfleetRX with Express Scripts at zero cost

Blue Shield of CA is the Preferred Provider Network in the state of California
and will provide maximum benefits at lowest cost



Questions

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



ID Cards

To access your ID Card, please visit
stanford.myahpcare.com/cardinalcare

Stanford University 2026-2027

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK COVERAGE Payments are based on the Negotiated Charge	OUT-OF-NETWORK COVERAGE Payments are based on the Usual & Customary Charge
Individual Deductible Per Person, per Policy Year	\$150	\$1,500
Family Deductible Per Family, per Policy Year	\$300	\$4,500
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$3,000	No Maximum
Family Out-of-Pocket Maximum Per Family, per Policy Year	\$6,000	No Maximum
Inpatient Hospital Care & Surgery Includes Hospital Room and Board Expenses Pre-Certification Required	100% after a \$500 Copayment per admission	50%
Outpatient Surgery Pre-Certification Required	100% after a \$250 Copayment per occurrence	50%
Specialist Office Visits Including Specialist and Consultant visits	100% after a \$50 Copayment per visit	50%
Emergency Services in an Emergency Department for Emergency Medical Conditions (Deductible waived) (Copayment waived if admitted)	100% after a \$300 Copayment per visit	100% after a \$300 Copayment per visit
Urgent Care Centers (Deductible waived)	100% after a \$100 Copayment per visit	100% after a \$100 Copayment per visit
Diagnostic Complex Imaging Services Pre-Certification Required (Deductible waived)	100% after a \$250 Copayment per visit	50%
Outpatient Diagnostic Laboratory, Radiological Services and Testing Pre-Certification May Be Required (Annual Deductible applies)	100%	50%
Primary Care & Mental Health Office Visits (Deductible waived)	\$35 Copayment per visit	50%
Prescription Drugs Up to 30-day supply per prescription filled at a Retail pharmacy (Deductible waived)	100% after a: Tier 1: \$10 Copayment Tier 2: \$35 Copayment Tier 3: \$50 Copayment Specialty: \$50 Copayment	Not Covered

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at stanford.myahpcare.com/cardinalcare upon approval by federal and state authorities.

The Plan described above is awaiting approval by the CA Department of Insurance. If the Plan is changed during the approval process, a revision of this document will be provided. This is not an insurance policy and your receipt of this document does not constitute the issuance or delivery of a policy of insurance.