

SUMMARY OF BENEFITS

The tables below and on the reverse page summarize the Cardinal Care medical, mental health, and substance abuse benefits. **There may be limitations and conditions, which must be reviewed prior to the application of benefits. We encourage you to reference this list of covered services, as well as plan definitions and exclusions in the detailed plan description.**

SUMMARY OF MEDICAL BENEFITS ¹ Plan Provision	TYPE OF PROVIDER		
	Vaden Health Center*/ Stanford Medical Center ²	Preferred Providers ³	Non-Preferred Providers ⁴
Deductibles Annual deductible (for all services)	None	\$200	\$300
Outpatient hospital emergency care services deductible	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Precertification Penalty for not precertifying treatment (Aetna requires precertification for inpatient services such as admission to a hospital, surgery, or maternity stay)	None	Coinsurance level reduced to 50%	Coinsurance level reduced to 50%
Annual Out-of-Pocket Maximum (Excluding mental health care, substance abuse treatment, prescription drugs, some family planning services, expenses related to non-certified services, and services not covered under the plan)	\$500	\$1,500	\$3,000
Lifetime Maximum for Medical Coverage	Unlimited	\$5 million	
Preventive Care OB/GYN examinations	100% after a \$10 copay for each visit; copay waived for gynecological exams at Vaden	80% after you meet the annual deductible	60% after you meet the annual deductible
X-ray and laboratory procedures	100%	80% after you meet the annual deductible	60% after you meet the annual deductible
Surgery Surgeon or assistant surgeon services	100%	80% after you meet the annual deductible	60% after you meet the annual deductible
Hospital and Skilled Nursing Facility Stays Semiprivate hospital room or intensive care unit with ancillary services (includes acute care detoxification admissions)	100%	80% after you meet the annual deductible	60% after you meet the annual deductible
Physician Medical Services Primary care physician office visits	100%	80% after you meet the annual deductible	60% after you meet the annual deductible
Outpatient specialist and consultant visits	100% after a \$10 copay for each visit	80% after you meet the annual deductible	60% after you meet the annual deductible
Rehabilitative therapy (including physical, speech, occupational, respiratory, and cardiac therapy)	100% after a \$10 copay for each visit	100% after a \$30 copay for each visit (maximum of 60 visits per year) ⁶	60% after you meet the annual deductible (maximum of 60 visits per year) ⁶
Hospital visits	100%	80% after you meet the annual deductible	60% after you meet the annual deductible

*Represents coverage for services provided at Vaden Health Center only.

¹This table is only a summary of benefits. For complete information, please refer to the Detailed Plan Description available from Vaden Health Center or at <http://CardinalCare.Stanford.edu>.

²For services to be covered at Stanford Medical Center, you must be referred by a Vaden Health Center physician.

Preferred Providers are independent contractors and are neither employees nor agents of Stanford University or The Chickering Group or Aetna.

³Providers include doctors, hospitals, and pharmacies.

⁴Except for prescription drugs, if you use a non-preferred provider because you are outside the network coverage area, preferred provider coverage applies.

⁵For full coverage, these services must be precertified.

⁶Benefit limits are combined for preferred providers and non-preferred providers.

There may be limitations and conditions, which must be reviewed prior to the application of benefits. We encourage you to reference this list of covered services, as well as plan definitions and exclusions in the detailed plan description.

SUMMARY OF MEDICAL BENEFITS ¹ (CONTINUED)	TYPE OF PROVIDER		
	Vaden Health Center/ Stanford Medical Center ²	Preferred Providers ³	Non-Preferred Providers ⁴
General Medical Services			
Nuclear medicine	100%	80% after you meet the annual deductible	60% after you meet the annual deductible
Chemotherapy and renal dialysis	100% after a \$10 copay for each visit	80% after you meet the annual deductible	60% after you meet the annual deductible
Organ transplants (nonexperimental and noninvestigational)	100%	80% after you meet the annual deductible ⁵	60% after you meet the annual deductible ⁵
Blood, blood plasma, blood derivatives, and blood factors	100%	80% after you meet the annual deductible	60% after you meet the annual deductible
Pregnancy and Maternity Care			
Normal delivery, cesarean section, and complications of pregnancy	100%	80% after you meet the annual deductible ⁵	60% after you meet the annual deductible ⁵
Prenatal and postnatal office visits	100% after a \$10 copay for each visit	80% after you meet the annual deductible	60% after you meet the annual deductible
Genetic testing of fetus	100%	80% after you meet the annual deductible	60% after you meet the annual deductible
Reproductive Health			
Infertility services and supplies	50%	50% after you meet the annual deductible	50% after you meet the annual deductible
Sterilization: Vasectomy	100% after a \$50 copay	100% after a \$100 copay	50% after the annual deductible is met
Tubal ligation	100% after a \$150 copay	100% after a \$300 copay	50% after the annual deductible is met
Annual Eye Exam	100% after a \$10 copay	80% after you meet the annual deductible	60% after you meet the annual deductible
Prescription Drugs	100% after you pay a \$10 copay for generic drugs or \$25 for brand-name drugs that you purchase at Vaden Health Center or another preferred Aetna pharmacy. You receive no coverage for prescriptions filled at non-preferred Aetna pharmacies. Call your local pharmacy to verify membership in the network or call Chickering at (877) 626-2319.		
Worldwide Emergency Travel Assistance Services	If you experience a medical emergency while traveling more than 100 miles from home or campus, you have access to a comprehensive group of emergency assistance services provided by Assist America, Inc. In the event of an emergency when you are traveling, call toll-free within the US at 800-872-1414 or when outside the US, call collect by dialing the US access code plus 301-656-4152. All Assistance Services must be arranged and provided by Assist America. Assist America does not reimburse for services not provided by Assist America.		

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³Providers include doctors, hospitals, and pharmacies.

⁴Except for prescription drugs, if you use a non-preferred provider because you are outside the network coverage area, preferred provider coverage applies.

⁵For full coverage, these services must be precertified.

⁶Benefit limits are combined for preferred providers and non-preferred providers.

SUMMARY OF MENTAL HEALTH BENEFITS ¹	TYPE OF PROVIDER		
	Vaden Health Center	ValueOptions Network Providers ²	Non-Network Providers
Psychotherapy			
Inpatient care	Not covered	100% up to \$10,000 annual maximum benefit (precertification by ValueOptions is required)	Not covered
Outpatient care	100% for evaluation and brief therapy with CAPS counselor	50% up to \$50 per day and \$1,500 per year (precertification by ValueOptions is required)	Not covered
Alcohol and Drug Abuse Treatment	100% for evaluation and brief therapy with CAPS counselor	100% up to \$10,000 annual maximum benefit (precertification by ValueOptions is required)	Not covered

¹This table is only a summary of benefits. For complete information, please refer to the Evidence of Coverage available from Vaden Health Center or at <http://CardinalCare.Stanford.edu>.

²For severe mental illness, mental health benefits are provided at an enhanced level.

For more information, please contact ValueOptions at (800) 667-7374.