



**Cardinal Care —
STANFORD UNIVERSITY'S
STUDENT HEALTH INSURANCE
2006–2007 ACADEMIC YEAR**

Stanford requires all students to have health insurance coverage. To help you meet this requirement, we offer Cardinal Care — a comprehensive health insurance plan covering a wide range of services. Stanford will automatically enroll you in Cardinal Care at the start of each academic year unless you waive coverage through Axess by the waiver deadline and provide proof of other health insurance coverage.

This guide explains the features and cost of Cardinal Care, how to waive coverage, how to continue enrollment during unregistered quarters, and where to find more information.

HOW CARDINAL CARE WORKS

Cardinal Care allows you to choose where you get your health care. Your level of reimbursement depends on where you receive treatment, as follows.

On campus, when you receive treatment from Vaden Health Center and Stanford University Medical Center (by authorized referral): Every registered Stanford University student can use Vaden Health Center free of charge for most primary health care services. However, some services — such as physical therapy and allergy shots — require a fee. With Cardinal Care, you pay only a \$10 copay and Cardinal Care covers the balance. (A copay is the fee you pay each time you receive a service.) For specialty services, Vaden may refer you to the Stanford University Medical Center, in which case you still pay only a \$10 copay.

On or off campus, when you receive treatment from any Aetna preferred provider (Aetna Open Choice PPO): Cardinal Care pays 80% of your eligible expenses after you pay the \$200 annual deductible. (A deductible is the amount you pay each year before Cardinal Care begins reimbursing services.) Without a referral from Vaden, when you use Stanford University Medical Center, Cardinal Care picks up 80% of your eligible expenses after you pay the annual deductible.

Off campus, when you receive treatment from a provider who is not affiliated with the Aetna Open Choice PPO: You pay a larger portion of the bill. Cardinal Care pays 60% of your eligible expenses after you pay a \$300 annual deductible.

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Cardinal Care coverage begins on September 1 and ends on August 31.

Once you enroll in Cardinal Care, your coverage begins on September 1. You are automatically re-enrolled each quarter that you're registered for classes for that academic year. If you want to be covered during the summer or any other quarter when you're not enrolled in classes, you'll need to send your payment to the Vaden Health Center Insurance Office prior to the start of the academic quarter.

CARDINAL CARE FEATURES

Cardinal Care provides comprehensive health care coverage, including a wide array of services, such as primary and major medical care, annual eye examinations, prescription drugs, diagnostic x-rays and laboratory tests, and mental health and substance abuse treatment. Other Cardinal Care features include:

- A partnership with The Chickering Group, An Aetna Company- Being part of Aetna means that you have access to an extensive nationwide network of providers and pharmacies.
- Year-round, worldwide coverage — Even if you are not a registered summer student, Cardinal Care provides coverage when you're at home, on break, or traveling anywhere in the world. 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. Some of these services include:
 - Medical Consultation and Evaluation (including a referral to English speaking doctors if required)
 - Emergency Medical Evacuation
 - Hospital Admission Guarantee
 - Medically Supervised Repatriation
 - Prescription Assistance

***These services must be arranged by Assist America. This is done by calling 1-800-872-1414. CLAIMS for these services not arranged by Assist America will NOT be accepted or reimbursed.**

Also, if you decide to stay at Stanford for a summer internship, for example, you can purchase Cardinal Care and use most services at the Vaden Health Center without charge.

- Prescription drugs — When you purchase prescription drugs at the Vaden pharmacy or any other participating Aetna pharmacy nationwide, you only pay a \$10 copay for generic drugs or a \$25 copay for brand-name drugs.
- Mental health and substance abuse benefits — Regardless of your type of health insurance, Vaden's Counseling and Psychological Services (CAPS) provides free consultation and brief therapy. If you're enrolled in Cardinal Care, CAPS will coordinate your care with ValueOptions — a nationwide company that specializes in managing treatment for mental health and substance abuse problems. You pay a portion of the cost for this treatment, as shown on the "Summary of Mental Health Benefits" on the bottom of page 4.

For plan details, refer to the benefit summary on the following pages.

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			
	Plan Provision	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.			

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.

³Preferred Providers are independent contractors and are neither employees nor agents of Stanford University or The Chickering Group or Aetna.

⁴Providers include doctors, hospitals, and pharmacies.

⁵Except for prescription drugs, if you use a non-preferred provider because you are outside the network coverage area, preferred provider coverage applies.

⁶For full coverage, these services must be precertified.

⁷Benefit limits are combined for preferred providers and non-preferred providers.

SUMMARY OF MENTAL HEALTH BENEFITS ¹	TYPE OF PROVIDER			
	Plan Provision	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.

COST OF COVERAGE

Cardinal Care costs \$656.00 each quarter during the 2006-2007 academic year. Premiums will be reflected in your quarterly tuition bill.

The cost of Cardinal Care is based upon the actual cost and utilization of the Plan by our students. Driving the surge in costs are factors like increases in hospital and physician prices, the rising use of promising but expensive medical technology, and the growing use of new, more expensive prescription drugs.

ENROLLING IN CARDINAL CARE

All students are required to have health insurance coverage. Stanford will automatically enroll you in Cardinal Care at the beginning of each academic year unless you waive coverage through Axxess by the waiver deadline (see <http://cardinalcare.stanford.edu/20062007/enrollment.html> for details) and provide proof of other health insurance coverage.

You are automatically re-enrolled in Cardinal Care each quarter that you're registered for classes for that academic year. Once you enroll in Cardinal Care, if you want to be covered during the summer (or any other quarter when you're not enrolled in class), you'll need to send your payment to the Vaden Health Center Insurance Office prior to the start of the academic quarter in which you're not registered for class.

WAIVING CARDINAL CARE

A student with other coverage who chooses not to enroll in Cardinal Care must complete the health insurance waiver of Cardinal Care on Axxess at <http://axess.stanford.edu> before the beginning of the first academic quarter of each year. A student can change his or her election prior to the beginning of each enrolled quarter (see <http://cardinalcare.stanford.edu/20062007/enrollment.html> for more details).

DENTAL CARE OPTIONS

Cardinal Care doesn't include dental coverage. However, we provide information about dental plans and a discount program through Aetna (Vital Savings, a dental discount program) in which you can enroll.

Vital Savings by Aetna is a cost-effective discount dental savings program now available to you and your dependents. For a very low annual cost, you will have access to significant savings on routine and non-routine dental services from more than 64,000 participating Aetna Dental Access providers nationwide.

To request information about these dental options, including premiums and how to enroll, stop by the Vaden Insurance Office or send your name and address by email to healthinsurance@stanford.edu.

Personalized Identification Card

All Cardinal Care members for 2006-2007 will receive an Aetna ID card. This card identifies you as a Cardinal Care member and gives you access to preferred providers and pharmacies nationwide. So keep it with you and present it whenever you receive medical care. Cards will be mailed to you in the fall. Please note that your identification number will be your Stanford University identification with the pre-fix of "20".

Also, you will receive your Assist America ID card in the same envelope as your Cardinal Care ID Card. Be sure to keep both cards together and with you at all times.

CARDINAL CARE RESOURCES		
Issue	Resource	Contact Information
Medical benefits	The Chickering Group, An Aetna Company	(877) 626-2319 www.chickering.com
Mental health and substance abuse benefits	ValueOptions	(800) 667-7374
Cardinal Care enrollment information	Vaden Health Insurance Office	(650) 723-2135 http://CardinalCare.stanford.edu email: healthinsurance@stanford.edu

Important Notice (regarding medical benefits offered through The Chickering Group, an Aetna Company)

This Highlights Brochure describes your benefits under the plan of insurance sponsored by Stanford University. It is not a contract of insurance. Your coverage is governed by a policy of blanket Injury and Sickness insurance, underwritten by Aetna. As evidence of your coverage, a Master Policy (Policy Number# 812846) has been issued to Stanford University which contains the benefits and provisions which apply to the plan of insurance sponsored by Stanford University. The Plan always pays benefits in accordance with any applicable California State Law. Information regarding appeals and grievance procedures including additional information regarding covered services, exclusions and limitations and disclosures is available in the Detailed Plan Description which you can access at www.chickering.com, click on "Student Connection" and enter 812846 as your Policy Number. The exact provisions governing this insurance are contained in the Master Policy issued to Stanford University.

If a discrepancy exists between this Pamphlet and, the Detailed Plan Description and the Policy, the Master Policy will govern and control the payment of benefits. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule affords members the right to receive a notice that describes how health information may be used and disclosed and how to get access to this information. Aetna considers non-public personal member information confidential and has policies and procedures in place to protect the information against unlawful use and disclosure. When necessary for your care or treatment, the operation of your health Plan, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers), vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law. Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling in the Plan, you permit us to use and disclose this information as described above on your behalf. To obtain a copy of our Notice of Privacy Practices describing in greater detail our practices concerning use and disclosure of personal information, please call the toll-free Customer Service number on your ID card or visit Chickering's Student Connection Link on the internet at: www.chickering.com