

## **Resource Information – Dependent Health Insurance 2009-10**

The information given here is intended to help you explore some options in obtaining health insurance for your family. By having a variety of plans to choose from, students can select the plan that best meets their needs and budget.

You can begin the selection process by reviewing the plans and evaluating their benefit levels and cost. After you have reviewed the plans and would like assistance, please drop by the Student Insurance Office at Vaden Health Center or phone for an appointment at 1-650-723-2135. You can email us at [healthinsurance@stanford.edu](mailto:healthinsurance@stanford.edu). The Vaden Health Center is located at 866 Campus Drive; the insurance office is on the first floor. We are committed to helping you find the coverage that works best for your dependents.

In addition to the following web addresses, you will find definitions for commonly used insurance terms as well as some things to consider when selecting the plan that is right for your family.

See individual web sites for additional information:

Plans for adults and children:

- [Aetna Advantage](#) offers a number of PPO Plans for California residents.
- [Blue Cross of California](#) offers individual HMO and a PPO plans.
- [Blue Shield of California](#), a California-based plan with a variety of options.
- [Health Net](#), a California-based plan with a variety of options.
- [Kaiser Permanente](#) offers plans for individuals and families. [Rate quotes](#) are available online. Kaiser has facilities in Redwood City, Mountain View, and Santa Clara.
- [PacifiCare](#), a California based plan that offers both HMO and PPO plans.

Plans for children primarily:

- [Santa Clara Family Health Plans](#), a service of Santa Clara County offering low cost insurance plans for low-income working families of Santa Clara County. Choices include Healthy Families or Healthy Kids. For more information, call 1-800-280-2055 or e-mail [insurekids@scfhp.com](mailto:insurekids@scfhp.com).
- [Health Plan of San Mateo](#), a service of San Mateo County offering low cost insurance plans for low-income working families of San Mateo County. Choices include Healthy Families or Healthy Kids. For an application appointment, call 1-650-573-3595.
- [Kaiser Child Health Plan](#) is a quality health care option that may meet your needs.
- [eHealthInsurance.org](#) is a resource to inform uninsured consumers about health insurance and other alternatives available to them and their families to enable health care access. Resources include national and state public assistance programs, as well as low-cost health insurance alternatives available on the private market.
- [MRMIP](#), a California-based program administered by Blue Cross of California and offered by 4 private carriers for Californians who are unable to obtain coverage in the individual insurance market.

**Here are some questions you might want to ask yourself when evaluating your insurance options:**

**Annual Maximum** – is there an annual maximum the policy will pay?

**Coverage outside the area (Bay Area) or country (USA)** – does the policy cover you while outside the immediate area, or outside of the USA? Does the policy cover emergencies only or does it also cover routine care when outside of the area? Many plans cover emergency care only when outside the area or the country.

**International students** – does your visa have minimum health insurance requirements that must be satisfied?

**Lifetime Maximum** – is there a lifetime maximum the policy will pay? If so, what is the maximum?

**Maternity care** – is it covered? Does the plan you are considering cover a pre-existing pregnancy? Is there a waiting period before maternity coverage becomes effective?

**Pre-existing condition** – does the policy cover pre-existing conditions? Are there limitations to that coverage?

### **Common Insurance Terminology**

Below are some examples of commonly used terms you might find helpful in your search for health insurance coverage for your family. These definitions are broad in scope as each individual carrier will have its own version.

**Annual maximum** – the total maximum amount the insurance carrier will pay in a calendar year.

### **HMO – Health Maintenance Organization**

A Health Maintenance Organization (HMO) is a health plan whose enrollment requires plan members to obtain their health care services from doctors and hospitals affiliated with the HMO. It is common practice in HMOs for the plan member to choose a primary care physician who treats and directs health care decisions and who coordinates referrals to specialties within the HMO network.

Important Points to Remember About Health Maintenance Organizations:

- You must obtain health care services from HMO providers, except in certain emergency situations.
- Your choice of primary care physician is important because he/she directs your care. Also, your primary care physician often coordinates referrals to specialties within the HMO.
- Your options may be limited by the geographic restrictions of the HMO network.
- You may be charged a small co-payment each time you utilize an HMO covered service.

**Lifetime maximum** – The total maximum the insurance carrier will pay over the combined span of the policy.

**PPO - Preferred Provider Organization**

A Preferred Provider Organization (PPO) provides a list of contracted "preferred" providers from which to choose. You receive the highest monetary benefit when you limit your health care services to those providers on the list. If you go to a doctor or hospital that is not on the preferred provider list referred to as going "out-of-network", then the plan covers a smaller percentage of your health care expenses or may cover none of your health care expenses based on the contract wording of the plan.

Important Points to Remember About Preferred Provider Organizations:

- You receive the highest monetary benefit when staying within the PPO network.
- You may have the option to go outside the PPO network at a higher monetary cost to you.
- You should consider checking if your doctor or any specialist referred to you is part of the PPO network before utilizing covered services.

**Deductible** - A fixed amount which is deducted from eligible expenses before benefits from the insurance company are payable.

**Co-pay/Co-insurance** - The portion of charges you pay to your provider for covered health care services in addition to any deductible.

**Pre-existing condition** – Any illness or health condition for which you have received medical advice or treatment during the six months prior to obtaining health insurance.

**Medically Necessary** - A drug, device, procedure, treatment plan, or other therapy that is covered under your health insurance policy and that your doctor, hospital, or provider has determined essential for your medical well-being, specific illness, or underlying condition.

**Exclusions and/or Limitations** - Conditions or circumstances spelled out in an insurance policy which limit or exclude coverage benefits. It is important to read all exclusion, limitation, and reduction clauses in your health insurance policy or certificate of coverage to determine which expenses are not covered.