

Summary *of* Benefits

Primary EPO • Insurance Plan 26U



DELIVERING CHOICES

When it comes to your health care, the best decisions are made with the best choices. Health Net Life Insurance Company (herein called HNL) offers an Exclusive Provider Organization (EPO) insurance plan that provides you with ways to help you receive the care you deserve. This *Summary of Benefits* (SB) document answers basic questions about this versatile plan. If you have further questions, contact the Customer Contact Center at (800) 250-5226 and one of our friendly, knowledgeable representatives will be glad to help.

If you have further questions, contact us:



By phone at 1-800-250-5226



**Or write to: Health Net Life Insurance Company
P.O. Box 10196
Van Nuys, CA 91410-0196**



This insurance plan is underwritten by Health Net Life Insurance Company and administered by Health Net of California, Inc. (Health Net).

This *Summary of Benefits* (SB) is only a summary of your health insurance plan. Your *student Benefit Handbook*, which you will receive after you enroll, contains the exact terms and conditions of your Health Net Life coverage. You should also consult the *Health Net EPO Blanket Student Accident and Sickness Insurance Policy (here in called the Policy)* (to be issued to Stanford University) to determine governing contractual provisions. It is important for you to carefully read this SB and your student Benefit Handbook thoroughly, once received, especially those sections that apply to special health care needs. This SB includes a matrix of benefits in the section titled, "Schedule of Benefits and Coverage."

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Welcome to Cardinal Care, a Medical benefits program for Stanford University students by Health Net Life.

Please read the following information so you will know from whom or what group of providers health care may be obtained.

How the insurance plan works

The benefits under this insurance plan are managed by Vaden Health Center (VHC) for Tier 1, and through Health Net Participating Providers for Tier 2. Except in an emergency or for other urgent medical circumstances, services provided by out-of-network providers are not covered under this HNL Insurance Plan.

Under Cardinal Care, Health Net Life provides two tiers of coverage: Tier 1 for care referred by VHC to Stanford University Medical Center (SUMC) or Menlo Medical Clinic, or Tier 2 for care provided by a HNL Participating Provider without a referral from VHC.

The type of provider you choose will determine the level of coverage that will apply for services covered by this Plan.

Tier 1:

To access Tier 1: The Vaden Health Center provides primary care services counseling and psychological services, and pharmacy services. For Tier 1 benefits, Cardinal Care requires all students to first seek services at Vaden (except in an emergency or for other urgent medical circumstances). If necessary, VHC will refer Covered Persons to SUMC for specialty services. This referral is needed for the specialty services to be covered at Tier 1. All Tier 1 services must be provided or arranged by VHC or SUMC with the exception of emergency and urgently needed care anywhere in the world. Monterey students may access care directly from a HNL PPO participating provider (listed within the Health Net Network Directory within Monterey and Santa Cruz counties) without first visiting VHC.

A Covered Person enrolled in Cardinal Care will be referred at no extra cost to a Health Net Life physician group or Hospital not affiliated with SUMC if the required service is unavailable at VHC or SUMC.

Tier 2:

Tier 2 services are those rendered by providers who have agreed to participate in the HNL PPO network. They have agreed to provide Covered Persons with health care and to accept a special contracted rate as payment in full for services which are covered under this plan. Your share of the cost for covered services is based on that contracted rate.

Covered services are payable by HNL only when you access care, services, or supplies from the designated Participating Providers of this insurance plan except routine care performed outside of the United States.

How to Obtain Care-Tier 1

Tier 1 coverage applies:

- When the Covered Person receives medical care through VHC and is referred to SUMC, OR when a Monterey student (i.e., Covered Person) visits a HNL PPO Participating provider listed within the Health Net Network Directory within Monterey and Santa Cruz counties. These providers authorize all medical care for Tier 1 benefits except for emergency care or urgently needed care.
- All medical care and supplies which you obtain must be provided by, authorized by, or arranged by VHC in order for the services to be covered at the Tier 1 level of coverage.

Vaden Health Center (VHC) providers:

- Are responsible for providing initial and primary care;
- Maintain the continuity of patient care; and
- Authorize referrals for Specialist care

For information on providers please call the Health Net Life Customer Contact Center at (800) 250-5226.

Specialists and Referral Care

Sometimes, you may need care that VHC cannot provide. At such times, you will be referred by VHC to a Specialist or other health care provider for that care. As necessary, VHC will refer Cardinal Care members to SUMC or Menlo Medical Clinic for specialty services. Members in Monterey and Santa Cruz counties may self refer to a specialist in the HNL PPO Network in those counties.

How to Obtain Care-Tier 2

Tier 2 coverage applies:

- When you receive medical care in California from a Health Net Life Participating Provider listed in the Health Net Network Directory without referral from VHC. In the event that you desire to see a provider for care or services without a referral from VHC, you have the option to see one of the HNL's Participating Providers. Simply find the provider you wish to see in the Health Net Life Participating Provider Directory and schedule an appointment.
- When you are outside of the California to locate preferred providers near you contact the HNL dedicated Customer Contact Center at (800) 250-5226.
- When accessing care outside of United States you may see any provider

You can obtain the Health Net Network Directory by calling the Health Net Life Customer Contact Center at (800) 250-5226 or the Participating Provider information is also available through the Health Net website (www.healthnet.com/cardinalcare).

Emergency medical services will be covered at the Tier 1 level anywhere in the world. Non-emergency care out of the United States will be covered at Tier 2 level. International claims will not require prior authorization.

MENTAL DISORDERS AND CHEMICAL DEPENDENCY CARE

Health Net contracts with MHN Services, an affiliate behavioral health administrative services company (the Behavioral Health Administrator), to administer behavioral health services for mental disorders and chemical dependency conditions.

HOW TO ENROLL

Stanford students are automatically enrolled in Cardinal Care at the beginning of each academic year. Cardinal Care coverage begins September 1 and ends on August 31 each year. Students who do not opt out of Cardinal Care are covered the entire academic year; during breaks as well as in any non-registered quarter. Students who have alternative health insurance coverage that meets minimum requirements set by the University may waive Cardinal Care, but must do so by applicable deadlines.

Some hospitals and other providers do not provide one or more of the following services that may be covered under your *Policy* and that you might need:

- Family planning
- Contraceptive services; including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

You should obtain more information before enrollment by calling HNL's Customer Contact Center at (800) 250-5226 to ensure that you can obtain the health care services that you need.

Schedule of Benefits and Coverage

THIS MATRIX IS INTENDED TO HELP YOU UNDERSTAND COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE STUDENT BENEFIT HANDBOOK SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Principal benefits and coverage matrix

Deductibles	Tier 1	Tier 2
Deductible.....	None	\$200

Additional deductibles	Tier 1	Tier 2
Emergency room deductible (waived if admitted to a hospital).....	\$50.....	\$50
Urgent care center deductible (waived if admitted to a hospital).....	\$20.....	\$20

Out-of-Pocket maximum (OOPM)	Tier 1	Tier 2
For covered services and supplies (Per Covered Person).....	\$500.....	\$1500



Once your payment for covered services and supplies equals the amount shown above in any one plan year, no additional copayments or coinsurance for covered medical services and supplies are required for the remainder of that plan year. Payments for any supplemental benefits or services not covered by this insurance plan will not be applied to this plan year out-of-pocket maximum unless otherwise noted. The following expenses will not be counted, nor will these expenses be paid at 100% after the Out-of-Pocket Maximum has been reached:

- *Copayment, or coinsurance for outpatient prescription drugs including copays for self-administered injectable medications obtained through a VHC, a contracted Health Net Pharmacy or Specialty Pharmacy Vendor.*
- *Copayments or expenses paid for services that diagnose, or evaluate infertility.*

Professional services	Tier 1	Tier 2
Visit to physician☒.....	\$20.....	20%
Specialist consultations☒.....	\$20.....	20%
Prenatal and postnatal office visits [‡]	\$20.....	20%
Normal delivery, cesarean section, newborn inpatient care [‡] *	Covered in full	20%
Treatment of complications of pregnancy, including medically necessary abortions [‡] , *	Covered in full	20%
Physician visit to hospital or skilled nursing facility	Covered in full	20%
Surgeon or assistant surgeon services (excluding bariatric surgery) [▲] , *	Covered in full	20%
Transgender surgery [Ⓟ]	Covered in full	20%

Administration of anesthetics (excluding bariatric surgery)	Covered in full	20%
Rehabilitative therapy (includes physical, speech, occupational, cardiac rehabilitation and pulmonary rehabilitation therapy)	\$20	\$40
Maximum visits per plan year [■]	Unlimited	60
Organ and stem cell transplants (nonexperimental and noninvestigational)*	Covered in full	20%
Chemotherapy*	\$20	20%
Radiation therapy*	\$20	20%
Vision and hearing examinations (for diagnosis or treatment, including refractive eye examinations)	\$20	20%

[▲] Surgery includes surgical reconstruction of a breast incidental to mastectomy, including surgery to restore symmetry; also includes prosthesis and treatment of physical complications at all stages of mastectomy, including lymphedema. While HNL and your PCP will determine the most appropriate services, the length of hospital stay will be determined solely by your PCP.

[⊕] These copayments apply to professional services only. Services that are rendered in a hospital are also subject to the hospital services copayment. See "Hospital services" in this section to determine if any additional copayments may apply.

[☒] Copayments under Tier 1 are waived for physician visits rendered by a Vaden Health Center clinician.

*These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.

[■] Additional visits are payable for Tier 2 if precertified as medically necessary following neurological and orthopedic surgery, cerebral cardiovascular accident, third degree burns, head trauma or spinal cord injuries.

[Ⓛ] Transgender surgery requires prior authorization from HNL. Transgender surgery and services related to the surgery, that are authorized by HNL are subject to a combined Inpatient and Outpatient lifetime benefit maximum of \$75,000 for each covered person. Reasonable travel, lodging and meal costs, as determined by HNL, for a covered person to undergo an authorized transgender surgery are included within the lifetime benefit maximum.

Allergy treatment and other injections


(except for infertility injections)	Tier 1	Tier 2
Allergy testing	\$20	20%
Allergy serum	\$0	20%
Allergy injection services	\$20	20%
Immunization for occupational purposes	Not covered ...	Not covered
Immunization for foreign travel	Not covered ...	Not covered
Injections (except for infertility		

Injectable drugs administered by a physician, (office based injectable medication, per dose).....	\$20.....	20%
Self-injectable drugs*	Refer to Pharmacy Benefits	Refer to Pharmacy Benefits

Hormone therapy treatment related to Gender Identity Disorder (GID) is covered.


Certain injectable drugs which are considered self-administered injectable drugs are covered under the pharmacy benefit. If you need to have the provider administer the Self-Injectable Drug, you will need to obtain the Self-Injectable Drug through the Specialty Pharmacy Vendor or a contracted retail pharmacy and bring it with you to the provider office. Alternatively, you can coordinate delivery of the Self-Injectable Drug directly to the provider office through the Specialty Pharmacy Vendor. Please refer to the "Specialty Pharmacy Vendor" portion of this "Schedule of Benefits and Coverage" section for the applicable copayment or coinsurance.

**These services require certification for coverage. For a complete listing of services requiring certification please refer to the "Services requiring certification" section of this SB. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.*

 *Injections for the treatment of infertility are described below in the "Infertility services" section.*

Outpatient services	Tier 1	Tier 2
Outpatient facility services (other than surgery; except for infertility services and bariatric surgery)*	Covered in full	20%
Outpatient surgery (hospital or outpatient surgery center charges only; except for infertility services and bariatric surgery)*	Covered in full	20%

**These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.*

 *Outpatient care for infertility is described below in the "Infertility services" section.*

Hospital services	Tier 1	Tier 2
Semi-private hospital room or intensive care unit with ancillary services, including maternity care (unlimited days; excluding Severe Mental Illness, Mental Disorders, Chemical dependency, and Bariatric) services *	Covered in full	20%
Skilled nursing facility stay (limited to a combined 100 days each plan year) *	Covered in full	20%
Transgender surgery [Ⓞ]	Covered in full	20%

The above coinsurance for inpatient hospital or special care unit services is applicable for each admission for the hospitalization of an adult, pediatric or newborn patient. If a newborn patient requires admission to a special care unit, a separate copayment for inpatient hospital services will apply.

^①Inpatient and Outpatient Hospital services for transgender surgery and services related to the surgery require prior authorization by HNL and are subject to a combined inpatient and outpatient lifetime benefit maximum of \$75,000 for each Covered Person. Additionally, the benefits are combined between Tier 1 and Tier 2.

*These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.

Inpatient care for infertility is described below in the "Infertility services" section.

Radiological services	Tier 1	Tier 2
Laboratory procedures and diagnostic imaging (including x-ray) * Covered in full 20%
CT, SPECT, MRI, MUGA and PET** Covered in full 20%

*These services require certification for coverage. For a complete listing of services requiring certification please refer to the "Services requiring certification" section of this SB. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.

**For providers in SUMC and Menlo Medical Clinic. Any complex radiology will be covered at tier 1 regardless of the contract or lack of contract with the provider.

Preventive care	Tier 1	Tier 2
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Adult preventive care

(The following benefits are not subject to the plan year deductible.)

Periodic health evaluations, including well-woman exam, annual preventive physical examinations and some immunizations (age 17 and older) [□] Covered in full Covered in full

Child preventive care

(The following benefits are not subject to the plan year deductible.)

Periodic health evaluations, including newborn, well-baby care, annual preventive physical examinations and immunizations (birth through age 16) ^① Covered in full Covered in full



Preventive care services are covered for children and adults, as directed by your physician, based on the guidelines from the U.S. Preventive Services Task Force Grade A&B recommendations, the Advisory Committee on Immunization Practices that have been adopted by the Center for Disease Control

and Prevention, the guidelines for infants, children, adolescents and women’s preventive health care as supported by the Health Resources and Services Administration (HRSA).

Preventive care services include, but are not limited to, periodic health evaluations, immunizations, diagnostic preventive procedures, including preventive care services for pregnancy, and preventive vision and hearing screening examinations, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA.

Emergency health coverage	Tier 1	Tier 2
Emergency room (professional and facility charges)*	Covered in full	Covered in full
Urgent care center (professional and facility charges)*	Covered in full	Covered in full

* Services are covered in full after the applicable Emergency room or Urgent care center deductible has been satisfied.



The deductible for emergency room or urgent care center will not apply if the covered person is admitted as an inpatient directly from the emergency room or urgent care center.
 The Tier 2 plan year deductible is waived for emergency or urgent care services.
 Cares referred by Vaden Health Center or emergency services will be covered at the Tier 1 level.
 Outside of California First Health Providers coordinate the non emergency services which are paid at the Tier 2 level of benefits.
 When you receive non emergency medically necessary care outside the United States, you will receive Tier 2 benefits. If you have questions, before or during travel, you may call HNL Customer Contact Center at 1-818-676-6767.
 International claims will not require prior authorization.

Ambulance services	Tier 1	Tier 2
Ground ambulance.....	Covered in full	Covered in full
Air ambulance*	Covered in full	Covered in full

*These services require certification for coverage. For a complete listing of services requiring certification please refer to the "Services requiring certification" section of this SB. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.

Prescription drug coverage



Copayments and deductibles for prescription drugs do not apply to the out-of-pocket maximum, except copayments and deductibles for peak flow meter and inhaler spacers used for the treatment of asthma, and diabetic supplies.

Retail participating pharmacy (up to a 30-day supply)

Generic drugs	\$10
Brand name drugs	\$25
Lancets.....	Covered in full

Oral infertility drugs	50%
Preventive drugs and women’s contraceptives	Covered in full
Self-administered injectable drugs (for each prescription; up to a 30-day maximum per prescription)	\$25
Specialty Pharmacy Vendor Specialty pharmacy drugs	\$25



Copayments for prescription drugs do not apply to the out-of-pocket maximum, except copayments for peak flow meters, inhaler spacers used for the treatment of asthma and diabetic supplies.

If the usual and customary charge is less than the applicable copayment, then you will pay the usual and customary charge. Prescription drug covered expenses are the lesser of Health Net’s contracted pharmacy rate or the pharmacy’s usual and customary charge for covered prescription drugs.

Self-administered injectable drugs are covered when prior authorization is obtained from HNL and the drugs are dispensed through the VHC Pharmacy, HNL’s Specialty Pharmacy Vendor, or HNL’s contracted retail pharmacy. Please note that needles and syringes required to administer the self-injectable medication are covered only when obtained through the Specialty Pharmacy Vendor.

- *Self-administered injectable medications are defined as drugs that are:*
- *Medically necessary;*
- *Administered by the patient or family member; either subcutaneously or intramuscularly;*
- *Deemed safe for self-administration as determined by HNL’s Pharmacy and Therapeutics committee.*

** Preventive drugs and women’s contraceptives that are approved by the Food and Drug Administration are covered at no cost to the Covered Person, and are not subject to the deductible. Preventive drugs are prescribed over-the-counter drugs or are prescription drugs that are used for preventive health purposes per the U.S. Preventive Services Task Force A and B recommendations.*

If a brand name drug is dispensed, and a generic equivalent is commercially available, you will be required to pay the difference in cost between the generic and brand name drug. However, if a brand named drug is medically necessary and the physician obtains prior authorization from Health Net, then the brand name drug will be dispensed at no charge.

Some drugs require prior authorization from Health Net. Urgent requests from physicians are handled in a timely fashion, not to exceed 72 hours, as appropriate and medically necessary, for the nature of the Covered Person’s condition after Health Net’s receipt of the information reasonably necessary and requested by Health Net to make the determination. Routine requests from physicians are processed in a timely fashion, not to exceed 5 days, as appropriate and medically necessary, for the nature of the Covered Person’s condition after Health Net’s receipt of the information reasonably necessary and requested by Health Net to make the determination.

Medical Supplies	Tier 1	Tier 2
Durable medical equipment*	Covered in full	20%
Orthotics (such as bracing, supports and casts)*	Covered in full	20%
Diabetic equipment. See the "Prescription drug program" of this SB for diabetic supplies benefit information. *	Covered in full	20%

Diabetic footwear.....	Covered in full	20%
Prostheses*	Covered in full	20%



Diabetic equipment covered under the medical benefit (through “Diabetic Equipment”), includes blood glucose monitors designed for the visually impaired, insulin pumps and related supplies. In addition, the following supplies are covered under the medical benefit as specified: diabetic footwear, visual aids (excluding eyewear) to assist the visually impaired with the proper dosing of insulin are provided through the prostheses benefit; Glucagon is provided through the self-injectable benefit. Self-management training, education and medical nutrition therapy will be covered only when provided by licensed health care professionals with expertise in the management or treatment of diabetes (provided through the patient education benefit). Diabetic equipment and supplies covered under the prescription drug benefit include insulin, specific brands of blood glucose monitors and testing strips, Ketone urine testing strips, lancets and lancet puncture devices, specific brands of pen delivery systems for the administration of insulin (including pen needles) and specific brands of insulin syringes.

- * These services require certification for coverage. For a complete listing of services requiring certification please refer to the "Services requiring certification" section of this SB. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.

Mental disorder and chemical dependency Benefits

† Benefits are administered by MHN Services, an affiliate behavioral health administrative services company.

Covered services are payable by MHN only when you access care from Participating Mental Health Professionals except in emergencies. A special network of providers has been contracted for Stanford students only; this network is locally available in addition to MHN's full national network of providers.

Severe mental illness includes schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorders, pervasive developmental disorder (including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified to include Atypical Autism, in accordance with the most recent edition the Diagnostic and Statistical Manual for Mental Disorders), autism, anorexia nervosa and bulimia nervosa.

Serious emotional disturbances of a child is when a child under the age of 18 has one or more mental disorders identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary chemical dependency disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. In addition, the child must meet one of the following: (a) as a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self care, school functioning, family relationships or ability to function in the community; and either (i) the child is at risk of removal from home or has already been removed from the home or (ii) the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year; (b) the child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder; and/or (c) the child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

Please call the MHN Customer Service Center at (800) 327-0307 for any additional information.

OUT-OF-POCKET MAXIMUM

For covered services or supplies (per Covered Person, combined with Medical)..... \$500

ADDITIONAL DEDUCTIBLES

Emergency room deductible (per visit) \$50

Severe Mental Illness and Serious Emotional Disturbances of a Child

Outpatient professional consultation (psychological evaluation or therapeutic session in an office setting)..... \$20
 Physician visit to hospital, participating behavioral health facility or residential treatment center Covered in full
 Physician visit to home* \$20
 Inpatient services* Covered in full
 Intensive outpatient care or partial hospitalization/day treatment* Covered in full

Other Mental Disorders

Outpatient professional consultation (psychological evaluation or therapeutic session in an office setting) Individual session \$20
 Physician visit to hospital, participating behavioral health facility or residential treatment center Covered in full
 Physician visit to home* \$20
 Inpatient services* Covered in full
 Intensive outpatient care or partial hospitalization/day treatment* Covered in full

Chemical Dependency

Outpatient professional consultation (psychological evaluation or therapeutic session in an office setting) Individual session..... \$20
 Physician visit to hospital, participating behavioral health facility or residential treatment center Covered in full
 Physician visit to home* \$20
 Inpatient services* Covered in full
 Acute care detoxification* Covered in full

*These services require certification for coverage. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.

Exceptions:

The emergency room deductible will be waived if the Covered Person is admitted to a Hospital directly from an emergency room.

The emergency room copayment does not apply to the out of pocket maximum.

*Each group therapy session requires only one half of a private office visit copayment.

Home health services	Tier 1	Tier 2
Home health services (copayment required for each day home health visits occur) *	\$20.....	20%
Combined maximum number of visits during a Plan year.....	100.....	100

* These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.

Other services	Tier 1	Tier 2
Sterilization Vasectomy***	\$50.....	\$100
Sterilization Tubal ligation	Covered in full.....	Covered in full
Blood, blood plasma, blood derivatives and blood factors (except for drugs used to treat hemophilia, including blood factors)**	Covered in full.....	20%
Drugs used to treat hemophilia, including blood factors**	Refer to Pharmacy....	Refer to Pharmacy
.....	Benefits.....	Benefits
Transgender surgery ☒	Covered in full	20%
Nuclear medicine*	\$20.....	20%
Renal dialysis	\$20.....	20%
Hospice services*	Covered in full	20%
Combined maximum days per plan year.....	180.....	180
Chiropractic care*	\$20.....	20%
Combined maximum visits per plan year.....	15.....	15
Acupuncture care*	\$20.....	20%
Combined maximum visits per plan year.....	15.....	15

****The deductible applies in addition to the copay for male sterilization services*

**These services require certification for coverage. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.*

*** Drugs used to treat hemophilia, including blood factors, are covered on the Specialty Drug tier under the pharmacy benefit. Specialty Drugs are not covered under the medical benefit even if they are administered in a Physician’s office. If you need to have the provider administer the Specialty Drug, you will need to obtain the Specialty Drug through the Specialty Pharmacy Vendor and bring it with you to the provider’s office. Alternatively, you may be able to coordinate delivery of the Specialty Drug directly to the provider’s office through the Specialty Pharmacy Vendor.*

Transgender surgery included Genital reconstructive surgery (includes hysterectomy, oophorectomy, and mastectomy).

Transgender surgery requires prior authorization from HNL. Health Net’s case manager will determine and set guidelines for lodging/travel/meal expenses using Health Net’s Corporate Travel guidelines. Transgender surgery and services related to the surgery, that are prior authorized by HNL are subject to a combined Inpatient and Outpatient lifetime benefit maximum of \$75,000 for each Covered Person. The transgender surgery must be performed by an HNL qualified provider in conjunction with gender transformation treatment. The treatment plan must conform to Harry Benjamin International Gender Dysphoria Association (HBIGDA), now called WPATH (World Professional Association of Transgender Health), standards. Prior authorization is required from Health Net Life. Psycho-therapy and hormone treatment are excluded from the lifetime maximum. Additionally, beyond the actual surgery no cosmetic procedures are covered.

Travel, lodging and meal costs, are covered for the patient (companion not covered). Covered procedures include:

- Pre-op, surgical procedures and post op visits to Northern California transgender surgeon only.*
- The maximum meal allowance is \$55 per day.*
- Only coach airfare is covered (patient will pay the difference to upgrade).*
- Airport parking is limited to long-term parking rate for all overnight trips in excess of one night.*
- Travel distance must be 100 miles or more from the provider for HNL to cover travel, lodging and meal expenses.*
- HNL will not prepay (i.e. in advance) travel, lodging and meal expenses.*

Reimbursement will be provided after the submission of the claims reimbursement form, along with receipts for pre-approved expenses. The authorization number must be provided on all the claim forms. For use of a personal car, the Covered Person must provide the purpose of the trip, the date and location. Receipts for tolls and parking need to be presented before reimbursement will be approved. Any mileage will be reimbursed at federal mileage allowance rate.



Infertility services and supplies are described below in the "Infertility services" section.

Infertility services	Tier 1	Tier 2
Infertility services and supplies (to diagnose or evaluate infertility) ^{†, *}	50%	50%

Notes:

Infertility services include prescription drugs, professional services, inpatient care, outpatient care and treatment by injections.

Injections for Infertility are covered only when provided in connection with services that are covered by this Plan.

⚡These copayments apply to professional services only. Services that are rendered in a hospital are also subject to the hospital services copayment. See "Hospital services" in this section to determine if any additional copayments may apply.

**These services require certification for coverage. For a complete listing of services requiring certification please refer to the "Services requiring certification" section of this SB. Routine care for condition of pregnancy does not require prior certification. However notification of pregnancy is requested. If certification is required but not obtained, your benefit reimbursement level will be reduced, both in-network and out-of-network, to 50% of covered expenses.*

Limits of coverage

WHAT'S NOT COVERED (EXCLUSIONS AND LIMITATIONS)

- Air or ground ambulance and paramedic services that are not emergency care or which do not result in a patient's transportation will not be covered unless certification is obtained and services are medically necessary.
- Artificial insemination;
- Mental health care as a condition of parole or probation, or court-ordered treatment and testing for mental disorders, except when such services are medically necessary;
- Certain injectable drugs which are considered self-administered are covered on the Specialty Drug tier under the pharmacy benefit. Specialty Drugs are not covered under the medical benefits even if they are administered in a Physician's office. If you need to have a provider administer the Specialty Drug, you will need to obtain the Specialty Drug through the Specialty Pharmacy Vendor and bring it with you to the provider office. Alternatively, you can coordinate delivery of the Specialty Drug directly to the provider's office through the Specialty Pharmacy Vendor.
- Conception by medical procedures (IVF, GIFT and ZIFT);
- Conditions resulting from the release of nuclear energy when government funds are available;
- Except for the management and treatment of diabetes, corrective footwear is not covered unless medically necessary, custom made for the covered person and permanently attached to a medically necessary orthotic device that is also a covered benefit under this plan;
- Cosmetic services and supplies;
- Custodial or live-in care;
- Dental services. However, Medically Necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures are covered. Cleft palate includes cleft palate, cleft lip or other craniofacial anomalies associated with cleft palate;
- Dietary or nutritional supplements, except when prescribed for the treatment of Phenylketonuria (PKU);
- Disposable supplies for home use;
- Experimental or investigational procedures, except as set out under the "Clinical trials" and "If you have a disagreement with our insurance plan" sections of this SB;
- Genetic testing is not covered except when determined by HNL to be medically necessary. The prescribing physician must request prior authorization for coverage;
- Hearing aids;
- Hypnosis;
- Infertility services (Treatment) except for diagnosis and evaluation;
- Non-eligible institutions. This insurance plan only covered services or supplies provided by a legally operated hospital, Medicare-approved skilled nursing facility or other property licensed facility as specified in the student Benefit Handbook. Any institution that is primarily a place for the aged, nursing home or similar institution, regardless of how it is designated, is not an eligible institution. Services or supplies provided by such institutions are not covered;
- Nontreatable disorders;
- Outpatient prescriptions drugs or medications (except as noted under "Prescription drug program");
- Orthoptics (eye exercises);
- Personal or comfort items;
- Physician self-treatment;
- Physician treatment of immediate family members;

- Private rooms when hospitalized, unless medically necessary;
- Private-duty nursing;
- Refractive eye surgery unless medically necessary, recommended by your treating physician and authorized by HNL;
- Reversal of surgical sterilization;
- Routine physical examinations (including psychological examinations or drug screening) for insurance, licensing, employment, school, camp or other nonpreventive purposes;
- Services and supplies for the collection, preservation and storage of umbilical cord blood, cord blood stem cells and adult stem cells;
- Services and supplies not authorized by HNL according to HNL's procedures;
- Services for conditions of pregnancy for surrogate pregnancy are covered when the surrogate is an HNL covered person. However, when compensation is obtained for the surrogacy, the HNL shall have a lien on such compensation to recover its medical expenses; A surrogate parent is a woman who agrees to become pregnant with the intent of surrendering custody of the child to another person;
- Services received before effective date or after termination of coverage, except as specifically stated in the "Extension of Benefits" section of your student Benefit Handbook;
- Services related to educational and professional purposes; except for behavioral health treatment for pervasive developmental disorder or autism;
- State hospital treatment, except as the result of an emergency or urgently needed care;
- Treatment for stress, except when rendered in connection with services provided for a treatable mental disorder;
- Treatment of jaw joint disorders or surgical procedures to reduce or realign the jaw, unless medically necessary; and
- Treatment of obesity, weight reduction or weight management, bariatric services, except for treatment of morbid obesity.

The above is a partial list of the principal exclusions and limitations applicable to the medical portion of your HNL insurance plan. The student Benefit Handbook, which you will receive if you enroll in this insurance plan, will contain the full list.

Notice of language services

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or please call 800-522-0088. PPO members: for more help call the CA Dept. of Insurance at 1-800-927-4357. HMO members: call the DMHC Helpline at 1-888-HMO-2219.

English

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o llame al 800-522-0088. Afiliados a PPO: para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Afiliados a HMO: llame a la Línea de Ayuda del Departamento de Atención Médica Administrada de California (DMHC, por sus siglas en inglés) al 1-888-HMO-2219.

Spanish

免費語言服務。您可以取得口譯員服務。我們可以把文件朗讀給您聽，部分文件可以翻譯成您的語言並寄送給您。如需協助，請撥您會員卡所列的電話號碼或撥 800-522-0088 與我們聯絡。PPO 會員：如需其他協助，請致電 CA 保險局，電話 1-800-927-4357。HMO 會員：請撥 DMHC 協助專線 1-888-HMO-2219。

Chinese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên. Quý vị có thể được cấp người đọc văn bản cho quý vị hoặc nhận tài liệu, văn bản bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi cho chúng tôi tại số điện thoại trên thẻ hội viên của quý vị hoặc gọi số 800-522-0088. Hội viên chương trình PPO: Để được trợ giúp thêm, vui lòng gọi cho Sở Bảo hiểm CA tại số 1-800-927-4357. Hội viên chương trình HMO: xin gọi Đường dây trợ giúp của Sở DMHC tại 1-888-HMO-2219.

Vietnamese

무료 언어 지원 서비스. 귀하는 통역사 서비스를 받으실 수 있습니다. 본인에게 편한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 본인의 ID 카드상의 안내번호로 전화하시거나 800-522-0088 번으로 연락해 주십시오. PPO 가입자: 더 많은 도움이 필요하신 분은 캘리포니아 보험 담당국, 안내번호 1-800-927-4357 번으로 문의하십시오. HMO 가입자: DMHC 헬프라인, 안내번호 1-888-HMO-2219 번으로 문의해 주십시오.

Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin. Maaari mong ipabasa sa iyo ang mga dokumento, at maaaring ipadala sa iyo ang ilan sa mga ito sa iyong wika. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o kaya mangyaring tumawag sa 800-522-0088. Para sa PPO members: para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Para sa HMO members: tawagan ang DMHC Helpline sa 1-888-HMO-2219.

Tagalog

Անվճար Լեզվական Օգնություններ: Կարող եք թարգմանիչ ստանալ: Փաստաթղթերը կարող են ձեզ համար ընթերցվել կամ ձեզ ուղարկվել ձեր լեզվով: Օգնության համար զանգահարեք մեզ ձեր ինքնության (ID) ստանի վրա նշված համարով կամ խնդրում ենք զանգահարել 800-522-0088 համարով: PPO անդամներ լրացուցիչ օգնության համար զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք (CA Dept. of Insurance) 1-800-927-4357 համարով: HMO անդամներ զանգահարեք DMHC-ի Օգնության գծին 1-888-HMO-2219 համարով:

Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут прочесть ваши документы, а также выслать вам некоторые из них на вашем языке. Для получения помощи звоните нам по номеру телефона, указанному в вашей карточке-удостоверении, или по номеру 800-522-0088. Просим участников плана PPO для получения дополнительной помощи звонить в Министерство страхования (Department of Insurance) штата Калифорния по номеру 1-800-927-4357. Участников организаций медицинского обслуживания (HMO) просим обращаться в телефонную службу помощи Департамента организованного медицинского обслуживания (DMHC) по телефону 1-888-HMO-2219.

Russian

無料の言語サービス。通訳がご利用になれば、書類を日本語でお読みします。また、書類によっては日本語版をお届けできるものもあります。サービスをご希望の方は、IDカード記載の番号または 800-522-0088 までご連絡ください。PPO加入者: その他のお問い合わせはカリフォルニア州保険庁、1-800-927-4357 までご連絡ください。HMO加入者: DMHC ヘルプライン、1-888-HMO-2219 までご連絡ください。

Japanese

خدمات بی هزینه مربوط به زبان. می توانید از خدمات یک مترجم شفاهی برخوردار شوید. می توانید بگویند تا نوشته ها به زبان خودتان برایتان خوانده شده و بعضی از آنها به زبان خودتان برایتان ارسال شوند. برای دریافت کربن کمتک، به ما به شماره ای که روی کارت هویتتان قید شده است تلفن کنید یا با شماره 800-522-0088 تماس بگیرید. اعضاء PPO: برای دریافت کمک بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. اعضاء HMO: با خط تلفنی کمکی DMHC به شماره 1-888-HMO-2219 تماس بگیرید.

Farsi

ਭਾਸ਼ਾ ਦੀਆਂ ਮੁਫਤ ਸੇਵਾਵਾਂ। ਤੁਹਾਨੂੰ ਦੁਆਰੀਆਂ ਮਿਲ ਸਕਦਾ ਹੈ। ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ ਅਤੇ ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈ ਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਕਿਸੇ ਵੀ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ, ਜਾਂ ਕਿਰਪਾ ਕਰਕੇ 800-522-0088 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। PPO ਮੈਂਬਰ: ਹੋਰ ਸਹਾਇਤਾ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ। HMO ਮੈਂਬਰ: DMHC ਦੀ ਹੈਲਪਲਾਈਨ ਨੂੰ 1-888-HMO-2219 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ।

Punjabi

ការបកប្រែភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែបាន។ អ្នកអាចត្រូវបានអានឯកសារផ្លូវអ្នក និងផ្ញើឯកសារខ្លះ ទៅអ្នក ជាភាសាខ្មែរបាន។ សំរាប់ជំនួយ សូមទូរស័ព្ទមេរៀន តាមលេខដែលមានកត់នៅលើប័ណ្ណ ID របស់អ្នក ឬសូមទូរស័ព្ទ ទៅលេខ 800-522-0088។ សមាជិក PPO: សំរាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅក្រសួង ពាណិជ្ជកម្មកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357។ សមាជិក HMO: សូមទូរស័ព្ទទៅខ្សែជំនួយ DMHC តាមលេខ 1-888-HMO-2219។

Khmer

خدمات ترجمه بدون تکلفة. يمكنك الحصول على مترجم. يمكنك طلب قراءة وثائق وإرسال بعضها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك (ID) أو رجا الاتصال بالرقم 800-522-0088. اعضاء PPO: للحصول على المساعدة الإضافية يمكنكهم الاتصال بـ CA Dept. of Insurance على الرقم 1-800-927-4357. اعضاء برنامج HMO: يمكنكهم الاتصال بخط المساعدة التابع لـ DMHC بواسطة الرقم 1-888-HMO-2219.

Arabic

Key Pab Lus Tsis Muaj Nqi Them. Koj txais tau tus neeg txhais lus. Koj muab tau cov ntawv nyeem rau koj thiab ib co xa tuaj rau koj ua koj hom lus. Kom tau kev pab, hu rau pab ntawm tus xovtooj sau rau koj daim npav ID lossis thov hu 800-522-0088. Cov tswv cuab PPO: kom tau kev pab nxiv hu rau lub CA Dept. of Insurance ntawm 1-800-927-4357. Cov tswv cuab HMO: hu rau lub DMHC Helpline ntawm 1-888-HMO-2219.

Hmong

Doo baħ hilini da hazaad bee haká'adoowołgo. Ata' haine' é ła' áka'adoolwołgífi jókí'. Naaltsoos binahjii' éé dahózingífi hach'í' yífidooltah áádóó ła' hach'í' adoolyíjii' t'áá hó hazaad k'ehjí. Aká'adoowoł biniiyé, nihich'í' hodífilnih béésh bee hane' é binumer bee néé hó'dolzin biniiyé nanitínigífi bikáá' éi doodaii' kojí' hodífilnih 800-522-0088. PPO atah jiljígo: t'áá náás bee shiká'anásá'doowoł nizingo kojí' hodífilnih CA Dept of Insurancejí' éi 1-800-927-4357. HMO atah jiljígo: kojí' hodífilnih DMHC béésh bee hane' é bee aká'a'áyeedjí' éi 1-888-HMO-2219.

Navajo

Contact Us

Health Net EPO
Post Office Box 10196
Van Nuys, California 91410-0348

Customer Contact Center:

1-800-250-5226

**Telecommunications Device
for the Hearing and Speech Impaired:**
1-800-995-0852

www.healthnet.com/cardinalcare

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