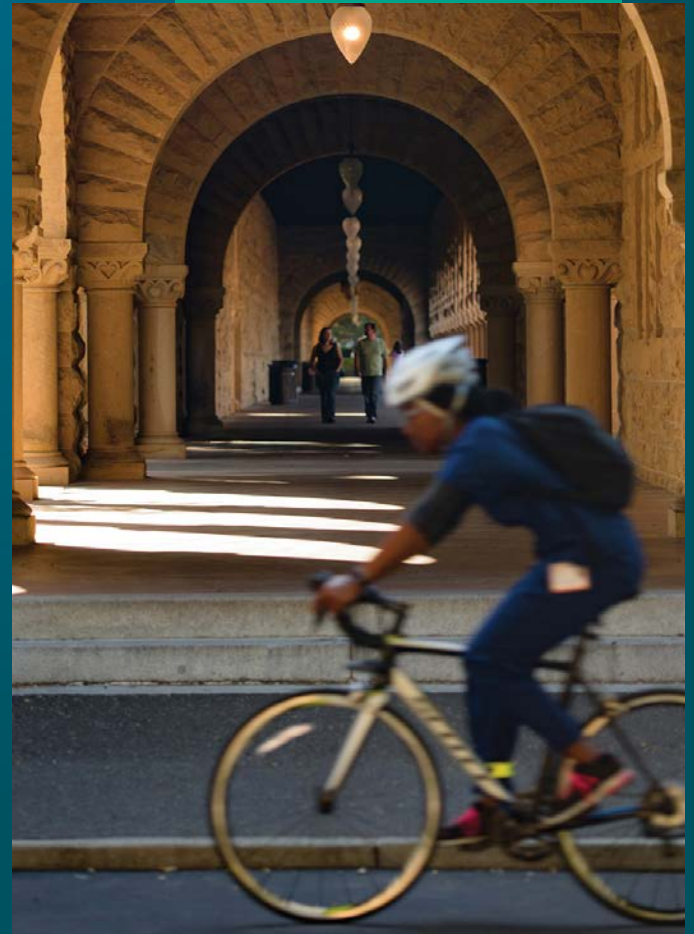
Stanford | Office of Postdoctoral Affairs
Postdoc Benefits



2024

COBRA
Benefits Guide

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Important Information About Medicare Prescription Drug Coverage
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 23 – 25 for more details.

CONTACTS

Benefit Contacts and Resources	Group #	Phone	Website/Email
Medical			
Stanford Health Care Alliance	109047	(855) 345-SHCA (7422)	stanfordhealthcarealliance.org
Aetna Enhanced Maternity Program		(800) 272-3531	aetna.com/individuals-families/womens-health/pregnancy-care-reproductive-health.html
Dental			
Delta Dental PPO	2843	(800) 765-6003	deltadentalins.com
Vision			
EyeMed Vision Care	1040308	(866) 723-0513	eyemed.com
Postdoc Assistance Program (PAP)			
ComPsych GuidanceResources		(855) 666-0519	guidanceresources.com Organization Web ID: SUPDPAP
COBRA			
Benelogic Premium Billing PO Box 79705 Baltimore, MD 21279-0705		(866) 289-9741	premiumbilling@benelogic.com

INTRODUCTION

This guide provides an overview of the Stanford University Postdoctoral Scholars Benefit Plans that are available to COBRA participants effective January 1, 2024.

- ✓ For questions about COBRA enrollment elections or changes, contact Benelogic at (866) 289-9741 or premiumbilling@benelogic.com.
- ✓ For questions about plan provisions, contact the specific plan's member services department.

COBRA 2024 MONTHLY CONTRIBUTION RATES

Medical – Stanford Health Care Alliance (SHCA)	
Participant Only	$939.42
Participant + Spouse/Registered Domestic Partner	$1,913.52
Participant + Child(ren)	$1,538.16
Participant + Family	$2,665.26
Dental – Delta Dental PPO	
Participant Only	$46.67
Participant + Spouse/Registered Domestic Partner	$87.47
Participant + Child(ren)	$77.27
Participant + Family	$118.07
Vision – EyeMed Vision Care	
Participant Only	$5.55
Participant + Spouse/Registered Domestic Partner	$9.35
Participant + Child(ren)	$9.57
Participant + Family	$15.97
Postdoc Assistance Program – ComPsych GuidanceResources	
Postdoc Assistance Program (PAP)	$1.58

Health Insurance Marketplace
You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. See page 31 for more information.

MEDICAL

Key Terms to Know

Allowed amount
The maximum amount your medical plan will pay for a covered medical service.

Balance billing (applies to out-of-network providers)
The difference between what an out-of-network provider bills for services and what the plan will pay.

Balance billing does not apply to your deductible or out-of-pocket maximum. You pay this in addition to those plan limits.

In-network providers and hospitals don't balance bill you.

Coinsurance
The percentage of the allowed amount or billed charges that a plan member may pay for covered services after meeting any applicable plan deductible.

Copayment (copay)
The fixed amount a plan member must pay for covered services after meeting any applicable plan deductible.

Deductible
The initial amount a plan member must pay in a calendar year for particular covered services before the plan pays. Amounts you pay toward a balance bill don't apply to your deductible.

In-network provider

A provider who's part of your medical plan's network, also called a preferred provider. You'll pay reduced fees when receiving care from an in-network provider.

- ✓ When receiving care within the 5 core San Francisco Bay Area counties, SHCA providers are in-network.
- ✓ When receiving care in the United States but outside the 5 core San Francisco Bay Area counties*, Aetna Choice POS II providers are in-network except for some Sutter Health providers.

Out-of-network provider

A provider who's not in your medical plan's network, also called a non-network or non-preferred provider. Your costs will be higher when receiving care from an out-of-network provider.*

Out-of-pocket maximum

The most money a plan member has to pay for covered services in a calendar year, including their deductible, copay and coinsurance. Balanced billing does not count toward the out-of-pocket maximum.

Primary Care Physician (PCP)

A doctor/physician who is the first contact for a person with an undiagnosed health concern and also provides ongoing care.

Specialist

Generally, a doctor/physician who is *not* categorized as a general practitioner, family practitioner, pediatrician, internist or OB/GYN. For example, dermatologists and cardiologists are specialists.

* Within the 5 core San Francisco Bay Area counties, any provider not contracted with SHCA is out-of-network, including Sutter Health Palo Alto Medical Foundation (PAMF).

Sutter Health providers are also out-of-network with the exception of 3 facilities — Alta Bates , Mills-Peninsula and California Medical Center. All other Sutter Health providers and facilities, including the Palo Alto Medical Foundation, are out-of-network.

Outside the 5 core counties but within the United States, any provider who does not have a contract with Aetna Choice POS II is out-of-network.

Save Money By Staying In-Network

As an SHCA member, you can receive care from any licensed provider, but you receive a higher benefit level from participating SHCA providers when accessing care within SHCA's 5 core counties. **You may receive care from a non-participating SHCA provider, but your costs will be much higher. See how using in-network vs. out-of-network providers can affect your costs below.**

Greatest Savings With In-Network Providers

When you receive care within these 5 counties from an in-network SHCA provider, covered services are paid at 100% after the applicable copay.

Alameda | **Contra Costa** | **San Francisco** | **San Mateo** | **Santa Clara**

Use the Aetna Choice POS II Network Outside the 5 Counties but Within the United States

If you need care outside of the 5 counties, but within the United States, you'll get a higher benefit level when you receive care from a provider within the Aetna Choice POS II network.

Greatest Cost With Out-of-Network Providers

An out-of-network provider has no contract with SHCA and can charge you any amount for their service. Aetna will pay only a percentage of the allowed amount for that service. You can be billed for what Aetna does not pay. This is called balance billing.

Receiving out-of-network services requires that you meet an annual deductible, be subject to coinsurance and be responsible for any balance billing.

When You Receive Care Outside of the United States

Urgent and emergency care will be covered as if you were in-network; however, you may need to pay out-of-pocket for care, then work with the SHCA Member Care Specialists to file a reimbursement claim. All other non-emergency care will be covered at the out-of-network benefit level.

Example of Outpatient Surgery Care

Charges	In-Network		Out-of-Network
	In-hospital setting	Stand-alone facility	
Billed Amount	$15,000	$15,000	$15,000
Contracted Amount	$250	$0	N/A
Allowed Amount (AA)	N/A	N/A	$7,000
Deductible (ded)	N/A	N/A	$1,500
Eligible Expense (60% of AA after ded)	N/A	N/A	$3,300
Your Responsibility (40% of AA)	$250	$0	$2,800
Balance Billing	$0	$0	$7,400
Total Amount You Paid for Services	**$250**	**$0**	**$11,700**

How In-Network and Out-of-Network Providers Compare

Charges	SHCA Providers (Within the 5 Counties)	Aetna Choice POS II Providers (Outside the 5 Counties)	Out-of-Network Providers
Offers you reduced fees	Yes	Yes	No. They can charge you any amount.
May balance bill you (charge you above the plan's allowed amount)	Not within the 5 counties	Not outside the 5 counties	Yes, you may pay that balance, which doesn't apply to your deductible or out-of-pocket maximum.
Claim Filing	No	No	Some providers may not bill your insurance and you would be responsible for paying the provider out of pocket, then filing a claim for reimbursement.

Sutter Health providers, including the Palo Alto Medical Foundation (PAMF), are out-of-network with exceptions for three facilities:

1. Alta Bates Summit Medical Center
2. Mills-Peninsula Medical Center
3. California Pacific Medical Center (all campuses)

All other Sutter Health providers and facilities, including the Palo Alto Medical Foundation, are out-of-network. Confirm your provider is in the SHCA provider directory before receiving care.

Confirm your provider's network

To find in-network providers, use the Find Doctors and Clinics search at **stanfordhealthcarealliance.org** or call (855) 345-SHCA (7422).

Learn more about in-network savings

Visit **aetna.com/individuals-families/using-your-aetna-benefits/network-out-of-network-care.html**.

Find more information about out-of-network costs

Go to **aetna.com/individuals-families/using-your-aetna-benefits/network-out-of-network-care/cost-of-out-of-network-doctors-hospitals.html**.

2024 Medical Service Charges

Benefit Description	Stanford Health Care Alliance (SHCA) Plan Group #109047	
COBRA Participant Contribution	**Enrollment Tier**	**Monthly Cost**
	Participant Only	$939.42
	Participant + Spouse/ Registered Domestic Partner	$1,913.52
	Participant + Child(ren)	$1,538.16
	Participant + Family	$2,665.26
Overview	Stanford Health Care Alliance (SHCA) is a select network medical plan in which Stanford Health Care physicians and affiliated providers work together to carefully coordinate and deliver your care. SHCA features an expanded network of primary and specialty care physicians who are affiliated with Stanford Health Care and Stanford Children's Health. The SHCA core service area includes these five San Francisco Bay Area counties: Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties. If you are outside of the SHCA's core service area (but within the United States), you should use the Aetna Choice POS II network. Three Sutter Health facilities are in-network — Alta Bates, Mills-Peninsula; however, not all providers at these two facilities are in the SHCA network. California Pacific Medical Center (all campuses) is a full-service hospital and is considered in-network. All other Sutter Health providers and facilities, including the Palo Alto Medical Foundation, are out-of-network. Confirm your provider is in the SHCA provider directory before receiving care.	
Basics	**In-Network**	**Out-of-Network**
Annual Deductible (ded) Applies to services that require coinsurance; isn't required before copays	$0/individual $0/family	$1,500/individual $4,500/family
Coinsurance	0%	20-40%
Annual Out-of-Pocket Maximum Includes deductible, copays and pharmacy. Excludes balance billing charges.	$3,500/individual $7,000/family	$15,000/individual $45,000/family Balance billing may also apply to your out-of-network costs. Any balance billing is not included in the out-of-pocket maximum you can be charged for services. Balance billing is in addition to your out-of-pocket maximum.

2024 Medical Service Charges

Benefit Description	Stanford Health Care Alliance (SHCA) Plan Group #109047	
	In-Network	**Out-of-Network**
Choice of Physicians	If you are in the SHCA core service area, use the SHCA network for all services. If you are outside the SHCA core service area, use the Aetna Choice POS II network for all services.	You may use any licensed provider.
Claim Filing	Plan members only submit claims for out-of-network emergency services.	Yes.
Pre-authorization Requirement	**Pre-authorization is required for Family Planning and non-medically necessary services and supplies.** **PENALTY! You will be financially responsible for the full cost of all unauthorized services.**	
Office Care		
Primary Care Physician (PCP)	$5 copay (in-office) No charge (Teladoc)	20% no ded
Specialist	$40 copay (in-office) $20 copay (Teladoc)	20% no ded
Adult Preventive Immunizations, mammogram, pap smear, physical exam, prostate-specific antigen test, well-woman exam, hearing exam when given as part of a routine physical	No charge	20% no ded
Child Preventive Immunizations, hearing and visual screenings	No charge	20% no ded
Prenatal Visit Copay applies to first visit, thereafter, no copay	No charge	20% no ded
Allergy Injections	No charge	20% no ded
Acupuncture	$5 copay 20-visit max per calendar year (combined max for in- and out-of-network)	20% no ded

2024 Medical Service Charges

Benefit Description	Stanford Health Care Alliance (SHCA) Plan Group #109047	
	In-Network	**Out-of-Network**
Chiropractic Care	$40 copay	20% no ded
	24-visit max per calendar year (combined max for in- and out-of-network)	
Physical, Speech and Occupational Therapy (restorative services only)	$40 copay	40% after ded
Other Care		
Walk-in Clinic	$5 copay	20% no ded
Urgent Care	$5 copay	40% no ded
	No coverage for non-urgent use of Urgent Care	
Emergency Room	$250 copay	$250 copay
	No coverage for non-emergency use of the Emergency Room	
Ambulance	No charge	No charge
Hospital Room and board, surgeon, physician visit and anesthesiologist, including childbirth/delivery facility	$250 copay Pre-authorization required	40% after ded Pre-authorization required
Outpatient Surgery	$250 copay/visit for hospital facility; no charge for free standing facility Physician/Surgeon - No charge	40% after ded
Home Healthcare	No charge	40% after ded
Skilled Nursing	No charge	40% after ded
	100-day max per calendar year (combined max for in- and out-of-network)	

2024 Medical Service Charges

Benefit Description	Stanford Health Care Alliance (SHCA) Plan Group #109047	
Behavioral Health	**In-Network**	**Out-of-Network**
Mental/Autism Behavioral Health		
Inpatient Care (per admission)	$250 copay	40% after ded
Outpatient Visit	$5 copay (psychologists, therapists, counselors)	20% no ded
Autism ABA Visit	No charge	40% after ded
Autism Habilitation Services	No charge	40% after ded
Autism Spectrum Disorder PT/OT/ST	No charge (PCP) $40 copay (specialist)	40% after ded
Autism Spectrum Disorder Behavioral Therapy	No charge	40% after ded
Substance Abuse		
Inpatient Care (per admission)	$250 copay	40% after ded
Outpatient Visit	$5 copay (psychologists, therapists, counselors)	20% no ded
Diagnostic Services		
Laboratory Charges	No charge	40% after ded
X-rays, Imaging (non-preventive)	No charge	40% after ded
Outpatient Advanced Imaging	$100 copay/visit for hospital facility; no charge for free standing facility	40% after ded
Allergy Test	No charge	40% after ded
Other Services		
Bariatric	No charge	40% after ded
Durable Equipment	No charge	40% after ded
Hearing Exams (when not part of a routine physical)	No charge	40% after ded
Hospice	No charge	Not covered
Family Planning	50% coinsurance Pre-authorization required	Not covered
Prosthetic Devices	No charge	40% after ded
Transplants	No charge	40% after ded

2024 Medical Service Charges

Benefit Description	Stanford Health Care Alliance (SHCA) Plan Group #109047
Prescription Drug Provisions	**Out-of-Network pharmacy coverage**: 25% coinsurance; No coverage for Specialty Drugs **Maintenance Choice with Opt Out**: Fill a 90-day supply of your maintenance medications at a discounted rate with Aetna's mail service pharmacy or at CVS Pharmacy locations. After your second fill, you must fill 90-day supplies with CVS Caremark Mail Service Pharmacy or at CVS Pharmacy stores. To opt out of Maintenance Choice, call Aetna at (888) Rx Aetna (792-3862) and say you'd like to continue to fill your 30-day supply at any retail pharmacy at the regular retail copay. If you don't reach out to Aetna to opt out, you'll pay the full cost of your medications on the third 30-day refill at a non-CVS or Aetna mail service pharmacy. **Specialty drugs**: Applicable cost as noted below. Your first specialty prescription should be filled at a participating retail pharmacy or within the Aetna Specialty Pharmacy Network. Subsequent refills must be through the Aetna Specialty Pharmacy Network. Your cost will be higher when choosing brand over generic unless prescribed "dispense as written." Members save a copay at Aetna Rx Home Delivery and CVS Caremark Pharmacy when ordering a 90-day supply.
Formulary (Drug List)	**Aetna Standard Formulary**
Retail Pharmacy (30 Day Supply)	**Generic drugs**: $5 copay per prescription, including generic specialty drugs **Preferred brand drugs**: $50 copay per prescription and 10% coinsurance for specialty drugs, up to $250 per specialty prescription **Non-preferred brand drugs**: $100 copay per prescription and 10% coinsurance for specialty drugs, up to $250 per specialty prescription
Mail Order Pharmacy (31 to 90 Day Supply)	**Generic drugs**: $10 copay per prescription **Preferred brand drugs**: $100 copay per prescription **Non-preferred brand drugs**: $200 copay per prescription

How to Access Medical Care

Use these tips to make the most out of your medical plan.

Register at aetna.com so you can:

- ✓ Find an in-network doctor.
- ✓ View your coverage.
- ✓ Check a claim.
- ✓ Print an ID card.

Download the Aetna Health app to access coverage information anytime, anywhere.

Save the 24-Hour Nurse Line number — (800) 556-1555 — to your phone so you can speak with a registered nurse 24/7 about non-emergency health concerns at no cost to you.

Use the MyHealth* free online portal to:

- ✓ Make or cancel appointments.
- ✓ Pay bills.
- ✓ View lab results.
- ✓ See your medical records (or your children's).
- ✓ Communicate with your doctors and nurses.
- ✓ Manage prescriptions.

* MyHealth app is applicable to SHC and UHA providers. Others may participate, but there is no guarantee that all providers use this service.

Protect Your Health with Preventive Care

Preventive care includes immunizations and regular checkups that help you track your health and make lifestyle adjustments for better long-term health. It's also free if you're enrolled in the SHCA medical plan and use in-network doctors. Be sure to schedule:

- ✓ An annual routine physical exam.
- ✓ Any other preventive health screening, such as a pap smear or prostate-specific antigen (PSA) test.

Make sure your doctor's office codes your visit as "preventive" so it's covered in full.

Out-of-Network Providers Charge You for Preventive Care
Only in-network preventive care is 100% covered. You will be charged for preventive care at out-of-network providers.

Aetna Enhanced Maternity Program

This no-cost program offers resources for family planning, pregnancy and post-pregnancy, such as:

- ✓ Educational materials about prenatal care, labor and delivery, and newborn care.
- ✓ Specially trained nurses for high-risk mothers-to-be.

Enroll in the program

Call (800) 272-3531 (TTY: 711)
Monday – Friday,
5 am – 4 pm Pacific time

Text BABY to **66902**

Log in to your **Aetna member account**

Enroll early and get a reward when you sign up by the 16th week of pregnancy.

CARE FINDER

Finding the right resource for care can help you stay safe, save money and avoid long wait times. The Care Finder below can help you decide how to access non-preventive care.

Minor health concerns — headaches, allergies, low fevers			
Resource	**Service**	**Hours**	**Cost**
24-Hour Nurse Line (800) 556-1555	Speak to a nurse and get advice about minor medical conditions	24/7 No appt needed	$0
Teladoc (855) TELADOC (835-2362) Download the app at **Teladoc.com/Aetna**	Same-day care from a doctor by phone	24/7 No appt needed	PCP: $0 Specialist: $20 copay
Stanford Walk-In Clinic (650) 498-3328 211 Quarry Road, Suite 402 Palo Alto, CA	Same-day in-person care	Mon – Fri 2:30 pm – 10 pm No appt needed	$5 copay
Other walk-in clinics Phone and address vary by location	Same-day in-person care	Vary by location No appt needed	In-network: $5 copay Out-of-network: 20% no ded
Physician office visit Phone and address vary by location	In-person care, video or phone visit with your doctor	Vary by location Needs appt	In-network: $5 copay Out-of-network: 20% no ded
Open walk-in clinics can be found online. Most CVS Minute Clinics are in-network.			

COVID-19 Resource Center
If you have COVID-19 symptoms or want to know more about available resources, visit **healthalerts.stanford.edu/covid-19**.

More serious health concerns — minor cuts, burns, fractures, sprained ankles			
Resource	**Service**	**Hours**	**Cost**
Non-emergency care **Stanford Express Care Clinic** (650) 736-5211 Hoover Pavilion 211 Quarry Road, Suite 102 Palo Alto, CA **stanfordhealthcare.org**	Same- and next-day in-person urgent care from a doctor	Mon – Sun 9 am – 9 pm Needs appt	$5 copay
Stanford Express Care Clinic – San Jose (669) 294-8888 52 Skytop Street, Suite 10 San Jose, CA	Same- and next-day in-person urgent care from a doctor	Mon – Sun 9 am – 9 pm Needs appt	$5 copay
Tri-Valley Urgent Care – Dublin (925) 479-3773 4000 Dublin Blvd., Suite 150 Dublin, CA	Same- and next-day in-person urgent care from a doctor	Mon – Fri 10 am – 8 pm Needs appt	$5 copay
Tri-Valley Urgent Care – Livermore (925) 373-4018 1133 E. Stanley Blvd. Livermore, CA	Same- and next-day in-person urgent care from a doctor	Mon – Sun 10 am – 8 pm Needs appt	$5 copay
Carbon Health Urgent Care locations Phone and address vary by location **carbonhealth.com**	Same-day in-person or virtual urgent care	Vary by location Appts and walk-ins available	$5 copay
Contact an SHCA Member Care Specialist or use the online directory for other Urgent Care locations. Appointments are not always required, but it may reduce your wait time to check in before you go.			

Life-threatening emergencies — heart attack, respiratory distress, poisoning			
Resource	**Service**	**Hours**	**Cost**
911 (9-911 on campus) For a life-threatening emergency, call 911 (9-911 on campus) or go to the nearest hospital	Immediate in-person emergency care from first responders	24/7 No appt needed	Varies by service
Emergency Room **Stanford Hospital Emergency Room** (650) 723-5111 900 Quarry Road Extension Palo Alto, CA More emergency rooms/hospitals can be found online.	Immediate in-person emergency care from a doctor	24/7 No appt needed	In-network: $250 copay Out-of-network: $250 copay
In the event of a life-threatening emergency, you may seek care at the nearest emergency room without paying for out-of-network facility costs.			

DENTAL

2024 Delta Dental PPO Plan

The Delta Dental Plan pays a portion of eligible dental expenses.

Delta Dental PPO	In-Network		Out-of-Network*
Benefit Description	**PPO Provider**	**Premier Provider**	**Non-Network Provider**
Annual Maximum Benefit (per person)	$4,000	$1,250	$1,000
Annual Deductible (ded)			
Individual	None	$50	$75
Family	None	$150	$225
Diagnostic and Preventive Services	**Plan Pays**		
Oral exams and routine cleaning (2 per year) Full mouth x-rays (1 set every 5 years) Bitewing x-rays (2 per year to under age 18; 1 per year for age 18 and older) Panoramic x-ray Fluoride application (2 per year to under age 19) Space maintainers (non-orthodontic treatment only) Emergency treatment of dental pain Histopathologic exams	100% (no ded)		90% (no ded)
Basic Restorative Services			
Periodontal maintenance (2 per year) Fillings and root canal therapy Osseous and oral surgery Periodontal scaling and root planning Sealants (first molars to under age 9; second molars to under age 16 every 2 years) Anesthetics Repairs to crowns and inlays Simple extractions and surgical extractions of impacted teeth Occlusal guards	80% after ded		60% after ded
Major Restorative Services			
Dentures (construction, repair and adjustments) Implants, crowns and bridges	80% (no ded)	50% after ded	40% after ded

* Non-Delta Dental providers can bill you for any difference between what Delta Dental pays and the submitted fee (also known as "balance billing"). This can make your out-of-pocket cost significantly higher.

This summary is for general information only. Look at the specific plan documents on the Postdoc Benefits website for detailed information. Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

How to Access Dental Care

Use these tips to make the most out of your dental plan. You don't need an ID card to receive services.

Register on deltadentalins.com to:

- ✓ View coverage.
- ✓ Check claims.
- ✓ Estimate costs.

Download the Delta Dental mobile app to access coverage information anytime, anywhere.

Find an in-network dentist on the Delta Dental website or app, or call (800) 765-6003. To save the most on dental expenses, choose a Delta Dental PPO network dentist.

Schedule your preventive care, including free routine oral exams and cleanings.

Get a pre-treatment estimate using the Cost Estimator by logging in to your Delta Dental account and going to **Plan ahead for a visit** > **Estimate costs**. Also ask your dentist for a printout of all recommended procedures and estimated costs before receiving care.

Virtual dentistry
Have a video or photo consultation with a dentist. Learn more at **deltadental.getquip.com**.

LifePerks discounts
Register to save on childcare, groceries, financial, auto and travel services, fitness gear and gym memberships, and entertainment like movies and theme parks.

Oral care discounts with BrushSmart™
Save on electric toothbrushes and other home care products from premium brands. Join BrushSmart at **dd.deltadentalins.com/brushsmart**.

Amplifon hearing aid discounts
Save an average of 66% off hearing aids. Learn more at **amplifonusa.com/deltadentalins** or call (888) 779-1429.

LASIK eye surgery discounts with QualSight
Get up to 35% off LASIK eye surgery. Learn more at **qualsight.com/-delta-dental** or call (855) 248-2020.

Learn more at **deltadentalins.com** and (800) 765-6003.

VISION

2024 EyeMed Vision Care Plan

Protect your vision by enrolling in the EyeMed Plan.

Summary of EyeMed Access Plan Benefits		
Benefit Description	**EyeMed In-Network Provider**	**Any Licensed Vision Care Provider**
Annual Copays		
Vision Exam	$10; $0 at PLUS providers	N/A
Prescription Glasses	$25	N/A
Contact Lens Exam	Copay not to exceed $55*	Not covered
Examination	**Plan Pays Every 12 Months**	
	Covered in full	Up to $45
Lenses	**Plan Pays Every 12 Months**	
Single Vision	Covered in full	Up to $35
Lined Bifocal		Up to $55
Lined Trifocal		Up to $90
Polycarbonate (Children)		Up to $20
Standard Progressive		Up to $50
Frame	**Plan Pays Every 12 Months**	
Allowances vary by type of frame and location		
Featured Frame	Up to $150; $200 at PLUS providers	Up to $105
Sam's Club or Walmart	Up to $150	
Costco	Up to $105	
Contacts (instead of lenses)**	**Plan Pays Every 12 Months**	
Elective	Up to $150	Up to $105
Necessary***	Covered in full	Up to $300

* Your copay will vary depending on the fit of the contact lenses.
** You can receive either contacts and frame, or frames and lens services in the same plan year.
*** You must meet specific criteria to be prescribed necessary contact lenses by an eye doctor.

This summary is for general information only. Since exclusions and dollar/frequency limitations apply, look in the specific plan documents on the Postdoc Benefits website for detailed information.

How to Access Vision Care

1. **Register at eyemed.com and download the EyeMed Members app** to access coverage information anytime, anywhere.

2. **Schedule your annual Vision exam.** Use the **Find an eye doctor** tool on the EyeMed website or app to search for an EyeMed Access Network provider. You can also call (866) 723-0513.

Laser discounts

You get an average of 15% off the regular price or 5% off the promotional price of your laser vision correction from U.S. Laser Network.

Lens enhancements (you pay)

- ✓ Anti-reflective coating: $35
- ✓ Premium progressive lenses: $80-$90
- ✓ Custom progressive lenses: $120-$160

Glasses and sunglasses

Save 40% on additional glasses and sunglasses anytime during the year. You can also get 20% savings on any item not covered by the plan, including non-prescription sunglasses, at EyeMed Access network locations.

Convenient online shopping

Choose from hundreds of brand-name frames and contacts from participating online providers, like **LensCrafters**, **Target Optical**, **Ray-Ban**, **Glasses.com** and **ContactsDirect**. Instantly apply your in-network benefits at checkout with free shipping and returns.

Retinal imaging

You can enhance your vision exam with a routine retinal imaging for a $10 copay.

Know Before You Go Cost Estimator

Estimate your total cost ahead of time, so there are fewer surprises at the register:

- ✓ See a list of available services and products
- ✓ Choose your preferences for each item
- ✓ Estimated out-of-pocket costs (if any) appear on-screen

International Travel Solution

You can get support for eyewear emergencies 24/7. Call (513) 765-2870 for details.

Diabetic care services

Diabetic members receive extra benefits for free at in-network providers, including follow-up eye exams, once every 6 months.

Amplifon hearing aid discounts

Save up to 64% on a pair of hearing aids. Learn more at **eyemed.com/en-us/member/benefits/hearing** or call (877) 203-0675.

Postdoc Assistance Program

The Postdoc Assistance Program (PAP) is administered by ComPsych GuidanceResources. You can use the confidential program 24 hours a day, 7 days a week at (855) 666-0519 and **guidanceresources.com** — click **Register** and enter **SUPDPAP** as the Organization Web ID.

Below are some PAP services available to you and your household members.

Download the GuidanceNow mobile app to access your resources anytime, anywhere.

Confidential counseling — for stress, relationships, grief and substance abuse. Each covered member can meet face-to-face with a licensed therapist up to six times per incident per year.

WorkLife solutions — for child and elder care, automobile purchases, moving, home repair and pet care.

Financial resources — for credit and debt, budgeting, taxes and retirement planning.

Legal support — for bankruptcy, contracts, credit, estate planning, identity theft, real estate and wills.

Online resources — for scholarships, attorneys, financial planners, caregivers, podcasts, learning modules and community hubs.

Discounts — find deals on products and services, including DirecTV and pet insurance.

HIPAA Privacy Notice

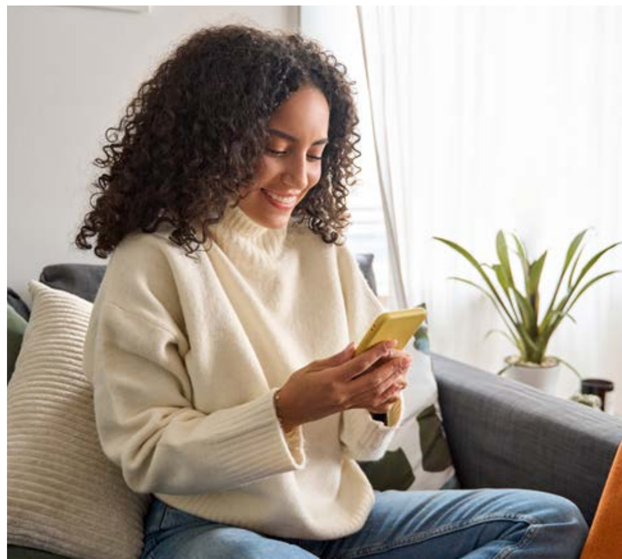
The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires health plans to protect the confidentiality of your private health information. More detailed information is provided in the health plans' notice of HIPAA privacy. You may request a copy of the notice by contacting the Postdoc Benefits Office.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Stanford Health Care Alliance medical plan. If you have any questions concerning this provision, contact the number listed on your ID card.



Important Notice About Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage available under the postdoc medical plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, compare your current coverage, including which drugs are covered and at what cost, with the coverage and cost of plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Stanford University has determined that the prescription drug coverage offered under the postdoc medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current medical coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health benefits. However, if you have chosen Medicare as your primary health plan, you will not be able to receive any benefits under your current coverage.

If you decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back until January 1 of the year that follows the next annual Open Enrollment period.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage, contact the person listed to the right.
NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this postdoc coverage changes. You also may request a copy of this notice at any time.

More information about your options under Medicare prescription drug coverage and more detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **medicare.gov**
- Call your State Health Insurance Assistance Program — they offer personalized help and their phone number is on the inside back cover of the "Medicare & You" handbook
- Call (800) MEDICARE (633-4227); TTY users can call (877) 486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit the Social Security website at **ssa.gov** or call (800) 772-1213; TTY users can call (800) 325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Notice Date:
October 15, 2023

Name of Entity/Sender:
Postdoc Benefits Office

Contact-Position/Office:
Benefits Analyst

Address:
505 Broadway, 5th Floor, 8001
Redwood City, CA 94063

Phone Number:
(650) 724-9490

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from Stanford University, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in one of the following listed states, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office, call (877) KIDS-NOW (543-7669) or visit **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for a Stanford University-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your Stanford University plan, Stanford University must allow you to enroll in their plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in the Stanford University plan, contact the Department of Labor at **askebsa.dol.gov** or call (866) 444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for more information on eligibility.

Alabama – Medicaid
http://myalhipp.com 1-855-692-5447
Alaska – Medicaid
The AK Health Insurance Premium Payment Program: http://myakhipp.com 1-866-251-4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
Arkansas – Medicaid
http://myarhipp.com 1-855-MyARHIPP (1-855-692-7447)
California – Medicaid
Health Insurance Premium Payment (HIPP) Program: http://dhcs.ca.gov/hipp 1-916-445-8322 Fax: 1-916-440-5676 hipp@dhcs.ca.gov
Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado: www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): www.mycohibi.com HIBI Customer Service: 1-855-692-6442
Florida – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 1-877-357-3268

Georgia – Medicaid

GA HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
1-678-564-1162, Press 1
GA CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
1-678-564-1162, Press 2

Indiana – Medicaid

Healthy Indiana Plan for low-income adults 19-64:
www.in.gov/fssa/hip
1-877-438-4479
All other Medicaid: www.in.gov/medicaid
1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid: https://dhs.iowa.gov/ime/members
1-800-338-8366
Hawki: http://dhs.iowa.gov/Hawki
1-800-257-8563
HIPP:
https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
1-888-346-9562

Kansas – Medicaid

www.kancare.ks.gov
1-800-792-4884
HIPP: 1-800-967-4660

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP: https://kidshealth.ky.gov/Pages/index.aspx
1-877-524-4718
Kentucky Medicaid: https://chfs.ky.gov/agencies/dms

Louisiana – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp
Medicaid Hotline: 1-888-342-6207
LaHIPP: 1-855-618-5488

Maine – Medicaid

Enrollment: www.mymaineconnection.gov/benefits/s
1-800-442-6003
TTY: Maine Relay 711
Private Health Insurance Premium:
www.maine.gov/dhhs/ofi/applications-forms
1-800-977-6740
TTY: Maine Relay 711

Massachusetts – Medicaid and CHIP

www.mass.gov/masshealth/pa
1-800-862-4840
TTY: 711
masspremassistance@accenture.com

Minnesota – Medicaid

https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
1-800-657-3739

Missouri – Medicaid

www.dss.mo.gov/mhd/participants/pages/hipp.htm
1-573-751-2005

Montana – Medicaid

http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084
HHSHIPPProgram@mt.gov

Nebraska – Medicaid

www.ACCESSNebraska.ne.gov
1-855-632-7633
Lincoln: 1-402-473-7000
Omaha: 1-402-595-1178

Nevada – Medicaid

http://dhcfp.nv.gov
1-800-992-0900

New Hampshire – Medicaid

www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
1-603-271-5218
HIPP program: 1-800-852-3345, Ext. 5218

New Jersey – Medicaid and CHIP

Medicaid:
www.state.nj.us/humanservices/dmahs/clients/medicaid
1-609-631-2392
CHIP: www.njfamilycare.org/index.html
1-800-701-0710

New York – Medicaid

www.health.ny.gov/health_care/medicaid
1-800-541-2831

North Carolina – Medicaid

https://medicaid.ncdhhs.gov
1-919-855-4100

North Dakota – Medicaid

www.hhs.nd.gov/healthcare
1-844-854-4825

Oklahoma – Medicaid and CHIP

www.insureoklahoma.org
1-888-365-3742

Oregon – Medicaid

http://healthcare.oregon.gov/Pages/index.aspx
1-800-699-9075

Pennsylvania – Medicaid and CHIP

www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
1-800-692-7462
CHIP: www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
1-800-986-KIDS (5437)

Rhode Island – Medicaid and CHIP

www.eohhs.ri.gov
1-855-697-4347
Direct RIte Share Line: 1-401-462-0311

South Carolina – Medicaid

www.scdhhs.gov
1-888-549-0820

South Dakota – Medicaid

http://dss.sd.gov
1-888-828-0059

Texas – Medicaid

www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
1-800-440-0493

Utah – Medicaid and CHIP

Medicaid: https://medicaid.utah.gov
CHIP: http://health.utah.gov/chip
1-877-543-7669

Vermont – Medicaid

https://dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427

Virginia – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP: 1-800-432-5924
Washington – Medicaid
www.hca.wa.gov 1-800-562-3022
West Virginia – Medicaid and CHIP
https://dhhr.wv.gov/bms http://mywvhipp.com Medicaid: 1-304-558-1700 CHIP: 1-855-MyWVHIPP (699-8447)
Wisconsin – Medicaid and CHIP
www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 1-800-362-3002
Wyoming – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

Summary of Benefits and Coverage (SBC)

The Affordable Care Act requires that you have access to an SBC to help you understand and evaluate your health plan choices. To find a copy of the SBC for the Leland Stanford Junior University-sponsored medical plan, please visit the Postdoc Benefits website at **postdocbenefits.stanford.edu**. Contact the Postdoc Benefits Office at (650) 724-9490 for free paper copies.

Summary Annual Report (SAR)

The Stanford University Postdoctoral Affiliates Welfare Benefit Plans SAR is available online and includes an explanation of plan expenses, postdoc and University contribution information, and details on how you can obtain additional information about the plans. Since you are enrolled in, or eligible for, one or more of Stanford University's Postdoctoral Scholar benefits plans, it is your legal right as a participant to know this information about your benefits.

Each September 30th, you may view a copy of the previous plan year's SAR at **postdocbenefits.stanford.edu**. Order a paper copy from the Postdoc Benefits Office at postdocbenefits@stanford.edu or (650) 724-9490.

HIPAA Special Enrollment Rights

You have special enrollment rights if you acquire a new dependent, or if you decline coverage under the Stanford University Postdoctoral Scholar health plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse/registered domestic partner) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse/registered domestic partner) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse/registered domestic partner) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Transparency in Coverage Rule

In accordance with rules issued by the Centers for Medicaid and Medicare Services (CMS) in an effort designed to help patients know how much their healthcare will cost in advance of treatment, the postdoc medical plan claim administrator will disclose in-network provider negotiated service rates and historical out-of-network allowed amounts between health plans and healthcare providers in a “**machine-readable file**.” The goal of this rule is to allow public access to health coverage information to aid in the understanding of health care pricing and mitigate the rise in health care spending. The machine-readable files are formatted to allow researchers, regulators, and application developers to access and analyze data more easily.

If you have any questions or encounter technical issues, contact Member Services.

Surprise Billing Notice

The Consolidated Appropriations Act, 2021 (CAA) requires health plans to provide protections against Surprise Medical Bills for services received on or after January 1, 2022. When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

If you believe you’ve been wrongly billed, you may contact the U.S. Department of Health & Human Services at (877) 696-6775 or your State Insurance Commissioner. You can find more information at **stanfordhealthcare.org/for-patients-visitors/no-surprises-act.html** or **aetna.com/individuals-families/member-rights-resources/rights/federal-no-surprises-act.html**.

Genetic Information Nondiscrimination Act

Congress passed the Genetic Information Nondiscrimination Act (GINA) establishing a national and uniform standard to protect workers from genetic discrimination. In addition to prohibitions on discrimination in employment practices, GINA prohibits group health insurers and group health plans from adjusting premiums or contributions based on genetic information. Also, GINA amended the HIPAA privacy rules to include genetic information in the definition of protected health information.

Health Insurance Marketplace

You may be able to get coverage through the Health Insurance Marketplace that costs less than Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options.

Can I save money on my health insurance premiums in the Marketplace?

In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace, you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at **healthcare.gov**. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace Open Enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan through a special enrollment period if you have another qualified status change, such as marriage or the birth of a child. If you terminate your COBRA continuation coverage early without another qualified status change, you'll have to wait until the next Open Enrollment to enroll in Marketplace coverage. You could end up without any health coverage while you wait for the next Marketplace Open Enrollment period.

Once you've exhausted your COBRA continuation coverage and the coverage ends, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if the Marketplace Open Enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

Stanford | Office of Postdoctoral Affairs
Postdoc Benefits

For questions regarding COBRA enrollment elections or changes, contact Benelogic:

By phone
(866) 289-9741

By email
premiumbilling@benelogic.com

This guide provides a brief summary of the benefit plans available to COBRA participants effective January 1, 2024. Although it's not a Summary Plan Description (SPD), this guide serves as the "Summary of Material Modification" to the postdoc benefit plans as required by the Employee Retirement Income Security Act of 1974, as amended (ERISA). If there is a discrepancy between this guide and the applicable insurance contract, agreement, SPD, or plan document, the applicable insurance contract, agreement, SPD or plan document will prevail.

Every effort is made to ensure this guide contains the most current information available. See the publication date below, and keep in mind a more current version may be available on the Postdoc Benefits website at **postdocbenefits.stanford.edu** > **Benefits** > **COBRA**.

Stanford University reserves the right to change (including, but not limited to, the right to amend, suspend or terminate) or make exceptions to its policies, procedures and benefit plans, or to change contributions at its discretion at any time and without prior notice.