

Stanford Health Care Alliance



FREQUENTLY ASKED QUESTIONS

For University HealthCare Alliance, Stanford Postdoctoral Scholars, Stanford Health Care, Stanford Health Care – ValleyCare, Lucile Packard Children’s Hospital Stanford, and Packard Children’s Health Alliance.

Enrollment and Eligibility

How do I enroll?

Choose Stanford Health Care Alliance (SHCA) during your open enrollment period at work or when making your benefit elections as a new hire. If you need help finding a doctor or have general questions about the plan, call Member Care Services.

Can I enroll if I’m a retiree?

You can if you are under 65, do not have Medicare, and worked for an eligible employer. If you’re older than 65, you need to look at other options, detailed in the materials you received during open enrollment.

Will I receive an ID card for my new plan?

What if I need services before I receive my card?

Yes. If you join during annual open enrollment, your ID card will arrive before the plan starts on January 1. If you enroll during the year as a new hire, you will typically receive your ID card seven to 10 business days after your enrollment has been processed. If you need services before then, please call Member Care Services.

You can also print a temporary ID card by logging on to [aetna.com/about-us/login.html](https://www.aetna.com/about-us/login.html). Aetna issues the SHCA member ID cards. You will need to register with your SHCA Member ID number.

Do I need to select a primary care physician when I join?

No. It is not required to designate a primary care doctor when enrolling. If you need help finding a doctor or have general questions about the plan, call Member Care Services.

How much does the premium cost? What are the copays/coinsurance and deductible?

Premiums, copays/coinsurance and deductibles vary by employer—please consult the comparison charts in the open enrollment information provided by your benefits department.

Does my individual plan or other group coverage coordinate with Stanford Health Care Alliance?

If you have other coverage besides Stanford Health Care Alliance, please contact Member Care Services with your other plan’s information. We will update your eligibility records and review if and how your coordination of benefits may be applied.

Do I need to provide any documentation to enroll an adult dependent in my plan?

Stanford Health Care Alliance requires proof of disability to enroll dependents over age 26 on a parent’s health plan. Member Care Services can assist with this process.

Doctors, Clinics and Hospitals

Do I need to select a personal doctor from the Stanford Health Care Alliance?

By choosing a SHCA physician as your personal doctor, you have a dedicated care partner. This partner is connected to an entire team of experts and specialists with shared expertise and commitment to the leading edge care you’ve come to expect from Stanford. Your personal doctor will collaborate and consult with other providers for all your care needs—from routine through specialty care. It is recommended that you choose a personal doctor within 90 days from when your membership becomes active.

How do I switch my care from a doctor outside the plan to one who is in-network?

If you are undergoing certain treatments or need more time after your initial enrollment to switch doctors, you can request a short-term extension. One of our medical directors will carefully review your request.

Does the plan cover emergency care?

Yes. In an emergency, call 911 or go to the nearest emergency room no matter where you are. As long as it's an emergency, you are only responsible for a copay. Any follow-up care must come from one of the current in-network doctors in the plan.

What should I do for non-emergency care after hours or when my primary care physician is unavailable?

Are there urgent care options?

Stanford's Express Care Clinics in Hoover Pavilion and in San Jose are open daily from 9 am to 9 pm, with same day appointments available for minor injuries and illnesses. In addition to the Stanford Walk-In Clinic in Palo Alto, the plan covers a wide range of urgent care centers across the Bay Area and beyond.

Do I have coverage when I'm traveling?

For emergencies, you get access to any emergency room—anytime, anywhere. Member Care Services can help you locate urgent care services for when you are traveling.

Are there other hospitals in the plan besides Stanford Hospital, Lucile Packard Children's Hospital Stanford and/or Stanford Health Care – ValleyCare?

Yes, many hospitals across the Bay Area participate in the plan. To find in-network hospitals, call Member Care Services.

What if I need other care services, such as physical therapy or an MRI?

You have access to a wide range of therapeutic, diagnostic and supplementary primary care services including, physical therapy, occupational therapy, speech therapy, radiology, MRI and more.

Are there services that require prior authorization (pre-certification)?

Your treating provider will submit prior authorization requests, when necessary. A prior authorization is required for certain tests and procedures that may be recommended by your physician. To find out which services require prior authorization, contact Member Care Services.

Medical Records

Am I able to go online and access medical records for all members of my plan?

The care you receive from our providers is tracked and coordinated using an electronic medical record system. As a member of SHCA, you have access to your records through the MyHealth portal. You can also request shared access to medical records for another adult and for children, aged 17 and under.

I am switching doctors and want to bring my medical records with me. How can I do this?

Member Care Services can help transfer your medical records to your new SHCA doctor. Plus easy transfer of your medical records is possible through the connected system between Stanford Health Care and most of our in-network hospitals.

Benefits

Does the plan offer preventive care?

Yes. Preventive care such as routine exams, well-woman visits and related lab work is covered at no cost when you see an in-network provider. Please contact Member Care Services for detailed information on covered preventive services and frequency limitations.

What is my prescription drug coverage?

The prescription drug benefit has a list of medications, also known as a formulary. The amount a Member pays may vary based on the prescription type—generic, preferred or non-preferred. Some prescription drugs may require prior authorization or trying one or more specified medications.

Can I get mail-order prescriptions?

Yes, most prescriptions are eligible for 90-day refills, with free shipping to your home or office.