

# **University of Portland 2020/21 Student Health Insurance**

for International Undergraduate Students and Graduate Students

# **Your Student Health Insurance Plan Offers:**

- Coverage at an affordable rate
- Access to a wide network of providers locally and across the nation
- Wellness-focused coverage
- Member-focused customer service

# **Eligibility and Cost**

**All undergraduate students** taking 12 or more credit hours are required to carry medical insurance comparable to that offered under the school's Student Health Insurance Plan. Unless specifically waived by the waiver deadline date of August 28, 2020, with proof of coverage with another plan, students will automatically be covered under the Student Health Insurance Plan, and the premiums will be charged to their account for the fall and spring semesters. Coverage may be waived online through **waive.pacificsource.com/univ by August 28, 2020.** 

**Graduate students** are also eligible to purchase coverage. To enroll, visit **enroll.pacificsource.com/UP**. Payment is due at time of enrollment. Only students taking courses that meet the full-time requirement of 6 credits or more are eligible to purchase the graduate student health insurance. Enrollment periods are listed in the table below. Fall enrollment deadline is **September 14, 2020.** 

Please note: Graduate students must re-enroll in coverage each semester. Premium is paid directly to PacificSource at time of enrollment via credit card, debit card, or bank withdrawal.

# How much does it cost?

Coverage Period	Fall Semester 8/15/20–12/31/20	Spring Semester 1/1/21–8/14/21	Summer Semester 5/13/21-8/14/21
Undergraduate Student Cost	\$1,441.50	\$1,441.50	N/A
Graduate Student Cost	\$1,909.50	\$1,909.50	\$984
Graduate Student Enrollment Period	7/14/20-9/14/20	12/1/20–2/1/21	4/13/21-6/13/21

Continued >

## **Learn More**

PacificSource.com/ StudentHealth

### **Phone**

Direct: (541) 225-2741 Toll-free: (855) 274-9814

### TTY

Toll-free: (800) 735-2900

### Email

StudentHealth@ pacificsource.com

### Group No.

G0035866



# Online Tools Available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your ID card, claims, status of preauthorizations, accumulated expenses toward your plan's deductibles, and more.
- CaféWell is a secure, online health engagement portal with personalized guidance and support to live a healthier life. Access CaféWell via InTouch.
- Our Provider Directory will help you locate healthcare providers and facilities.
   Visit PacificSource.com/StudentHealth to access the directory of nationwide providers.
- Print your insurance ID card by visiting InTouch.PacificSource.com/Members/IdCard/Printable.

# **Benefits at a Glance**

	In-network Providers	Out-of-network Providers	
Contract-year deductible	\$500	\$2,250	
Out-of-pocket limit	\$6,000	\$18,000	
Plan maximum	Unl	Unlimited	

In-network and out-of-network provider charges accumulate separately.

### **Your Share of Costs**

Service	In-network Providers	Out-of-network Providers
Routine physicals	No deductible, member pays \$0	After deductible, 50%
Well woman visits		
Immunizations		
Office and naturopath visits	N. J. J: J	After deductible, 50%
Urgent care visits	No deductible, \$30	
Specialist office visits	No deductible, \$60	After deductible, 50%
Mental health/chemical dependency (MHCD) office visits	No deductible, \$25	
Outpatient rehabilitation services	No deductible, \$30	After deductible, 50%
Inpatient or outpatient surgery/services	A ()	After deductible, 50%
Advanced Diagnostic Imaging	After deductible, 20%	
Diagnostic and therapeutic radiology and lab	Member pays \$0 up to the first \$400, then 20% after deductible	After deductible, 50%
Emergency room visits	No deductible, \$200^	
Ambulance	After deductible, 50%	
Chiropractic manipulations and acupuncture care (24 visits/contract year maximum)	No deductible, \$30	After deductible, 20%
Prescription drugs (up to a 30-day supply at retail)	Tier 1: No deductible, \$20 Tier 2: No deductible, \$35 Tier 3: No deductible, \$55 Specialty Drugs Tier 4: No deductible, \$80 (Drugs on the PacificSource Preventive Drug List have \$0 copay and are not subject to contract-year deductible)	
Vision and Dental	Included for members through age 18 only. Visit <b>PacificSource.com/StudentHealth</b> for benefit information.	

This is a brief summary of benefits. Refer to the Student Policy for additional information or a further explanation of benefits, limitations, and exclusions.

# Insurance Term Glossary

**Deductible:** The amount you owe for healthcare services your health insurance or plan covers before your health insurance or plan begins to pay.

**Contract Year:** The 12-month period on which your insurance plan operates.

**Coinsurance:** Your share of the cost of a covered service (in addition to copays), calculated as a percentage of the service cost

For more definitions, visit PacificSource.com/glossary.aspx.

# myPacificSource Mobile App

Stay "InTouch" with your PacificSource coverage, no matter where you are, with our free app. Download our free app from the Amazon, Android™, or Apple® app stores. For more information, visit PacificSource.com/mobile.

^Copay applies to ER physician and facility charges only. Copay waived if admitted into hospital. For emergency medical conditions, out-of-network providers are paid at the in-network provider level.

Student Health Insurance brokered by USI Insurance Services, (800) 251-4246.

