

# **University of Portland 2024/25 Student health insurance**

## for international undergraduate 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, 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 is waived per semester, so students must waive their coverage, if desired, for both Fall and Spring semesters. Coverage may be waived online through Waive.PacificSource.com/univ by August 30, 2024, for Fall and January 17, 2025, for Spring.

**Graduate students** are also eligible to purchase coverage. To enroll, visit <u>Enroll.PacificSource.com/UP</u>. 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 15, 2024**.

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 8/15/24–12/31/24	Spring/Summer Semester 1/1/25–8/14/25	Summer Semester Only 5/12/25–8/14/25
Undergraduate Student Cost	\$1,643	\$1,643	\$855.50
Graduate Student Cost	\$2,176.50	\$2,176.50	\$1,133
Graduate Student Enrollment Period	7/14/24–9/15/24	12/1/24–2/1/25	4/12/25-6/14/25

#### myPacificSource mobile app

View your PacificSource member ID and coverage info any time you need it. Download our free app from the Amazon, Android<sup>™</sup>, or Apple<sup>®</sup> app stores. For more information, visit PacificSource.com/mobile.

#### Learn more

PacificSource.com/ StudentHealth

#### **Phone**

855-274-9814 TTY: 711 We accept all relay calls.

#### Email

StudentHealth@ PacificSource.com

**Group No.** G0035866



Continued >

## Online tools available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your ID card, claims, status of prior authorizations, accumulated expenses toward your plan's deductibles, and more.
- Use our health and wellness portal to work toward health goals. Access the portal via InTouch.
- Our Provider Directory will help you locate healthcare providers and facilities.
  Visit <u>PacificSource.com/StudentHealth</u> to access the directory of nationwide providers.
- Print your insurance ID card by visiting InTouch.PacificSource.com/Members/IDCard/Printable.

## **Benefits at a glance**

Provider Network: University of Portland Health & Counseling Center and PacificSource Navigator

	University of Portland Health & Counseling Center	In-network Providers	Out-of-network Providers
Contract-year deductible	\$0	\$500	\$2,250
Out-of-pocket limit	\$0	\$6,000	\$18,000
Plan maximum		Unlimited	

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

Your share of costs	University of Portland Health & Counseling Center	In-network Providers	Out-of-network Providers
Routine physicals			
Well woman visits	Member pays \$0	No deductible, member pays \$0	After deductible, 50%
Immunizations			
Office and naturopath visits*	Office visits: Member pays \$0 Naturopath and urgent care visits: Not available	First 3 visits: No deductible, \$5 Subsequent visits:	After deductible, 50%
Urgent care visits	care visits: Not available	No deductible, \$30*	
Specialist office visits	Not available	No deductible, \$60	After deductible, 50%
Mental health/chemical dependency (MHCD) office visits*	Member pays \$0	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$25*	No deductible, \$25 copay
Outpatient rehabilitation services	Not available	No deductible, \$30	After deductible, 50%
Inpatient or outpatient surgery/services	Not available	After deductible, 20%	After deductible, 50%
Advanced Diagnostic Imaging			
Diagnostic and therapeutic radiology and lab	Lab services: Member pays \$0 Radiology services: Not available	Member pays \$0 up to the first \$400, then 20% after deductible	After deductible, 50%
Emergency room visits	Not available	No deductible, \$200**	
Ambulance	Not available	After deductible, 50%	
Chiropractic manipulations and acupuncture care (20 visits chiropractic, 12 visits acupuncture)	Not available	No deductible, \$30	After deductible, 20%
<b>Prescription drugs</b> (up to a 30-day supply at retail)	Not available	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 copay and are not subject to contract-year deductible	

Dental and vision included for members through age 18 only. Visit <u>PacificSource.com/StudentHealth</u> 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.

\*The combined first three visits are for each benefit year and apply to professional services office and home visits, telehealth visits, and mental health and substance use disorder services visits.

\*\*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.



For more information, visit InTouch.PacificSource.com/ members

# 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.

**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 <u>PacificSource.com/</u> glossary.aspx.

