



Pacific Northwest College of Art

2021/22 Student Health Insurance

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 students taking six credits or more will be billed for premiums each semester during the regular academic year. Any student with existing coverage may be exempt from participation in the student health plan by completing a waiver form **by the first day of class on August 30, 2021**. Contact the student accounts office for details at **503-821-8911**.

How much does it cost?

Coverage Period	Fall Semester 8/1/21–1/5/22	Spring Semester 1/6/22–7/31/22
Student Cost	\$1,674	\$2,192

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.

Learn More

[PacificSource.com/
StudentHealth](https://PacificSource.com/StudentHealth)

Phone

Direct: 541-225-2741
Toll-free: 855-274-9814
TTY: 711

Email

[StudentHealth@
PacificSource.com](mailto:StudentHealth@PacificSource.com)

Group No.

G0042564



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- **Assist America** Global Emergency Services. If you experience a medical emergency while studying in the US, or 100 or more miles away from your campus home, Scholastic Services provided by Assist America is on-call to coordinate your care and help ensure that you get the treatment you need.

Benefits at a Glance

	In-network Providers	Out-of-network Providers
Contract-year deductible	\$500	\$1,000
Out-of-pocket limit	\$4,500	\$9,000
Plan maximum	Unlimited	

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

Your Share of Costs

Service	In-network Providers	Out-of-network Providers
Preventive services (routine physicals or well women exams, routine STD screening, immunizations)	No deductible, member pays \$0	After deductible, member pays \$0
Office visits (primary and urgent care)	No deductible, \$35	
Office visits (Teladoc)	No deductible, member pays \$0	
Office visits (mental health/chemical dependency)	No deductible, \$35	
Hospital Services	\$100 plus deductible, after deductible 20%	\$100 plus deductible, after deductible 40%
Diagnostic and therapeutic radiology and lab	No deductible up to \$400, then after deductible, 20%	After deductible, 40%
Emergency room visits	After deductible, \$200 ^A	
Ambulance	After deductible, \$100 ^A	
Chiropractic manipulations	After deductible, 20%	After deductible, 40%
Prescription drugs (90-day Rx available)	Tier 1: \$20 for a 30-day supply Tier 2: \$35 for a 30-day supply Tier 3: \$55 for a 30-day supply Specialty drugs: \$125 for 30-day supply	

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.

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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.

^ACopay 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.