

# **Portland Community College 2021/22 Student Health Insurance**

for International Students, provided by PacificSource Health Plans

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

- Coverage at an affordable rate
- Access to engaged providers locally and across the nation
- Wellness-focused coverage
- Outstanding customer service

## **Eligibility**

All international students holding an F1 visa through PCC are required to enroll in the PCCsponsored student health insurance plan. The only exception is students who are being sponsored by a government program that already provides medical insurance coverage. Dependents of F1 international students, who are in the U.S. on F2 visas, are eligible to enroll on the plan on a voluntary basis.

## How much does it cost?

Program	Coverage Dates	Cost for Student	Additional Cost per Spouse or Dependent
International Students	Fall: 9/20/21-1/9/22	\$497	\$497
	Winter: 1/10/2022-4/3/2022	\$497	\$497
	Spring: 4/4/2022–6/26/2022	\$497	\$497
	Summer: 6/27/2022–9/19/2022	\$497	\$497

## **Online Tools Available at PacificSource.com**

- Through **InTouch**, our secure website for members, you can view your member 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 <u>PacificSource.com/StudentHealth</u> to access the directory of nationwide providers.
- **Print an insurance ID card** by visiting <u>PacificSource.com/IDCard</u>.

Continued >

# Learn More

PacificSource.com/PCC

#### Phone

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

#### Email

<u>StudentHealth@</u> <u>PacificSource.com</u>

**Group No.** G0037205

## PacificSource.com



# **Benefits at a Glance**

	PacificSource In-network Providers	<b>Out-of-network Providers</b>
Contract-year deductible	\$500	\$1,000
Out-of-pocket limit	\$5,000	\$10,000
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	No deductible	After deductible, 40%
Office visits (primary care, naturopath, specialist, urgent care, and mental health/chemical dependency)	No deductible, \$20	After deductible, \$20 plus 40%
Outpatient rehabilitation services	No deductible, \$20	After deductible, \$20 plus 40%
Inpatient or outpatient surgery/services	After deductible 200/	After deductible, 40%
Advanced diagnostic imaging	<ul> <li>After deductible, 20%</li> </ul>	
Diagnostic and therapeutic radiology and lab	After deductible, 20%	After deductible, 40%
Emergency room visits	After deductible, \$100 plus 20%^	After deductible, \$100 plus 20%^
Ambulance	After deductible, 20%	
Prescription drugs (up to a 30-day supply at retail,	Retail pharmacy: Tiers 1–4: 50%	
31- to 90-day supply through mail order)	Mail order pharmacy: Tiers 1–3: 50%	

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

^ Copay waived if admitted into hospital.

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

## myPacificSource Mobile App

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

