



# George Fox University

## 2021/22 Student Health Insurance

*for domestic and international graduate students*

### Your student health insurance plan offers:

- Gold-level 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 full-time (8 credits or more) in-person graduate students (PsyD, DPT, PA, FTMBA, and MSW) are automatically enrolled in this insurance plan at registration unless proof of comparable coverage is provided. All other graduate programs, online programs, ADP, and special students are excluded. Please visit [PacificSource.com/GeorgeFox](https://PacificSource.com/GeorgeFox) to learn more about this health plan.

### How much does it cost?

Coverage Period	Fall 8/16/21 – 12/31/21	Spring 1/1/22 – 8/15/22
Student Cost	\$1,504	\$2,467

Note: The amounts stated above include certain fees charged by your school. For example, the fees may include your school's administrative costs associated with offering this health plan.

### Online tools available at [PacificSource.com](https://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.
- **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/GeorgeFox](https://PacificSource.com/GeorgeFox) to access the directory of nationwide providers.
- **Print an insurance ID card** by visiting [PacificSource.com/IDCard](https://PacificSource.com/IDCard).

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### 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.

G0035885

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



## Benefits at a glance

	Health and Counseling Center and PacificSource In-network Providers	Out-of-network Providers
Contract-year deductible	\$500	\$1,000
Out-of-pocket limit	\$4,000	\$8,000
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 care (routine physicals, well woman visits, immunizations)	No deductible, member pays \$0	Not covered
Office visits (primary care, naturopath, specialist, urgent care, and mental health/chemical dependency)	After deductible, 20%	After deductible, 40%
Outpatient rehabilitation services	After deductible, 20%	After deductible, 40%
Inpatient or outpatient surgery/services	After deductible, 20%	After deductible, 40%
Advanced diagnostic imaging	After deductible, 20%	After deductible, 40%
Diagnostic and therapeutic radiology and lab	After deductible, 20%	After deductible, 40%
Emergency room visits	After deductible, \$100 plus 20%^	
Ambulance	After deductible, 20%	
Chiropractic manipulations	After deductible, 20%	After deductible, 40%
Prescription drugs (up to a 30-day supply at retail, 31- to 90-day supply through mail order)	Retail pharmacy: Tier 1: No deductible, \$20 Tier 2: No deductible, \$40 Tier 3: No deductible, \$60 Tier 4: No deductible, \$60  Mail order: (31- to 90-day supply): Tier 1: No deductible, \$50 Tier 2: No deductible, \$100 Tier 3: No deductible, \$150	No deductible, 90%
Health and Counseling Center	Eligible expenses incurred at the Health and Counseling Center are covered at 100%.	

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](https://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](https://PacificSource.com/Mobile).

<sup>^</sup>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.