

Contract Year: August 16, 2021 – August 15, 2022

Provider Network: Voyager

Who is eligible?

All full-time undergraduate students (12 credit hours) and full-time in person graduate programs PsyD, DPT, PA, FT MBA and MSW are automatically enrolled in this insurance plan at registration unless proof of comparable coverage is provided. All international students are automatically enrolled in this plan at registration. All other graduate programs, online programs, ADP and special students are excluded.

The waiver deadline, including date to provide proof of coverage, is two weeks after the first day of the semester.

	Per Session
Undergraduate - Fall	\$1,141.00
Undergraduate - Spring/Summer	\$1,870.00
Graduate – Fall	\$1,504.00
Graduate – Spring/Summer	\$2,467.00

The premiums above include a \$10 administration fee charged by your school.

This plan has an Actuarial Value of 84.98% which satisfies the gold metal level of the ACA.

Student Health Center: Health & Counseling Center

If the member is a student of George Fox University, the Student Health Center listed above is considered an in-network provider for covered services. Services provided by the Student Health Center are covered per University guidelines.

Deductible Per Contract Year	Student Health Center and In-network	Out-of-network
Individual	\$500	\$1,000
Out-of-Pocket Limit Per Contract Year	Student Health Center and In-network	Out-of-network
Individual	\$4,000	\$8,000

Note: In-network deductible and out-of-pocket limit accumulate separately from the out-of-network deductible and out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this plan's out-of-pocket limit for out-of-network services. In addition, out-of-network providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company, and this amount is not counted toward the out-of-network out-of-pocket limit. Please see allowable fee in the Definitions section of your student guide.

The member is responsible for any amounts shown above, in addition to the

following amounts:

Service/Supply	Health & Counseling Center Member Pays	In-network Member Pays	Out-of-network Member Pays
Preventive Care			
Well baby/Well child care, ages birth - 21	Not available	No deductible, 0%	After deductible, 40%
Preventive physicals	No deductible, 0%	No deductible, 0%	After deductible, 40%
Preventive STD screening	No deductible, 0%	No deductible, 0%	After deductible, 40%
Well woman visits	No deductible, 0%	No deductible, 0%	After deductible, 40%
Preventive mammograms	Not available	No deductible, 0%	After deductible, 40%
Immunizations	No deductible, 0%	No deductible, 0%	After deductible, 40%
Preventive colonoscopy	Not available	No deductible, 0%	After deductible, 40%
Professional Services			
Office and home visits	No deductible, 0%	After deductible, 20%	After deductible, 40%
Naturopath office visits	No deductible, 0%	After deductible, 20%	After deductible, 40%
Specialist office and home visits	Not available	After deductible, 20%	After deductible, 40%
Telemedicine visits	No deductible, 0%	No deductible, 0%	After deductible, 40%
Newborn nurse home visits	Not available	No deductible, 0%	After deductible, 40%
Office procedures and supplies	Not available	After deductible, 20%	After deductible, 40%
Surgery	Not available	After deductible, 20%	After deductible, 40%
Outpatient rehabilitation services	Not available	After deductible, 20%	After deductible, 40%
Chiropractic manipulation/Spinal manipulation	Not available	After deductible, 20%	After deductible, 40%
Hospital Services			

Service/Supply	Health & Counseling Center Member Pays	In-network Member Pays	Out-of-network Member Pays
Inpatient room and board	Not available	After deductible, 20%	After deductible, 40%
Inpatient rehabilitation services	Not available	After deductible, 20%	After deductible, 40%
Skilled nursing facility care	Not available	After deductible, 20%	After deductible, 40%
Outpatient Services			
Outpatient surgery/services	Not available	After deductible, 20%	After deductible, 40%
Diagnostic imaging – advanced	Not available	After deductible, 20%	After deductible, 40%
Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced	Not available	After deductible, 20%	After deductible, 40%
Urgent and Emergency Services			
Urgent care center visits	Not available	After deductible, 20%	After deductible, 40%
Emergency room visits – medical emergency	Not available	After deductible, \$100 plus 20%^	After deductible, \$100 plus 20%^
Emergency room visits – non-emergency	Not available	After deductible, \$100 plus 20%^	After deductible, \$100 plus 20%^
Ambulance, ground	Not available	After deductible, 20%	After deductible, 20%
Ambulance, air	Not available	After deductible, 20%	After deductible, 20%+
Maternity Services**			
Physician/Provider services (global charge)	Not available	After deductible, 20%	After deductible, 40%
Hospital/Facility services	Not available	After deductible, 20%	After deductible, 40%
Mental Health and Substance Use Disorder Services			
Office visits	No deductible, 0%	After deductible, 20%	After deductible, 40%
Inpatient care	Not available	After deductible, 20%	After deductible, 40%

Service/Supply	Health & Counseling Center Member Pays	In-network Member Pays	Out-of-network Member Pays
Residential programs	Not available	After deductible, 20%	After deductible, 40%
Other Covered Services			
Allergy injections	Not available	After deductible, 20%	After deductible, 40%
Durable medical equipment	No deductible, 0%	After deductible, 20%	After deductible, 40%
Home health services	Not available	After deductible, 20%	After deductible, 40%
Transplants	Not available	After deductible, 20%	After deductible, 40%

This is a brief summary of benefits. Refer to your student guide for additional information or a further explanation of benefits, limitations, and exclusions.

^ Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital.

** Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, copayment, or coinsurance.

+ Out-of-network air ambulance coverage is covered at 200 percent of the Medicare allowance. You may be held responsible for the amount billed in excess. Please see your student guide for additional information or contact our Customer Service team with questions.

Additional information

What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. There is no deductible when you use the Health & Counseling Center.

Health & Counseling Center expense and in-network expense apply together toward the deductible. Out-of-network expense applies to the out-of-network deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the contract year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that contract year. Be sure to check your student guide, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

Health & Counseling Center expense and in-network expense apply together toward the out-of-pocket limit. Out-of-network expense applies to the out-of-network out-of-pocket limit.

Payments to providers

Payment to providers is based on the prevailing or contracted allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Out-of-network providers are allowed to balance bill any remaining balance that your plan did not cover. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

Preauthorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called preauthorization.

Preauthorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Preauthorization does not change your out-of-pocket expense for in-network and out-of-network providers. You'll find the most current preauthorization list on our website, [PacificSource.com/member/preauthorization.aspx](https://www.pacificsource.com/member/preauthorization.aspx).

