

# **Oregon State University 2024/25 Student health insurance**

for voluntary 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**

**Domestic students** are eligible for the Oregon State University Student Health Insurance Plan on a voluntary basis if they are an enrolled student at Oregon State University (six credit hours for undergraduate students; three credit hours for graduate students).

**E-campus students** with the following criteria have the option to enroll in the OSU Student Health Insurance Plan:

- Student must be seeking a degree.
- Undergraduate students must take a minimum of six credits.
- Graduate students must take a minimum of three credits.
- Students must live within the state of Oregon.

**Postdoctoral Fellows, PharmD, and Vet Residents** are eligible for the OSU Student Health Insurance Plan on a voluntary basis.

To enroll in coverage, visit <u>PacificSource.com/OSU</u>. Students will need to complete an enrollment request online. Postdoctoral Fellows/Vet Residents and Visiting Scholars must complete a paper enrollment form. Payment is due at time of enrollment.

Eligible dependents of those enrolled in the plan may participate on a voluntary basis. Please view a complete Student Guide at <u>PacificSource.com/OSU</u> for full details.

#### How much does it cost?

| Coverage Period  | Fall<br>Semester<br>9/11/24–12/20/24 | Winter<br>Semester<br>12/21/24–3/21/25 | Spring Semester<br>(with Summer)<br>3/22/25–9/10/25 | Summer<br>Semester<br>6/12/25–9/10/25 |
|--|--------------------------------------|--|---|---------------------------------------|
| Domestic, E-campus, pharmacy student/dependent cost per person                         | \$1,104                              | \$1,104                                | \$1,104   | \$826                                 |
| Open enrollment: open – close  | 9/8/24-10/18/24                      | 12/20/24-1/27/25                       | 3/19/25-4/11/25                                     | 6/11/25-7/2/25                        |
| Coverage Period  | 9/11/24–9/10/25                      |  |   |                                       |
| Postdoctoral fellow, vet residents, visiting scholar student/dependent cost per person |                                      | \$276/month                            |   |                                       |

Note: The amount stated above does not include the student insurance administrative fee, which will be charged directly to your student account. This fee is \$70 per term for students or \$17.50 per month for Postdoctoral Fellows/Vet Residents and Visiting Scholars.

#### 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 <u>PacificSource.com/</u> <u>mobile</u>.

#### Learn more

PacificSource.com/OSU

#### Phone

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

#### Email

StudentHealth@ PacificSource.com

### Group no.

G0038976



### Online tools available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your 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 an insurance ID card by visiting PacificSource.com/IDCard.

### **Benefits at a glance**

#### Provider network: Navigator

|                          | In-network providers | Out-of-network providers |  |
|--------------------------|----------------------|--------------------------|--|
| Contract-year deductible | \$500                | \$500                    |  |
| Out-of-pocket limit      | \$8,700              | None                     |  |
| Plan maximum             | Unlimited            |                          |  |

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

| Your share of costs  | In-network<br>providers   | Out-of-network<br>providers |  |
|--|---|-----------------------------|--|
| Preventive care (routine physicals, well woman visits, immunizations)                                      | No deductible,<br>member pays \$0   | After deductible, 40%       |  |
| Office visits (primary care, telemedicine,<br>and mental health/chemical dependency)                       | First three visits:<br>No deductible, 0%.<br>Subsequent visits:<br>After deductible, 20%*   | After deductible, 40%       |  |
| Office visits (naturopath, specialist, and urgent care)  | 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  | Altel deductible, 20%   |                             |  |
| Diagnostic and therapeutic radiology and lab   | After deductible, 20%   | After deductible, 40%       |  |
| Emergency room visits  | After deductible, \$150 plus 20%**  |                             |  |
| Ambulance  | After deductible, 20%   |                             |  |
| <b>Chiropractic manipulations and acupuncture care</b> (20 visits chiropractic, 12 visits acupuncture)     | After deductible, 20%   | After deductible, 40%       |  |
| <b>Prescription drugs</b><br>(up to a 30-day supply at retail,<br>31- to 90-day supply through mail order) | Tier 1: No deductible, the lesser of \$30 or 50%<br>Tier 2: No deductible, the lesser of \$100 or 50%<br>Tier 3, 4: No deductible, the lesser of \$200 or 50% |                             |  |
| Student Health Services (SHS)  | The deductible is waived for covered services provided at SHS.  |                             |  |

Dental benefits for all students and vision benefits for members through age 18 are also included with your student insurance. Visit <u>PacificSource.com/OSU</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 I<u>nTouch.</u> 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 PacSrc.co/glossary.

