



Willamette University

2024/25 Student health insurance

for international 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

All eligible students are automatically enrolled and charged for the Willamette student health insurance plan every academic year.

If you have comparable coverage under a different insurance company and DO NOT want to take part in the Willamette student insurance plan, you must complete the waiver process as established by the Willamette University Office of International Education. If you DO NOT complete the waiver process or your insurance does not meet the waiver requirements, you will be automatically enrolled and premium will be charged to your student account.

To waive the Willamette student health insurance plan, visit: Willamette.edu/offices/health/insurance/international. The Fall waiver deadline is September 9, 2024. F-2 and J-2 dependents are also required to enroll or successfully receive a waiver.

Please view a complete Student Guide at PacificSource.com/Willamette for full details.

How much does it cost?

	Annual 8/1/24–7/31/25	Fall Semester 8/1/24–1/5/25	Spring Semester 1/6/25–7/31/25
Student			
Although you are enrolled for the year, you will be billed in two parts via your student account.	\$3,117**	\$1,356**	\$1,761**
Spouse	\$3,017	\$1,306	\$1,711
Child	\$3,017	\$1,306	\$1,711

**Includes \$50.00 per semester administration fee

Enrollment/waiver for eligible students is annual and applies to the entire 2024–2025 plan year. Students who waive/enroll Fall 2024 semester are choosing to waive/enroll for both Fall and Spring semester (if eligible both Fall and Spring semesters based on credit requirements); the opportunity to waive/enroll will NOT be provided again in Spring 2025. The Spring open enrollment and waiver period is only applicable to new, incoming students or students NOT enrolled Fall 2024. Late enrollment or waiver requests will not be accepted; no exceptions.

myPacificSource mobile app

View your PacificSource member ID and coverage info any time you need it. Download our free app from the Amazon, Android™, or Apple® app stores. For more information, visit PacificSource.com/mobile.

Learn more

PacificSource.com/Willamette

Phone

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

Email

StudentHealth@PacificSource.com

Group no.

G0037154



Online tools available at 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.
- **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 PacificSource.com/Willamette to access the directory of nationwide providers.
- **Print your insurance ID card** by visiting PacificSource.com/IDCard.
- **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 Emergency Services provided by Assist America is on-call to coordinate your care and help ensure that you get the treatment you need. Visit PacificSource.com/Willamette.

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

Benefits at a glance

Provider Network: Navigator

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

Note: The Student Health Center is considered an in-network provider for covered services. Services provided by the Bishop Wellness Center are covered per University guidelines at 100 percent. In-network and out-of-network provider charges accumulate separately.

Your share of costs

	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 care)	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$35*	No deductible, \$35
Office visits (urgent care)	No deductible, \$35	
Office visits (Teladoc)	No deductible, member pays \$0	
Office visits (mental health/chemical dependency)	First 3 visits: No deductible, \$5 Subsequent visits: No deductible, \$35*	No deductible, \$35
Hospital services	\$100 plus deductible, then after deductible, 20%	\$100 plus deductible, then 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**	
Ambulance	After deductible, \$100**	
Chiropractic manipulations and acupuncture care (20 visits chiropractic, 12 visits acupuncture)	After deductible, 20%	After deductible, 40%
Prescription drugs (up to a 30-day supply at retail)	Tier 1: \$20 for a 30-day supply Tier 2: \$35 for a 30-day supply Tier 3: \$55 for a 30-day supply Tier 4: \$125 for a 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.

*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 InTouch.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 PacificSource.com/glossary.aspx.