



# George Fox University

## 2024-25 student health insurance

*For undergraduates (U.S. and international)*

### Your student health insurance plan includes:

- 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

All full-time undergraduate students taking a minimum of 12 credit hours (excluding DPS) are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is provided. Please visit [PacificSource.com/GeorgeFox](https://PacificSource.com/GeorgeFox) to learn more about your health plan.

### Cost

Coverage Period	Fall 8/16/24 – 12/31/24	Spring & Summer 1/1/2025 – 8/15/2025
Undergraduate student cost	\$1,298	\$2,137

The amounts above may include fees charged by your school to cover administrative costs associated with offering the health plan.

### Online tools available at [PacificSource.com](https://PacificSource.com)

- Through **InTouch**, our secure website for members, you can view your member 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/GeorgeFox](https://PacificSource.com/GeorgeFox) to access the nationwide directory of providers.
- **Print an insurance ID card** by visiting [PacificSource.com/IDCard](https://PacificSource.com/IDCard).

### myPacificSource mobile app

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

### Learn more

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

### Phone

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

### Email

[StudentHealth@PacificSource.com](mailto:StudentHealth@PacificSource.com)

### Group no.

G0035885



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## Benefits at a glance – Navigator network

	Health and Counseling Center and PacificSource	
	In-network Providers	Out-of-network Providers
<b>Contract-year deductible</b>	\$500	\$1,000
<b>Out-of-pocket maximum</b>	\$4,000	\$8,000
<b>Plan maximum</b>	Unlimited	

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

## Your share of costs

	In-network Providers	Out-of-network Providers
<b>Preventive care (routine physicals, well woman visits, immunizations)</b>	No deductible, member pays \$0	Not covered
<b>Office visits (primary care and mental health/chemical dependency)</b>	First 3 visits: No deductible, 0%. Subsequent visits: After deductible, 20%*	After deductible, 40%
<b>Outpatient rehabilitation services</b>	After deductible, 20%	After deductible, 40%
<b>Inpatient or outpatient surgery/services</b>	After deductible, 20%	After deductible, 40%
<b>Advanced diagnostic imaging</b>	After deductible, 20%	After deductible, 40%
<b>Diagnostic and therapeutic radiology and lab</b>	After deductible, 20%	After deductible, 40%
<b>Urgent care visits</b>	After deductible, 20%	After deductible, 40%
<b>Emergency room visits</b>	After deductible, \$100 plus 20%**	
<b>Ambulance</b>	After deductible, 20%	
<b>Chiropractic care (20 visits per school year), acupuncture (12 visits per school year)</b>	After deductible, 20%	After deductible, 40%
<b>Prescription drugs</b> (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%
<b>Health and Counseling Center</b>	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.

\*First 3 visits per benefit year combined for professional services office and home visits, telehealth visits, and mental health and substance use disorder services office 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.

## InTouch for Members



Create your InTouch account or log in using the code above, or at [InTouch.PacificSource.com/members](https://PacificSource.com/members).

## Insurance term glossary

**Deductible:** The amount you owe for covered services 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](https://PacificSource.com/glossary).