

Boise State University 2019/20 Student Health Insurance

for Domestic Students

Your Student Health Insurance Plan offers:

- Coverage at an affordable rate
- No deductibles or coinsurance for care received at Boise State University Health Services
- Access to engaged providers locally and across the nation
- Wellness-focused coverage
- Outstanding customer service

Eligibility

All undergraduate and graduate students who meet the minimum credit hours for eligibility can carry this medical insurance coverage. Students with this coverage may also choose to cover their eligible dependent children. Spouses are not eligible for coverage. Please visit 4StudentHealth.com to learn more about this health plan and how to enroll in the coverage.

Cost

The monthly cost per covered person is \$350.00.

Note: The amount stated above includes 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

- Through **InTouch**, our secure website for members, you can view your claims, status of preauthorizations, 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/BoiseState to access the directory of nationwide providers.
- **Print an Insurance ID card** by visiting PacificSource.com/BoiseState.

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To learn more about PacificSource, visit PacificSource.com/why-pacificsource.

Learn More

4StudentHealth.com

Phone

Direct: (541) 225-2741

Toll-free: (855) 274-9814

TTY

Toll-free: (800) 735-2900

Email

StudentHealth@pacificsource.com

Group No.

G0035877



Benefits at a Glance

	In-network Providers	Out-of-network Providers
Contract-year deductible	Individual \$2,000 Family \$4,000	Individual \$4,000 Family \$8,000
Out-of-pocket limit	Individual \$7,350 Family \$14,700	Individual \$14,700 Family \$29,400
Plan maximum	Unlimited	

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

Your Share of Costs

Service	University Health Services	In-network Providers	Out-of-network Providers
Preventive services	No deductible, member pays \$0	No deductible, member pays \$0	After deductible, 50%
Office visits (primary, specialist, and urgent care)	No deductible, member pays \$0	After deductible, 40%	After deductible, 50%
Mental health/chemical dependency (MHCD) office visits	No deductible, member pays \$0	After deductible, 40%	After deductible, 50%
Outpatient habilitation/rehabilitation services (20 visits per year)	NA	After deductible, 40%	After deductible, 50%
Inpatient habilitation/rehabilitation services	NA	After deductible, 40%	After deductible, 50%
Inpatient or outpatient surgery/services	NA	After deductible, 40%	After deductible, 50%
Advanced Diagnostic Imaging	NA	After deductible, 40%	After deductible, 50%
Diagnostic and therapeutic radiology and lab	NA	After deductible, 40%	After deductible, 50%
Emergency room visits — medical emergency	NA	After deductible, \$250 plus 40%^	
Emergency room visits — nonemergency	NA	After deductible, \$250 plus 40%^	After deductible, \$250 plus 50%^
Ambulance	NA	After deductible, 40%	
Chiropractic manipulations and acupuncture care (18 visits)	NA	After deductible, 40%	After deductible, 50%
Massage therapy (18 visits per plan year)	No deductible, member pays \$0	After deductible, 40%	After deductible, 50%
Prescription drugs (up to a 30-day supply at retail)	NA	\$250 Deductible Tier 1: No deductible, \$15 Tier 2: After deductible, \$45 Tier 3: After deductible, \$75 Specialty Tier 4: After deductible, \$250	

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

Treatment for Autism Spectrum Disorder is covered the same as any other illness or condition as long as it is a covered benefit under the policy. In addition, visit limits due not apply when relating to the treating of Autism Spectrum Disorder.

Insurance Term Glossary

Deductible: The amount you owe for covered healthcare services before your health insurance or plan begins to pay.

Contract Year: The 12-month period on which your insurance plan operates.

For more definitions, visit 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.

[^]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.

Student Health Insurance brokered by Relation Insurance Services (800) 537-1777.



Benefit Limitations and Exclusions

Excluded Services

This is not a complete list of exclusions. See your Student Guide for a more detailed list:

- Acute care, rehabilitative, diagnostic testing except as specified as a covered service in this policy.
- Immunizations when recommended for or in anticipation of exposure through travel or work.
- Inpatient or outpatient custodial care; or for inpatient or outpatient services consisting mainly of educational therapy, behavioral modification, self-care, or self-help training, except as specified as a covered service in this policy.
- Mental health treatments for conditions defined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) that are not attributable to a mental health disorder or disease.
- Over-the-counter medications or nonprescription drugs. Does not apply to tobacco cessation medications covered under USPSTF guidelines.
- Psychoanalysis or psychotherapy received as part of an educational or training program, regardless of diagnosis or symptoms that may be present.
- Recreation therapy – Outpatient.
- Rehabilitation – Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluations and training programs.