



# Reed College

## 2020/21 Student Health Insurance

*for Domestic Undergraduate 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 undergraduate students are required to carry medical insurance coverage. They will be billed for the premium each semester during the academic year. Students can waive the insurance charge by completing an insurance waiver form online through IRIS or by downloading the form at [Reed.edu/business/assets/forms/health-insurance-waiver.pdf](http://Reed.edu/business/assets/forms/health-insurance-waiver.pdf) and faxing it to the business office. **Coverage must be waived by August 31, 2020.**

### How much does it cost?

Coverage Period	Fall Semester 8/15/20–12/31/20	Spring Semester 1/1/21–8/14/21
Domestic Undergraduate Student Cost	\$1,650	\$1,650

### Online Tools Available at PacificSource.com

- Through **InTouch**, our secure website for members, you can view your ID card, 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/StudentHealth](http://PacificSource.com/StudentHealth) to access the directory of nationwide providers.
- **Print your insurance ID card** by visiting [InTouch.PacificSource.com/Members/IdCard/Printable](http://InTouch.PacificSource.com/Members/IdCard/Printable).

### Learn More

[PacificSource.com/StudentHealth](http://PacificSource.com/StudentHealth)

### Phone

Direct: (541) 225-2741  
Toll-free: (855) 274-9814

### TTY

Toll-free: (800) 735-2900

### Email

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

### Group No.

G0035865



*Continued >*

# Benefits at a Glance

	In-network Providers	Out-of-network Providers
Contract-year deductible	\$300	\$900
Out-of-pocket limit	\$3,500	\$10,500
Plan maximum	Unlimited	

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

## Your Share of Costs

Service	In-network Providers	Out-of-network Providers
Routine physicals		
Well woman visits	No deductible, member pays \$0	After deductible, 50%
Immunizations		
Office and naturopath visits		
Urgent care visits	No deductible, \$25	After deductible, 50%
Specialist office visits	No deductible, \$50	After deductible, 50%
Mental health/chemical dependency (MHCD) office visits	No deductible, \$20	
Outpatient rehabilitation services	No deductible, \$25	After deductible, 50%
Inpatient or outpatient surgery/services	After deductible, 20%	After deductible, 50%
Advanced Diagnostic Imaging		
Diagnostic and therapeutic radiology and lab	Member pays \$0 up to the first \$400, then 20% after deductible	After deductible, 50%
Emergency room visits	No deductible, \$200 <sup>A</sup>	
Ambulance	After deductible, 20%	
Chiropractic manipulations and acupuncture care (24 visits/contract year maximum)	No deductible, \$25	After deductible, 50%
Prescription drugs (up to a 30-day supply at retail)	Tier 1: No deductible, \$20 Tier 2: No deductible, \$35 Tier 3: No deductible, \$55 Specialty Drugs Tier 4: No deductible, \$80 (Drugs on the PacificSource Preventive Drug List have \$0 copay and are not subject to contract-year deductible)	

Dental and vision included for members through age 18 only. Visit [PacificSource.com/StudentHealth](https://www.pacificsource.com/StudentHealth) 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.

## 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.

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

**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](https://www.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](https://www.pacificsource.com/mobile).

<sup>A</sup>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 USI Insurance Services, (800) 251-4246.**