

Oregon Health & Science University

2019-2020 Student Health Insurance - Medical Plan

Health Insurance Requirement and Eligibility

DOMESTIC & INTERNATIONAL STUDENTS

All registered Oregon Health & Science University (OHSU) domestic and international students in eligible programs are automatically enrolled in the OHSU-sponsored Student Health Insurance Plan unless they choose to submit an online insurance waiver application of comparable coverage. Eligible students will be charged the applicable Health Insurance Fee for each term by the posted Waiver Deadlines of each term. Students who have been approved for a medical and/or dental waiver will be waived through **9/21/2020**.

Please make sure you understand your school's credit hour and other requirements for enrolling in this plan. PacificSource Health Plans reserve the right to review, at any time, your eligibility to enroll in this plan. If it is determined that you did not meet the school's eligibility requirements for enrollment, your participation in the plan may be terminated or rescinded in accordance with its terms and applicable law.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the OHSU Student Health Insurance Plan. These students must provide USI Student Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within **31 days** of the qualifying event. Students can contact USI Student Insurance at **(800) 853-5899**, Monday-Friday, 8:00am - 5:00pm. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by within **31 days** from loss of prior coverage.

To be an Insured under the Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first **31 consecutive days** following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or USI Student Insurance for details.

INSURANCE WAIVER

If you have insurance that is comparable to the OHSU Student Health Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in this OHSU Plan, you must complete the online waiver application process by the Waiver Deadline or your student account will be charged. Students only need one approved waiver per academic year. Students must submit separate waivers for medical and dental coverage.

To WAIVE OUT of the medical and dental insurance plans you must complete the online waiver by the waiver deadline. For more information please review the "University Health Plan" page at www.ohsu.edu/jbt-health.

How much does it cost?

DATES OF COVERAGE	WAIVER DEADLINE	STUDENT
SUMMER B 8/1/19 - 9/21/19	8/13/19	\$648.00
FALL 9/22/19 - 1/3/20	10/9/19	\$1,490.11
WINTER 1/4/20 - 3/27/20	1/20/20	\$1,490.11
SPRING/SUMMER 3/28/20 - 9/21/20	4/15/20	\$1,490.11
SUMMER A 6/15/20 - 9/21/20	7/8/20	\$1,216.60

NOTE: Coverage is for students only. Dependents are not covered.

Rates include premium payable to PacificSource Health Plans, as well as administrative fees payable to OHSU and USI Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.

Where do I go for care?

When you need care, consider the Joseph B. Trainer Health & Wellness Center (JBT) on campus as your first stop. They can provide many of the routine health services you need. Your annual deductible, copays and coinsurance is waived for most services rendered at JBT. Visit www.ohsu.edu/jbt-health for more information on JBT. You may visit any licensed health care provider directly for covered services, except for specific Plan restrictions on certain services. However, when you visit a Participating Provider, you'll generally have less out of pocket expense for your care. To learn more about Participating Providers, visit PacificSource.com/ohsu.

**Providers are independent contractors and are not agents of PacificSource. Provider participation may change without notice. PacificSource does not provide care or guarantee access to health services.*

IMPORTANT CONTACTS

CLAIMS AND COVERAGE QUESTIONS:

PacificSource Health Plans
Email: studenthealth@pacificsource.com
(855) 274-9814, 8am - 5pm EST

ELIGIBILITY, ENROLLMENT, AND GENERAL QUESTIONS:

USI Student Insurance
(800) 853-5899, Mon-Fri, 8am - 5pm PST

The Oregon Health & Science University student health insurance plan is underwritten by PacificSource Health Plans also referred to PacificSource. You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: <https://pacificsource.com/ohsu> or log in to your InTouch for Members account.

What does the plan offer?

This is a brief description of the Student Health Plan underwritten by PacificSource Health Plans. For information regarding the full Student Guide (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, mandated benefits and other important information) please call PacificSource at (855) 274-9814 or send an email to StudentHealth@pacificsource.com. You will be able to obtain a copy of the full Student Guide as soon as it is available. If any discrepancy exists between this Benefit Summary and the Policy, the Student Guide will govern and control the payment of benefits.

Annual Deductible

Per visit or admission deductibles do not apply towards satisfying the plan Deductible. Your Annual Deductible is waived for all services rendered at JBT.

The following Deductibles are applied before Covered Medical Expenses are payable:

Preferred Care: \$300 per Insured per Policy Year
Non-Preferred Care: \$600 per Insured per Policy Year

Out of Pocket Maximums

Once the Individual Out-of-Pocket Limit has been satisfied, Covered Medical Expenses will be payable at 100% for the remainder of the Policy Year, up to any benefit maximum that may apply. Coinsurance, Deductibles, Copays and Prescription Drug expenses apply to the Out-of-Pocket Limit. Services that do not apply towards satisfying the Out-Of-Pocket Limit: expenses that are not Covered Medical Expenses; expenses for Designated Care penalties, and other expenses not covered by this Plan.

Preferred Care: \$6,000 per Insured per Policy Year
Non-Preferred Care: \$12,000 per Insured per Policy Year

	PREFERRED CARE	NON-PREFERRED CARE
NOTE: Deductibles, coinsurance and copays are waived when services are rendered at JBT.		
Physician's Office Visit Expense <i>Copay is due at time of visit.</i>	100% of the Negotiated Charge after a \$25 Copay per visit	50% of the Recognized Charge after a \$40 Copay per visit
Inpatient Hospitalization - Room and Board Expense, Semi-private room	After a \$250 Copay per admission, 80% of the Negotiated Charge	50% of the Recognized Charge
Emergency Room <i>Important Note: Please note that as Non-participating Providers that do not have a contract with PacificSource, the provider may not accept payment of your cost share (your deductible and Coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan.</i>	80% of the Negotiated Charge after \$250 Copay per visit (Copay waived if admitted)	80% of the Recognized Charge after \$250 Copay per visit (Copay waived if admitted)
Urgent Care Expenses	\$30 Copay per visit	50% of the Recognized Charge after a \$50 Copay per visit
X-Ray and Lab	80% of the Negotiated Charge	50% of the Recognized Charge
Ambulance	After a \$100 Copay per trip, 80% of the Negotiated Charge	After a \$100 Copay per trip, 80% of the Recognized Charge
Surgical Expense	After a \$100 Copay per surgery 80% of the Negotiated Charge	50% of the Recognized Charge
Anesthesia Expense	80% of the Negotiated Charge	80% of the Negotiated Charge
Ambulatory Surgical Expense	80% of the Negotiated Charge	50% of the Negotiated Charge
Therapy Expense <i>For the following types of therapy provided on an outpatient basis: Physical Therapy, Chiropractic Care, Speech Therapy, or Occupational Therapy.</i>	80% of the Negotiated Charge after a \$25 Copay per visit	50% of the Recognized Charge after a \$40 Copay per visit
Mental and Nervous Disorders - Inpatient	80% of the Negotiated Charge after \$100 Copay per admission	50% of the Recognized Charge
Mental and Nervous Disorders - Outpatient	100% of the Negotiated Charge after a \$25 Copay per visit	50% of the Recognized Charge
Prescribed Drug Expense <i>30 Day Supply. Contraceptives (that do not have a generic alternate) covered at 100%. Please Note: You are required to pay in full at the time of service for all Prescriptions dispensed at a Non-Participating Pharmacy.</i> <i>To learn more about your prescription benefits visit https://PacificSource.com/OHSU. Note: Specialty prescriptions can only be obtained through CareMark</i> <i>Please visit https://PacificSource.com/drug-list for more information about your covered prescription & preventative drug options.</i>	<p style="text-align: center;">OHSU Pharmacy: (Deductible waived) \$20 Co-pay for each Generic, \$45 Co-pay for each Preferred Brand Name, \$70 Co-pay for each Non-Preferred Brand Name</p> <p style="text-align: center;">Preferred Care Pharmacy: (Deductible waived) 100% of the Negotiated Charge following a \$25 Copay for each Generic, \$50 Copay for each Preferred Brand Name, \$75 Copay for each Non-Preferred Brand Name, and 20% Coinsurance up to \$250 for each Specialty Prescription Drug</p> <p style="text-align: center;">Non-Preferred Care Pharmacy: (Deductible waived) 100% of the Recognized Charge following a \$25 Copay for each Generic, \$50 Copay for each Preferred Brand Name, \$75 Copay for each Non-Preferred Brand Name</p>	